

Application/Planning Document for Approval of Continuing Medical Education

Who is the sponsoring physician?	Name:
Today's Date	Date:
When and how often will the education take place?	Date & Frequency:
Presenter(s), faculty, event planner(s) names and titles:	Names:
1. What is the title of the educational activity? What is the activity format? Where is the location? Who is the coordinating organization? Examples: Family Medicine Residency, Online, Zoom, EMMC	Title/Format/Location/Organization Coordinating:
2. What practice-based problem (gap) will this education address? Examples: Improve care coordination; better communication with patients and families; want to give better feedback to students	Practice-based problem (gap):
3. Review two statements to the right. If you can check <u>any</u> of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships. If you are unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.	The education will... (check all that apply) ☐ Only address a non-clinical topic (e.g., leadership or communication skills training). ☐ Be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan).
4. What change(s) in competence, performance, or patient outcomes would you like this education to help learners accomplish? Examples: Eliminate stigmatizing language from communications with patients; improve my management skills.	Desired change(s) in competence, performance, or patient outcomes:
5. What type of change do you plan on measuring? Please only indicate the type of change you will measure , NOT the impact you desire the education to have.	Check all that apply: ☐ Learner Competence ☐ Learner Performance ☐ Patient Outcomes
6. How do you plan to measure this change? Examples: Evaluation forms (Competence), post-tests (Performance), patient data (Patient Outcomes).	Plan for Measurement:
7. Who is the target audience? Example: NLEMMC physicians and advanced practice providers in Cardiology.	Target audience:
8. To award CME credit, please indicate the duration of the education.	Education duration: _____ hours _____ minutes <i>Please report time in 15-minute increments.</i>

9. Please list the objectives of this activity. Example: At the end of this CME event, the people attending should be able to ...	Objectives:
10. What are the physician competencies related to this topic? Please list them. Refer to list on Page 3.	Physician competencies:
11. Based on the target audience and the practice-based problem, what is the evidence-based material for this activity? Example: Content is based on current peer-reviewed journal articles to improve physician knowledge on best practices regarding blood transfusion.	Evidence-based material:
12. Will this activity have any commercial support? Commercial Support for an activity is financial, or in-kind contributions given by a commercial interest, which is used to pay all or part of the costs of an activity.	Check the response that applies: ☐ Yes, it will receive commercial support. ☐ No, it will not receive commercial support.
13. Is this activity open or closed to outside attendees?	☐ Open to outside public. ☐ Open to NLH Employees Only. ☐ Closed. Invites are limited to select attendees.
14. Can NLEMMC share your activity with others interested in CME offerings? i.e., Posting on the NLEMMC CME calendar and/or website? See website here.	☐ Yes ☐ No
After the activity, please collect attendance, required disclosures, evaluations, and data (If applicable) for the activity and send it to the Continuing Medical Education Department for credit to be awarded.	
Materials should be sent to: Tiffany Knox CME Administrative Assistant NL EMMC Medical Education Email: tknox@northernlight.org Phone: 207-973-7307	
CME DEPT ONLY: CME Director Approval Signature/Approval Date	Signed:

List of Desirable Physician Attributes (Criterion #6)

Institute of Medicine Core Competencies	ACGME/ABMS Competencies	ABMS Maintenance of Certification
Provide patient-centered care – identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable Employ evidence-based practice – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible Apply quality improvement – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality Utilize informatics – communicate, manage, knowledge, mitigate error, and support decision making using information technology	Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value	Evidence of professional standing, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction. Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning. Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues such as ethics and professionalism. Evidence of evaluation of performance in practice, including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.

For more information on these physician attributes, visit:

<http://www.iom.edu/CMS/3809/4634/5914.aspx>

www.acgme.org

www.abms.org