

*This application is designed to collect information used in the planning and development of a CME activity and is required for designation of CME by the HCCME. Please submit your application electronically in PDF to brendaw@hawaii.edu. Please mail the check for the application fee made payable to **UCERA** to HCCME, JABSOM/MEB 224, 651 Ilalo Street, Honolulu, HI 96813-5534. Applications received by the 1st Wednesday of the month will be reviewed on the 3rd Wednesday by the HCCME Committee. Activities must be designated for CME 90 days prior to start date.*

Section 1: Activity Description

Activity Information			
Activity Title: _____			
Name of Provider: _____			
Name of Organization (if external to JABSOM): _____			
Date(s): _____	Time: _____	Location: _____	
Number of <i>AMA PRA Category 1 Credits™</i> requested: _____			
Total number of participants: _____		Number of physicians: _____	

Type of Activity (<i>Place an "X" in the box next to the activity type.</i>)	
<input type="checkbox"/>	Course (symposium, workshop, conference, skills lab)
<input type="checkbox"/>	Regularly Scheduled Series (Grand Rounds, Journal Club, Morbidity & Mortality Conference, Lecture Series) Frequency: <input type="checkbox"/> 1/week <input type="checkbox"/> 1/month <input type="checkbox"/> 2/month <input type="checkbox"/> 3/month <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____ Day of the week: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
<input type="checkbox"/>	Enduring Material (internet)
<input type="checkbox"/>	Enduring Material (other)
<input type="checkbox"/>	Other type of activity, please specify: _____

Delivery Method(s): (<i>Select all that apply.</i>)	
<input type="checkbox"/>	Live
<input type="checkbox"/>	Internet
<input type="checkbox"/>	Teleconference
<input type="checkbox"/>	Online Enduring Material
<input type="checkbox"/>	Other type of format, please specify: _____

AMA Definition of Continuing Medical Education	
<i>CME consists of educational activities that serve to maintain, develop, or increase the knowledge, skills and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.</i>	
Describe how the content of the proposed activity conforms with the AMA and ACCME definitions of CME: _____	

Alignment with HCCME Mission Statement	
<i>"The mission of the Hawaii Consortium for Continuing Medical Education (HCCME) is to support delivery of the highest quality of patient care by educating current healthcare professionals and physician leaders in Hawai'i and the Asia-Pacific region. It believes that excellence and leadership in healthcare is accomplished through a continuum of medical education and to that end provides activities that are evidence-based, translational, in community partnerships and directed to improving the competence and performance of physicians and health of the community."</i>	
Explain how this activity aligns with the mission of the HCCME. _____	

Section 2: Leadership and Administrative Support

Any individual involved in the decision making of content, topic and/or speakers is required to complete the HCCME disclosure form. The purpose of disclosure is to identify potential conflict of interest. If applicable, please attach documentation of how identified conflict(s) of interest were resolved.

Course Director Has overall responsibility for the development, implementation and evaluation of the activity.

Name				Degree(s)
Title	Affiliation			Department
Address		City	State	ZIP
Phone		Fax	Email	

Administrative Coordinator Is responsible for oversight of the administration, management and logistics of the activity.

Name				Degree(s)
Title	Affiliation			Department
Address		City	State	ZIP
Phone		Fax	Email	

Check here if Admin Coordinator is NOT involved with selecting speakers, topics, influencing content.

Section 3: Planning

Planning Committee Others involved in planning of activity. Include professional designations, academic appointment and institutional affiliation. Use additional sheets if necessary.

Name			Degree(s)
Title	Affiliation	Email	
Name			Degree(s)
Title	Affiliation	Email	
Name			Degree(s)
Title	Affiliation	Email	

Additional planning committee members attached

Planning Process Activities must be developed independent of commercial interests. Attach documentation of the planning process (i.e. minutes of meetings, summary of email exchanges).

- Who identified the speakers and topics: Course Director Department Chair Planning Committee Other (list names): _____
- Criteria for selection of speakers? (check all that apply)
 - Subject matter expert Experience in CME Educator Interdisciplinary Other: _____
- Was a commercial interest involved in the identification of speakers and/or topics?
 - No Yes, please explain: _____

Target Audience C4 Activities are generated around content that matches the learners' current or potential scope of practice. Select all that apply (at least 1 box from geographic location, provider type, and specialty must be selected).

Geographic Location:	Provider Type:	Specialty:	
<input type="checkbox"/> Internal only	<input type="checkbox"/> Physicians	<input type="checkbox"/> All specialties	<input type="checkbox"/> Ob/Gyn
<input type="checkbox"/> Local/regional	<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Addiction Medicine	<input type="checkbox"/> Oncology
<input type="checkbox"/> National	<input type="checkbox"/> Nurse Practitioners	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Orthopaedics
<input type="checkbox"/> International	<input type="checkbox"/> Nurses	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Pathology
	<input type="checkbox"/> Psychologists	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Pediatrics
	<input type="checkbox"/> Other healthcare professionals	<input type="checkbox"/> Emergency Med	<input type="checkbox"/> Psychiatry
		<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Radiology
		<input type="checkbox"/> Geriatric Medicine	<input type="checkbox"/> Radiology Oncology
		<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Surgery
		<input type="checkbox"/> Neurology	<input type="checkbox"/> Other (specify): _____

Section 4: Needs Assessment and Educational Design

Desirable Competencies

The objective of the Hawaii Consortium for Continuing Medical Education (HCCME) is to support delivery of the highest quality of patient care through medical education. The following are competencies established by the American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME), Institute of Medicine (IOM) and Interprofessional Education Collaborative (IEC). Select all that apply to this activity.

- Patient Care and Procedural Skills (ABMS/ACGME)
- Medical Knowledge (ABMS/ACGME)
- Practice-Based Learning and Improvement (ABMS/ACGME)
- Interpersonal and Communication Skills (ABMS/ACGME)
- Professionalism (ABMS/ACGME)
- System-Based Practice (ABMS/ACGME)
- Provide patient-centered care (IOM)
- Work in interdisciplinary teams (IOM)
- Employ evidence-based practice (IOM)
- Apply quality improvement (IOM)
- Utilize informatics (IOM)
- Values/Ethics for Interprofessional Practice (IEC)
- Roles/Responsibilities (IEC)
- Interprofessional Communication (IEC)
- Teams and Teamwork (IEC)

Educational Need (select 2 at minimum) *The activity should incorporate the educational needs that underlie the professional practice gap. Identify how educational need was identified. Select all that apply and provide supportive documentation if applicable and/or needed.*

- Joint Commission requirements, standards, performance measures and/or national patient safety goals.
- ACGME Clinical Learning Environment Review (CLER) Program requirements.
- Review of board examination, certification and/or maintenance of certification requirements.
- Changes or innovation in the application of technology for diagnosis and/or treatment.
- Legislated, regulatory and/or organizational changes that affect patient care.
- Information from peer-reviewed literature, government sources, consensus reports.
- Guidelines from medical authorities or relevant medical societies. Please identify authorities:
- Discussion in institution or department meetings. Please attach meeting minutes.
- Review of changes in quality of care as revealed by medical audit, patient care review, QI data or other source.
- Other, please specify:

Identify Professional Practice Gap, Educational Need, Learning Objectives, and Desired Results *Activity must be designed to change competence, performance, or patient outcomes. For regularly scheduled series (i.e., Grand Rounds) this applies to the series as a whole and not each/individual session.*

Professional Practice Gap	Educational Need	Type of Gap	Learning Objective	Desired Result
Example: In April 2013, the FDA released a list of extended-release and long-acting (ER/LA) opioid analgesics required to have an opioid risk evaluation and mitigation strategy (REMS).	Example: Prescribers of ER/LA in Hawaii are not familiar with ER/LA opioid analgesics REMS.	Example: Competence	Example: To be able to follow the FDA's REMS for ER/LA opioid analgesics when prescribing and treating patients with opioids.	Example: Physicians and other prescribers will follow the FDA's REMS for ER/LA opioid analgesics on all patients treated with opioids.

Professional Practice Gap ¹	Educational Need ²	Type of Gap (check all that apply)	Learning Objective ³	Desired Result ⁴
		<input type="checkbox"/> Competence ⁵ <input type="checkbox"/> Performance ⁶ <input type="checkbox"/> Patient Outcomes		
		<input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes		

Additional table attached

¹ **A professional practice gap** is defined as the difference between ACTUAL (what is) and IDEAL (what should be) in regards to performance and/or patient outcomes.

² **An educational need** is defined as "the need for education on a specific topic identified by a gap in professional practice."

³ **A learning objective** is a take-home message. Objectives should address the gap between the identified need and the desired result.

⁴ **Desired results** are what you expect the learner to do in his/her practice setting. How will the information presented impact the clinical practice and/or behavior of the learner? Indicate how this change could be reasonably measured.

⁵ **Competence** is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something).

⁶ **Performance** is defined as what one actually does, in practice.

Identified Barriers (Select 1 at minimum) Identify potential factors or barriers that would hinder or prevent the intended impact of this activity. Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Lack of time to assess or counsel patients | <input type="checkbox"/> Lack of consensus on professional guidelines |
| <input type="checkbox"/> Lack of administrative support/resources | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Insurance/reimbursement issues | <input type="checkbox"/> No perceived barriers |
| <input type="checkbox"/> Patient compliance issues | <input type="checkbox"/> Other, specify: _____ |

Please describe how these barriers will be addressed in the activity:

Example: "The agenda will allow for the discussion of cost effectiveness and new billing practices".

Educational Design/Methodology The educational format of an activity should be appropriate to the activity's objectives and desired outcome. Please select the educational method(s) that will be used in this activity.

- | | |
|--|--|
| <input type="checkbox"/> Didactic lecture | <input type="checkbox"/> Case presentation |
| <input type="checkbox"/> Panel discussion | <input type="checkbox"/> Simulation lab |
| <input type="checkbox"/> Roundtable discussion | <input type="checkbox"/> Skill building |
| <input type="checkbox"/> Q&A session | <input type="checkbox"/> Other, specify: _____ |

Other Educational Strategies

Other educational strategies can enhance change in your learners and be used in adjunct to your activity. Examples include pre-activity videos, email reminders (i.e., summary points of new information), procedural lists, department newsletters, etc.

What other educational strategies will you incorporate to enhance your learners' change? _____

Building Bridges with Other Stakeholders Often, there are other stakeholders working on similar issues.

Are there other entities or initiatives working on this issue?

No Yes. Please identify (i.e., external organization, government agency, JABSOM department): _____

If yes, in what way will they be included in this activity? (i.e., planning committee, presenters, collaborate in development, evaluation shared, participants) _____

Evaluation and Outcomes As the provider of this activity, you are responsible for measuring changes in your learners' competence or performance, or any changes in patient outcomes attributable to the activity. The findings of your evaluation should be summarized and included in the post-activity report.

• If this is a repeated course, describe any changes in this activity that were made in response to the evaluation findings of previous course(s). _____

• Describe the evaluation that will be conducted to measure change in the competency and/or performance of learners, or to assess for change in patient outcomes. If applicable, attach draft of the tool(s) that will be used for evaluation and/or outcome assessment. An analysis of your findings is required with the post-activity report. _____

Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Audience response system (ARS) | <input type="checkbox"/> Physician and/or patient surveys |
| <input type="checkbox"/> Analysis of QI data | <input type="checkbox"/> Review of internal performance data |
| <input type="checkbox"/> Interview of key informants (summary required) | <input type="checkbox"/> Customized pre- and post-tests |
| <input type="checkbox"/> Skill assessment at conclusion of activity | <input type="checkbox"/> Moderated focus group (summary required) |
| <input type="checkbox"/> Analysis of public health data | <input type="checkbox"/> Evaluation meeting of course planners |
| <input type="checkbox"/> Analysis of morbidity & mortality rates | <input type="checkbox"/> Analysis of changes in measures of health status |
| <input type="checkbox"/> Follow-up survey (timeframe: _____) | <input type="checkbox"/> Analysis in changes in quality/cost of care |
| <input type="checkbox"/> Post activity survey: <input type="checkbox"/> paper <input type="checkbox"/> electronic <input type="checkbox"/> online | <input type="checkbox"/> Other, specify: _____ |

• How will the evaluation be used? Select all that apply.

- The Course Director will review the evaluation(s) to determine whether objectives were met.
- Feedback will be provided to the speaker(s).
- The evaluations will be used in planning future CME activities.
- Other: _____

Regularly Scheduled Series (renewals)

- Describe the strengths and highlights of your regularly scheduled series: _____
- Describe areas for improvement, how they were identified and what your specific plans are for improvement: _____
- Describe any the future directions for your regularly scheduled series: _____

For new and renewal RSS applications:

• What method(s) will be used to assess what the participants have learned as a result of attending this educational activity? (Check all that apply)

- Individual session evaluation for participants
- Quarterly evaluation for participants
- Semi-annual evaluation for participants
- Annual evaluation summary (required)
- Focus group (summary required)
- Meeting of planning committee to assess the activity's overall effectiveness (summary required demonstrating how well the objectives were met)
- Review of departmental quality improvement data
- Practice data: Example - Evaluation question: Have measures been implemented to lower cholesterol in your diabetic patients? Evaluation plan: will review 20-30 charts in 3 months to measure significance in implementing proper treatment plans.
- Or, describe alternative evaluation method _____

• Which of the following do you plan to assess (*Check all that apply*)

- The extent to which educational objectives are met
- If the presentation is balanced, objective, and evidence-based
- Was the source of evidence presented
- The quality of the instructional process
- Will the information be incorporated in the participant's medical practice
- Any commercial bias conveyed by the presentation(s).
- Other, specify: _____

• How will the evaluation(s) be used? (*Check all that apply*)

- The Course Director will review the evaluation(s) to determine whether objectives were met.
- Feedback will be provided to the speaker(s).
- The evaluations will be used to identify changes or improvements.
- The evaluations will be used in planning future CME activities.
- Other: _____

Section 5: Independence in CME Activities

Independence in CME Activities C7-C10

Activities/educational interventions are developed independent of commercial interests. The ACCME requires that the HCCME appropriately manage commercial support, ensure separation of promotion from education, and actively promote improvements in health care and NOT proprietary interests of a commercial interest. (See HCCME Policy on Commercial Support and Conflict of Interest for more details).

- *Disclosure of Financial Relationships: The Disclosure Declaration and Attestation Form is the mechanism used by the HCCME to gather information about relevant financial relationships.*
- *The form must be completed by everyone who has the opportunity to influence the content of the CME activity, including the department chair, course director, CME associate, planning committee members, speakers, authors, moderators, etc.*
- *Individuals who refuse to disclose relevant financial relationships cannot have a role in the CME activity.*
- *Conflicts of Interests (COI) must be resolved BEFORE the activity occurs, preferably during the early planning states. Strategies to resolve and manage COIs are described on the Resolution of COI form.*
- *It is the responsibility of the Course Director to make certain that all the disclosure forms are collected, reviewed, and conflicts of interest resolved.*
- *Speaker disclosure forms may be submitted with the application or prior to the activity.*

Disclosure Forms and Resolution of Conflicts of Interest (COI)

Yes, disclosure forms and resolution of conflict of interest forms (if applicable) are attached for everyone who has had the opportunity to influence the content of the CME activity.

No, all disclosure forms are not attached.

Please explain:

Disclosure Information to Participants

How will you communicate both planner and presenter disclosure to participants at each activity? (Check all that apply)

Written (Preferred): *handouts* *slide before presenter speaks* *other, describe: _____*

Verbal by: *speaker* *moderator* *when planners and presenters are introduced.*

Commercial Support and Exhibits C8, C9, C10

Will this activity receive commercial support (financial or in-kind grants or donations) from a company such as a pharmaceutical or medical device manufacturer? Note, exhibit fees are not considered commercial support.

- No
 Yes and we (course director and admin coordinator) have read and agree to abide by the HCCME Policy on Commercial and the ACCME Standards for Commercial Support.

For live activities,, promotional materials may not be displayed or distributed in the educational space immediately before, during, or after a CME activity; displays may not be placed in the obligate path to the educational space; representatives of commercial interests may not promote their products while in the space or place of the CME activity.

Will vendor/exhibit tables be allowed at this activity? No Yes

How will commercial support for this activity be acknowledged to the participants? (check all that apply)

- handouts/syllabus verbally other, please describe: _____

Letters of Agreement for Commercial Support (LOA) SCS 3.4, 3.5, 3.6

Letters of Agreement for Commercial Support (LOA) must be executed for ALL educational grants. LOAs are between the accredited provider (HCCME) and the company. They must be signed by both the company's representative and the HCCME's representative. The LOA may be from the commercial interest as long as it contains all the required elements (see HCCME Handbook of Policy and Procedures).

Fully executed LOAs are submitted as part of the post-activity report.

Section 6: Promotional Announcements

Marketing and Advertising

The HCCME requires that the following be included on all promotional materials. All announcements must be reviewed and approved by the HCCME prior to distribution.

Attach: Draft announcement

Purpose and/or objectives of the activity	Target audience
Faculty	Topics
Sponsorship (if jointly sponsored)	Designation statement
ACCME Accreditation statement	Disclosure Information (if available)
Acknowledgement of commercial support (if received)	ADA & EEO Statements

ACCME Accreditation Statement(s):

For directly sponsored activities (activities presented by HMA Committees and JABSOM departments, divisions, programs, offices and UHCC)

The Hawaii Consortium for Continuing Medical Education (HCCME) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

For jointly sponsored activities:

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Hawaii Consortium for Continuing Medical Education (HCCME) and (name of non-accredited entity).

The Hawaii Consortium for Continuing Medical Education is accredited by the ACCME to provide continuing medical education for physicians.

AMA PRA Category 1 Credit™ Designation Statement:

Note: *AMA PRA Category 1 Credit™* is displayed in italics; TM in superscript

The Hawaii Consortium for Continuing Medical Education designates this live activity for a maximum of (number of credits) *AMA PRA Category 1 Credit(s)™*. Physicians should only claim credit commensurate with the extent of their participation.

Correct Display of the accreditation and designation statements:

The ACCME accreditation statement and the AMA PRA credit system designation statements must be displayed as two separate paragraphs. The paragraphs may appear in different sections of the promotional announcement.

Section 7 : Program Revenue

Anticipated Sources of Program Revenue *(Check all that apply)*

<input type="checkbox"/>	No revenue requested or anticipated	<input type="checkbox"/>	Registration fees – attendees
<input type="checkbox"/>	Commercial company - exhibit for display fees	<input type="checkbox"/>	Commercial company - educational grants
<input type="checkbox"/>	Federal or state grant funding	<input type="checkbox"/>	Not-for-profit support (American Cancer Society, etc)
<input type="checkbox"/>	Departmental or institutional support	<input type="checkbox"/>	Other, specify: _____

Preliminary Budget C8

Attach: preliminary budget

We strongly encourage you to use the HCCME budget template. If you have your own template, please ensure that projected income and expenses are listed in detail.

Additional Questions for Enduring Materials and Internet CME *(See HCCME Handbook for details)*

- Describe the mechanism you have in place to review content to ensure that it is up-to-date and representative of current literature: _____
- Describe how the estimated time to complete the educational activity will be determined: _____
- Describe how, access, where appropriate, to bibliographic sources that allow for further study, and that reinforce and clarify specific program topics will be provided: _____
- Describe how learner interaction will be provided. *(This can be done by testing a physicians' recall of program content, and/or ability to apply new concepts in response to simulated problems.)* _____
- Describe how physician participation will be verified. *(Typically this is accomplished through an examination or activity evaluation. The mechanism must include a place for physicians to record the actual time spent in the activity, up to the maximum for which it is designated).* _____

Section 7: Attachments

The following attachments must be included with the submission of this CME Application. Please collate the attachments in the order listed below. Number each page sequentially, bottom right corner.

page	Attachment
	* Additional dates, times, and locations of activity
	* Agenda with speakers' names, degree, title, academic appointment, affiliation; topics and times.
	* For co-sponsorship, a copy of the ACCME certificate of accreditation
	* Additional planning committee members
	* Planning meeting minutes, emails, etc.
	* Needs assessment supportive documentation (i.e., if you checked "Survey of Target Audience", you must provide survey results)
	* Additional needs/gaps, objectives, desired results
	* Draft of the evaluation tool(s)
	* Draft of the outcomes assessment tool(s)
	* Annual evaluation summary for RSSs renewal applications
	* Disclosure declaration forms for planning group
	* Resolution of COI's for planning group (if applicable)
	* Draft announcement
	* Preliminary budget

Signatures

Signature, Course Director	Date _____
Signature, Department Chair or HMA Executive Director	Date _____

HCCME CME Committee Action

For HCCME use only

Request presented to CME Committee on: _____ mo/day/yr

Approved for a maximum of _____ AMA PRA Category 1 Credit(s)TM

Decision deferred, additional information due to HCCME by _____

Request not approved:

Announcement containing reference to CME printed and distributed prior to program approval.
Activity not in alignment with the mission of the HCCME.
Content not in alignment with the AMA and ACCME definitions of CME.

	Needs assessment insufficient.
	Learning objectives lacking, insufficient, or inappropriate.
	Insufficient plans for evaluating the effectiveness of the activity in terms of changes in competence, performance OR patient outcomes.
	Other _____