

FLAGSTAFF MEDICAL CENTER CONTINUING MEDICAL EDUCATION PROGRAM ACTIVITY APPLICATION

Flagstaff Medical Center Continuing Medical Education Mission Statement

Purpose:

The mission of the continuing medical education program at Flagstaff Medical Center is to improve the health of the people and communities we serve by providing excellent educational opportunities to the health care providers of Northern Arizona.

Content Areas:

CME activities will be selected to address a variety of specialties and subspecialties along with ethical and legal aspects of modern healthcare, based upon at a minimum; quality indicators, needs assessment, program evaluations, and emerging trends. Activities will be designed to provide new information and enhance understanding of existing information. This will be accomplished by using evidence based practice resulting in changes in competence, performance, or improved patient outcomes.

Target Audience:

CME activities will be designed to meet identified educational needs of the medical staff, the physician community, nurses, pharmacist, and allied health professionals of Northern Arizona.

Type of Activities:

Activities may include but are not limited to live regularly scheduled presentations, monthly activities such as tumor board, and breast cancer conference, case presentations, and full day conferences. CME activities will utilize emerging technologies such as satellite teleconferencing to ensure the delivery of quality educational programs.

Expected Outcomes:

It is expected that periodic assessment, by the CME Program Committee will ensure balanced, ethical and objective information that will meet the educational needs of the medical community of Northern Arizona. The expected results and impact of the CME program's activities will be assessed by implementing accepted outcome performance measurements, such as evaluations, post-activity surveys, and/or case studies. Additionally, it is expected that the Flagstaff Medical Center CME Program will meet the accreditation requirements of the Arizona Medical Association and other applicable guidelines.

Approved by the Flagstaff Medical Center Board of Directors at their meeting held on

1/8/09
Date


Signature, Chairman of the Board
Flagstaff Medical Center

1/8/09
Today's Date

Dear CME Activity Applicant:

Enclosed is the CME Activity Application you recently requested. Please take a few moments to read the application thoroughly prior to completion.

Be certain to fill in the amount of Category 1 credits requested, and the number of CEU hours if applicable. **Also, attach the required documentation regarding how the need/interest for this program was determined, a draft of the agenda, the faculty qualifications, (i.e. curriculum vitae or resume), Speaker Disclosure Form and the Faculty Attestation Form.** The application and all documentation will be presented to the CME/Library Committee at its regularly scheduled meeting. You will need to contact the CME Coordinator for the meeting date. Please allow at least 2 months for your application to be processed. You will be notified within one week of the CME/Library Committee meeting regarding the status of your CME Activity Application.

Should a flyer/announcement/brochure need to go out prior to your activity, you must be aware of the following information.

1. The flyer/announcement/brochure cannot indicate anything regarding Category 1 Credit unless the application has been reviewed and approved, (i.e. cannot say ACCME Credit applied for or CME Credit Pending @).
2. It is necessary that the following statements appear on your flyer, announcement, and/or brochure exactly as stated:

“The Flagstaff Medical Center is accredited by the Arizona Medical Association to provide continuing medical education for physicians.

The Flagstaff Medical Center designates this educational activity for a maximum of *[number of credits] AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.”

Once again, your CME Activity Application will not be presented to the CME/Library Committee unless all documentation necessary is submitted.

Thank you for your interest in the CME Program of Flagstaff Medical Center. If you have any questions, please do not hesitate to contact me at (928) 773-2418, by fax at (928) 773-2253 or e-mail at suzanne.tackitt@nahealth.com.

Sincerely,

Suzanne Tackitt
CME Coordinator

FMC CME ACTIVITY PROGRAM APPLICATION

GENERAL INFORMATION

Date: _____

Applicant:

Organization and Department _____

Name: _____ Phone: _____

Fax: _____ E-Mail: _____

Address: _____

Activity:

Title: _____

Date: _____ Time: _____

Location: _____

Type of Activity (select all that apply) C5

- Course (symposium, workshop, conference, etc.) - *Agenda must be provided*
- Internet, Live
- Home (self) Study/Enduring Material: CD-ROM-DVD Internet/Intranet Monograph
- Other: _____
(See additional criteria)
- Regularly Scheduled Series (grand rounds, tumor board, etc) – Frequency: _____
- Other type of activity, please specify: _____

Sponsorship (Note: a pharmaceutical company or medical device manufacturer is not a sponsor.)

- Directly Sponsored
- Jointly Sponsored / List Company Name(s): _____

Credit Type: How many credit hours are requested?

- [American Medical Association](#) _____ AMA PRA Category 1 Credits™

Leadership and Administrative Staff Support

Activity Medical Director The physician or basic scientist who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a certified activity.

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

DISCLOSURE Statement for this activity is received

Activity Co-Director (optional) The individual who shares responsibility for planning the certified activity. Designating an Activity Co-Director is optional, but strongly encouraged, for a jointly sponsored or co-sponsored activity.

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

DISCLOSURE Statement for this activity is received

Administrative Coordinator/CME Associate The individual responsible for the operational and administrative support of the certified activity; this is usually an administrative or staff assistant in the Department/Unit of the AMD.

| | | | | |
|---------|------------------|-------------|-------------------------------|------------------------------------|
| Name | Suzanne Tackitt | | Degree(s) | BS |
| Title | CME Coordinator | Affiliation | Flagstaff Medical Association | Department Education |
| Address | 1200 N Beaver St | City | Flagstaff | State AZ ZIP 86001 |
| Phone | 928-214-3579 | Fax | 928-773-2253 | Email susanne.tackitt@nahealth.com |

DISCLOSURE Statement for this activity is received

Planning Committee *In addition to the activity medical director, co-director, and/or CME Associate, list the names, degrees, titles, affiliations and emails of persons chiefly responsible for the design and implementation of this activity. Use additional sheets if necessary. Note, all individuals listed will be required to complete a CME disclosure.*

| | | | | |
|-------|---------------------|-------------|--------------------------|-------|
| Name | Joshua Clark | | Degree(s) | MD |
| Title | Physician | Affiliation | Flagstaff Medical Center | Email |
| Name | Darlene Lee | | Degree(s) | MD |
| Title | Physician | Affiliation | Flagstaff Medical Center | Email |
| Name | Leslie Nishimi | | Degree(s) | MD |
| Title | Physician | Affiliation | Flagstaff Medical Center | Email |
| Name | Mark Lacy | | Degree(s) | MD |
| Title | Physician | Affiliation | Flagstaff Medical Center | Email |
| Name | John Marvel | | Degree(s) | DO |
| Title | Physician | Affiliation | Flagstaff Medical Center | Email |
| Name | Rachelle Tognacci | | Degree(s) | DO |
| Title | Physician | Affiliation | Flagstaff Medical Center | Email |
| Name | Keli Openshaw | | Degree(s) | |
| Title | Physician Relations | Affiliation | Flagstaff Medical Center | Email |
| Name | Mary Miller | | Degree(s) | RN |
| Title | Nurse/QI | Affiliation | Flagstaff Medical Center | Email |
| Name | Bill Ashland | | Degree(s) | RN |

| | | | | | |
|--------------|---------------------------------|--------------------|--------------------------|---------------|--|
| Title | Director Trauma Services. | Affiliation | Flagstaff Medical Center | Email | |
| Name | Rich Henn | | Degree(s) | RN, BSN, M.Ed | |
| Title | Director Education | Affiliation | Flagstaff Medical Center | Email | |
| Name | Nazir Delawar | | Degree(s) | MD | |
| Title | Physician | Affiliation | Flagstaff Medical Center | Email | |

Planning Process C7

- Who identified the speakers and topics: Activity Medical Director, Activity Co-Director, CME Associate, Other (provide names):
- What criteria were used in the selection of speakers (select all that apply)? Subject matter expert
 Excellent teaching skills/effective communicator Other: _____
- Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics? No Yes, please explain: _____

Target Audience *(select all that apply – at least 1 box from provider type, geographic location, and specialty must be selected)* C4

| Provider Type: | Geographic Location: | Specialty: |
|--|---|--|
| <input type="checkbox"/> Primary Care Physicians | <input type="checkbox"/> Internal | <input type="checkbox"/> All Specialties <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Specialty Physicians | <input type="checkbox"/> Local/Regional | <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Orthopaedics |
| <input type="checkbox"/> Pharmacists | <input type="checkbox"/> National | <input type="checkbox"/> Cardiology <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Pharmacist Technicians | <input type="checkbox"/> International | <input type="checkbox"/> Dermatology <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Psychologists | | <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Psychiatry/Psychology |
| <input type="checkbox"/> Physician Assistants | | <input type="checkbox"/> Family Medicine <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Nurse Practitioners | | <input type="checkbox"/> General Medicine <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Other (specify): _____ | | <input type="checkbox"/> Neurology <input type="checkbox"/> Surgery |
| | | <input type="checkbox"/> OB/GYN <input type="checkbox"/> Other (specify): _____ |

Needs Assessment and Educational Design

Core Competencies (select 1 at minimum)

CME activities should be developed in the context of desirable physician attributes. Please indicate which American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies will be addressed in this activity. C6

- Patient Care or Patient-Centered Care:* identify, respect, and care about patients' differences, values, preferences, and expressed needs; 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.
- Medical Knowledge:* 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:* 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:* commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.
- System-Based Practice:* actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
- Interdisciplinary Teams:* cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.
- Quality Improvement:* identify errors and hazards in care: understand and implement basic safety design principles such as standardization and implications; continually understand and measure quality of care in terms of structure, process and outcomes in 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 decisions making using information technology.
- 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.
- Yes, please explain the strategies that will be included:* _____

Needs Assessment Data and Sources (select 2 at minimum)

*Please indicate the sources used to identify the deficiencies/quality gaps or needs. **Select all that apply and provide supportive documentation.** C2*

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> New methods of diagnosis or treatment (knowledge) <input type="checkbox"/> Availability of new medication(s) or indications(s) (knowledge) <input type="checkbox"/> Development of new technology (knowledge) <input type="checkbox"/> Input from experts regarding advances in medical knowledge (knowledge) <input type="checkbox"/> Literature review (knowledge) <input type="checkbox"/> Data from outside sources, e.g., public health statistics (knowledge) <input type="checkbox"/> Survey of target audience (knowledge) <input type="checkbox"/> Quality assurance/audit data (Competence & Performance) <input type="checkbox"/> Professional society requirements (Competence & Performance) | <ul style="list-style-type: none"> <input type="checkbox"/> External requirements such as: National Committee for Quality Assurance (NCQA), Joint Commission on Accreditation of Healthcare (JCAHO) or Health Plan Employer Data and Information Set (HEDIS). (Competence and Performance) <input type="checkbox"/> Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews (Competence and Performance) <input type="checkbox"/> Referral patterns (Competence and Performance) <input type="checkbox"/> Legislative, regulatory or organizational changes effecting patient care (Knowledge, Competence and Performance) <input type="checkbox"/> Joint Commission Patient Safety Goal/Competency: _____ <input type="checkbox"/> Other: _____ |
|--|---|

Identified Barriers (Select 1 at minimum)

What **potential** barriers do you anticipate attendees **may have** in incorporating **new** knowledge, competency, and/or performance objectives into practice? **Select all that apply.** C18, C19

- | | |
|---|---|
| <input type="checkbox"/> Lack of time to assess/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: _____ |

Will you try to address any of these identified barriers in this CME activity? Yes No
Please explain: _____

Educational Design/Methodology *The activity should be structured to achieve the stated learning objectives. Please indicate the educational method(s) that will be used to achieve the stated objectives. Select all that apply.* C5

- | | |
|--|---|
| <input type="checkbox"/> Didactic Lecture (knowledge) | <input type="checkbox"/> Case Presentations (knowledge and competence) |
| <input type="checkbox"/> Panel Discussions (knowledge) | <input type="checkbox"/> Simulation/Skills Lab (competence and performance) |
| <input type="checkbox"/> Roundtable Discussion (knowledge) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Q&A Sessions (knowledge) | |

Other Educational Strategies *What strategies could be used to enhance change in your learners as an adjunct to this activity? Examples include patient surveys, patient information packets, email reminders to the learners (i.e., summary points from the lecture, new information, posters throughout the hospital, pocket guides).* C17

Will you include other strategies in order to enhance learner's change as an adjunct to this activity?
 No, why not: _____
 Yes, please explain the strategies that will be included: _____

Identification of Needs, Desired Results, Learning Objectives, and Outcomes Worksheet

A minimum of 3 most important needs, results, objectives, and outcomes measures must be identified

| STEP 1 Identified Need C2 <i>What needs/gaps will be used to develop the CME activity?</i> | STEP 2 Gap(s) Identified C3 (check at least 1) | STEP 3 Desired Result C3 <i>What are the teaching goals?</i> | STEP 4 Learning Objective C3 <i>What do you expect the learner to do in his/her practice setting?</i> | STEP 5 Outcomes Measurement C11 <i>What measurement <u>questions</u> should be asked?</i> |
|--|---|--|---|---|
| | <input type="checkbox"/> Knowledge <input type="checkbox"/> Competency <input type="checkbox"/> Performance | | | |
| | <input type="checkbox"/> Knowledge <input type="checkbox"/> Competency <input type="checkbox"/> Performance | | | |
| | <input type="checkbox"/> Knowledge <input type="checkbox"/> Competency <input type="checkbox"/> Performance | | | |
| | <input type="checkbox"/> Knowledge <input type="checkbox"/> Competency <input type="checkbox"/> Performance | | | |

Additional needs, gaps, results, objectives, and outcomes questions attached

How will the overall educational objectives be communicated to the participating faculty responsible for conducting the educational activity? Check all that apply.

- Verbally by the activity advisor.
- Written communication by the activity advisor or CME Coordinator (attach documentation).
- Other (attach documentation):

How will the overall educational objectives be communicated to the audience? Check all that apply:

- In written material in advance of the activity.
- In written materials at the activity.
- Other:

| Evaluation and Outcomes <i>How will you measure if changes in knowledge, competence, performance or patient outcomes have occurred? Check all that apply. C11</i> | |
|--|---|
| Knowledge/Competence | |
| <input type="checkbox"/> Evaluation form for participants (required) <input type="checkbox"/> Audience Response System (ARS) <input type="checkbox"/> Customized pre and post-test | <input type="checkbox"/> Physician and/or patient surveys and evaluations <input type="checkbox"/> Other: _____ |
| Performance | |
| <input type="checkbox"/> Adherence to guidelines <input type="checkbox"/> Case-based studies <input type="checkbox"/> Chart audits <input type="checkbox"/> Direct observations | <input type="checkbox"/> Customized follow-up survey/ interview/focus group about actual change in practice at specified intervals <input type="checkbox"/> Other: _____ |
| Patient/Population Health | |
| <input type="checkbox"/> Change in health status measure <input type="checkbox"/> Change in quality/cost of care <input type="checkbox"/> Measure mortality and morbidity rates | <input type="checkbox"/> Patient feedback and surveys <input type="checkbox"/> Other: _____ |

| Commercial Support and Exhibits | |
|--|--|
| Will this activity receive commercial support (financial or in-kind grants or donations) Note, exhibit fees are not considered commercial support. | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes – | |
| <input type="checkbox"/> I have read and signed the agreement to abide by the ACCME Standards for Commercial Support | |
| Will vendor/exhibit tables be allowed at this activity? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| <input type="checkbox"/> Attach a map of area for exhibitors in relation to classes. | |
| Online Advertisement | |
| Would you like to post this event on FMC website calendar? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Would you like to post this event on the ARMA calendar? <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Program Agenda: (Please attach a draft of the activity to this application)

Faculty Disclosure: -Please have each faculty member complete a Financial Disclosure Form, and submit this along with curriculum vitae or resume with this application. Each faculty member MUST complete a Financial Disclosure Form. What method of faculty disclosure do you intend to use:

- will put on printed materials
- will announce at start of activity
- other (specify)

Each CME activity application is eligible for review upon presentation to the CME Committee and should include the following:

1. All information obtained on application form completed.
2. Program agenda (preliminary draft is acceptable)
3. Faculty qualification

APPROVAL ACTION

Approved for _____ *AMA PRA Category 1 Credits™*
Approved for _____ CEU Hours CEU Number 10612
Not approved _____

CME/Library Committee Chair Signature _____ Date _____

CME Coordinator Signature _____ Date _____

CEU Approving Signature _____ Date _____

Applicant notified: _____ Date _____