



TUCOM PLANNING FORM FOR CME CREDIT

Complete the information below to begin the activity certification and review process. Please feel free to contact the TUCOM CME Office with any questions regarding this form.

1. APPLICANT INFORMATION		
Organization (if other than TUCOM)		
Address		
Telephone Number		
Course Director/Chair (Physician/Healthcare Provider)	Name/Degree:	Title:
	Phone:	Email:
	Address:	
Activity Coordinator (if different from Director)	Name/Degree:	Title:
	Phone:	Email:
	Address:	

2. ACTIVITY DESCRIPTION		
Type of CME Providership	<input type="checkbox"/> Direct (within TUCOM): Department Name _____ <input type="checkbox"/> Joint (non TUCOM): Organization Name: _____	
Activity Type	<input type="checkbox"/> Course <input type="checkbox"/> Regularly Scheduled Series <input type="checkbox"/> Enduring Material	
Activity Title		
Activity Date and Time		
Activity Location	<input type="checkbox"/> TUC Campus <input type="checkbox"/> Off Campus (City, State): _____	
Type of continuing education credits requested	<input type="checkbox"/> AOA <input type="checkbox"/> AMA PRA <input type="checkbox"/> Other: _____	
Please list all other individuals in control of content <i>If additional space is needed, please attach a list to the application form.</i>	Name/Degree:	Title:
	Phone:	Email:
	Name/Degree:	Title:
	Phone:	Email:
	Name/Degree:	Title:
	Phone:	Email:
Planning committee will also include at least one TUCOM CME Office Representative		

3. EDUCATIONAL DESIGN	
Proposed Topic(s)	
<p>What desirable physician attributes (competencies) will this CME activity address?</p> <p><i>CME curriculum should be developed in the context of Core Competencies, which are desirable physician attributes as determined by the ACGME, AOA, ABMS, IOM/NAM, and IPEC.</i></p>	<p><u>ACGME/ABMS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical knowledge <input type="checkbox"/> Patient care <input type="checkbox"/> Interpersonal and communication skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Practice-based learning and improvement <input type="checkbox"/> System-based practice <p><u>AOA</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Osteopathic philosophy <input type="checkbox"/> Osteopathic Manipulative Medicine/Treatment <p><u>IOM/NAM</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide Patient-centered Care <input type="checkbox"/> Work in Interdisciplinary Teams <input type="checkbox"/> Employ Evidence-based Practice <input type="checkbox"/> Apply Quality Improvement <input type="checkbox"/> Utilize Informatics <p><u>IPEC</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Values/Ethics for Interprofessional Practice <input type="checkbox"/> Roles/Responsibilities <input type="checkbox"/> Interprofessional Communication <input type="checkbox"/> Teams and Teamwork
Who is the target audience?	<p><u>Targeted Learners:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Allopathic Physicians (MDs) <input type="checkbox"/> Osteopathic Physicians (DOs) <input type="checkbox"/> Pharmacists <input type="checkbox"/> Physicians Assistants <input type="checkbox"/> Nurses <input type="checkbox"/> Healthcare Administrators <input type="checkbox"/> Specialty Physicians: _____ <input type="checkbox"/> Other: _____ <p><u>Geographic Location:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Internal only <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Other: _____
How many people do you expect to attend?	
What criteria will be utilized in the selection of speaker(s)?	<ul style="list-style-type: none"> <input type="checkbox"/> Subject Matter Expert <input type="checkbox"/> Teaching/Communication Skills <input type="checkbox"/> CME Experience <input type="checkbox"/> Other: _____
<p>Please indicate the activity format(s) that will be used to achieve the stated goals and objectives:</p> <p><i>Additional definitions and rationale available upon request.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Didactic Lecture <input type="checkbox"/> Case Studies <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Question & Answer <input type="checkbox"/> Demonstration <input type="checkbox"/> Simulation/skills lab <input type="checkbox"/> Roundtable Discussion <input type="checkbox"/> Other: _____
Please indicate why the activity format(s) will be appropriate for the setting and expected results of the activity?	<ul style="list-style-type: none"> <input type="checkbox"/> New information can be communicated to participants effectively <input type="checkbox"/> Participants can check whether their understanding is correct <input type="checkbox"/> Participants can practice using knowledge and skills <input type="checkbox"/> Other: _____
<i>Please note: credit hours will not be determined until the final agenda is reviewed and approved.</i>	

4. NEEDS ASSESSMENT AND DATA SOURCES

Please indicate how the need for this activity was brought to your attention. Provide supporting documentation for all selections. (Select all that apply – must have a minimum of 2 sources.)

Source	Examples of Supporting Documentation
<input type="checkbox"/> Quality assurance and improved patient care as revealed by audits and reviews	<i>Audit reports, chart reviews, hospital reports</i>
<input type="checkbox"/> Formal or Informal requests or surveys by target audience, faculty, or staff	<i>Summary or evidence of requests or surveys</i>
<input type="checkbox"/> Discussion in Departmental meetings	<i>Summary of meeting minutes</i>
<input type="checkbox"/> Data from Peer reviewed journals, government sources, consensus reports	<i>Full journal articles, abstracts, government produced documents regarding educational need (within last 12 mos.)</i>
<input type="checkbox"/> New technology or methodology in treatment and/or diagnosis	<i>Description or evidence of new procedure, treatment, etc.</i>
<input type="checkbox"/> Legislative, regulatory, or organizational changes affecting patient care	<i>Copy of the change, measure, law, etc.</i>
<input type="checkbox"/> Joint Commission Patient Safety Goal	<i>Copy of the safety goal</i>
<input type="checkbox"/> Licensure Requirement	<i>Copy and source of the requirement (state, federal, specialty, etc.)</i>
<input type="checkbox"/> Documented consensus of recommendations and/or diagnosis by physicians on staff	<i>Summary of notes, meeting minutes</i>
<input type="checkbox"/> Advice from authorities in the field or relevant medical Societies	<i>Summary of recommendations and list of experts</i>
<input type="checkbox"/> Board exam or recertification results	<i>Board review, copy of update requirements</i>

5. PRACTICE GAPS, EDUCATIONAL NEEDS, LEARNING OBJECTIVES, AND DESIRED RESULTS

DEFINITIONS

- **Practice Gap:** The difference between health care processes or outcomes observed in practice and those potentially achievable on the basis of current professional knowledge. The difference between the ACTUAL and the IDEAL. (*What is the problem/ issue? How do the current practices compare to the BEST practices?*)
- **Educational Need:** The knowledge and training which will address the identified practice gap. (*What education and/or skills are needed to address the problem? Why does the gap exist?*)
- **Learning Objective:** The description of what the participant will be able to do at the conclusion of the activity: "Following this activity, participant should be able to..." Objectives should connect the dots between the educational need and the desired result. (*What should the learner be able to demonstrate and/or accomplish after this activity?*)
- **Desired Result:** The expectation of what the participant will be able to do with the education/information in their practice setting. MUST be quantifiable; only desired results/outcomes which will be measured after the conclusion of the activity should be included. (*What do you hope to achieve by offering this CME Activity?*)

Please describe the gaps, needs, objectives and desired results of this activity using the chart on page 4:

Professional Practice Gaps	Educational Needs	Designed to change:	Learning Objectives	Desired Results
<p><u>Example:</u> Despite 12 classes of medications for diabetes, providers say it is harder to treat today. Providers have too many choices and not enough guidance on how to choose. Despite existing guidelines, less than 50% of patients get to treatment goals.</p>	<p><u>Example:</u> Providers need education regarding the conflicting guidelines for Diabetes Management in order to best select the appropriate medications for treatment within limited time frames.</p>	<p><u>Example:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Competence (ability to apply knowledge, skills and judgment in practice – knowing how to do something) <input type="checkbox"/> Performance (what one actually does in practice) <input type="checkbox"/> Patient Outcomes 	<p><u>Example:</u> “Following the activity, participant should be able to...”</p> <p>Identify how and when to start insulin and other medications for patients with all types of diabetes.</p>	<p><u>Example:</u> Improved selection and prescription of appropriate medications and treatment for patients with diabetes</p> <p>Improved use of treatment guidelines for patients with diabetes</p>
1.	1.	<ul style="list-style-type: none"> <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes 	1.	1.
2.	2.	<ul style="list-style-type: none"> <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes 	2.	2.
3.	3.	<ul style="list-style-type: none"> <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes 	3.	3.
<input type="checkbox"/> Check here if an additional list of needs/gaps, objectives, and desired results is attached				

6. CULTURAL AND LINGUISTIC COMPETENCY (*California AB 1195*)

As required by CA AB 1195, please select one or more areas of emphasis you will implement in the content of this CME activity to address cultural and/or linguistic competency:

- Minimum Requirement:** Handout material containing cultural and linguistic resources must be provided
- Applying linguistic skills to communicate effectively with the target population
- Utilizing cultural information to establish therapeutic relationships
- Eliciting and incorporating pertinent cultural data in diagnosis and treatment
- Understanding and applying cultural and ethnic data to the process of clinical care
- Incorporating translation/interpretation resources and/or relevant strategies regarding direct communication in a patient's primary language
- Incorporating review and explanation of relevant federal and state laws regarding linguistic access
- Other (please specify): _____
- Not applicable to content: *No patient care components*

7. TEAM-BASED EDUCATION

The TUCOM CME Office values the inclusion and engagement of diverse team members in the planning and delivery of CME. Please note if and how the following team members are included in this activity:

Interprofessional Teams (more than one profession)	<input type="checkbox"/> Planners <input type="checkbox"/> Faculty/Speakers
Students of the health professions	<input type="checkbox"/> Planners <input type="checkbox"/> Faculty/Speakers
Patients and/or members of the public	<input type="checkbox"/> Planners <input type="checkbox"/> Faculty/Speakers

8. EVALUATION AND OUTCOMES

Based on the gaps addressed by this educational activity identified on page 4, please select your methods of evaluation for your intended results: (you will be asked to provide summary data for the evaluation methods selected)

Knowledge/Competence

- Activity Evaluation for participants (**required; TUCOM template provided**)
- Pre-Test/Post-Test
- Other (please specify): _____

Performance

- Pre-Test/Post-Test; customized to reflect specific changes in practice
- Chart Audits
- Direct Observations
- Other (please specify): _____

Patient Outcomes

- Patient Feedback/Surveys
- Observe Changes in _____ (quality, cost of care, etc.)
- Other (please specify): _____

9. SUPPORT STRATEGIES

The TUCOM CME Office values the utilization of support strategies which are designed to supplement, enhance, and reinforce learner changes.

Please identify which strategies will be utilized to support the learners for this activity:

- Reminders (emails, cards, newsletters, posters, etc.)
- Additional Materials (handouts, resource lists, templates, pocket guides, etc.)
- Online instructional materials (including apps, discussion, etc.)
- Other (please specify): _____
- N/A

10. SOURCES OF REVENUE

ALL funding must be managed in accordance with [ACCME Standards for Commercial Support](#)

PROPOSED FUNDING SOURCES:

Registration Fees:	Anticipated Amount: \$ _____
Department/Organizational Budget:	Anticipated Amount: \$ _____
<u>COMMERCIAL SUPPORT:</u> Are you expecting to receive any Unconditional Educational Grants or in-kind contributions for this activity?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify Company and Anticipated Amount(s): _____
<u>VENDOR SUPPORT:</u> Are you expecting to receive vendor or exhibitor fees for this activity?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify Company and Anticipated Amount(s): _____
Other Funding (please explain):	Source: _____ Anticipated Amount: \$ _____

11. ADDITIONAL REQUIRED DOCUMENTATION

The following attachments must be submitted with the initial application:

- Draft Agenda (detailed by hour, topic, speaker, and credentials)
AOA 1-A Credit Requests: Please note that the AOA requires at least 50% of the conference hours to be presented by DOs. Additionally, up to 10% of this 50% may be presented by a non-DO faculty member from a College of Osteopathic Medicine.
- Practice Gap Documentation (Needs Assessment Data: item 4; page 3)
- Draft Budget
- Signed Disclosure forms from the Course Director and Planning Committee

PLEASE NOTE:

After the activity has been approved, the following documents **MUST** be submitted to the TUCOM CME office for review:

Before Event:

- ALL marketing materials (MUST be reviewed prior to distribution)
- Final Agenda
- Budget
- Signed Speaker Disclosure Forms
- Current CV for each Speaker
- Speaker Presentations
- Evaluation Method(s); if identified in section 8

After Event:

- Completed Registration List
- Final Budget
- Sign-in Sheets
- Attestation Forms

CME OFFICE USE ONLY

Any additional explanation as needed for approval this CME activity:

Number of Credit Hours

Date Approved by the Advisory Committee

CME Office Signature