

APPLICATION FOR AMA PRA CATEGORY 1 CREDIT(S)™

Date of Request:		SIU Department	
Dept #: Billing contact name/phone:			
Billing Address:			
Activity Chair:		Phone:	
Activity Chair Signature:			
Activity Chair Financial Disclosure – attached			
Person Submitting/Course Contact:			
Phone:		Fax:	
		Email:	
Planning Committee: <i>(all must submit a Financial Disclosure)</i>			
Date of Activity:		Location:	
Title of Activity:			
Course Description:			
Faculty:			
How many attendees do you expect at this activity?			
How will the objectives be communicated to the learner?		<input type="checkbox"/> Brochure/Flier Marketing <input type="checkbox"/> Syllabus <input type="checkbox"/> Both	
Is this activity commercially supported?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If YES, please provide completed Letter(s) of Agreement (example provided as Attachment 3) and, upon completion of course, provide a financial summary.</i>			
How will the learners be made aware of faculty disclosures? <i>(Please provide documentation of how announced, and what each speaker's disclosure was, including if there was 'nothing to disclose')</i>			
<input type="checkbox"/> Verbal announcement <i>(Must be documented)</i> <input type="checkbox"/> Syllabus <input type="checkbox"/> Slide <i>(provide copy)</i>			
How will commercial support be acknowledged? <i>(Please provide documentation of how acknowledged)</i>			
<input type="checkbox"/> Verbal announcement by Activity Chair <input type="checkbox"/> Syllabus <input type="checkbox"/> None Received			
* Independent Clinical Reviewer (if applicable) <i>If the course director(s) have ANY commercial relationships, an Independent Clinical Reviewer (ICR) , must be designated for this activity. (The ICR must be an expert in the field and must be free of industry relationships) A current faculty disclosure form is required for your ICR.</i>			
Name:		Degree:	
Title:		Dept:	
Please provide available supporting documentation for this activity. <i>(draft agenda, marketing material, and letter(s) of agreement)</i>			

Please complete and return to:
Office of CME
SIU School of Medicine
PO Box 19602
Springfield IL 62794-9602

Activity Objectives and Desired Outcomes

List objectives for this activity – should be measurable and relate to the identified gap between current and ideal practice.

Language that should be used:

This course is designed to change ... knowledge, competency, performance, or patient outcomes. (Can be more than one)

By the conclusion of this activity, participants should be able to....

Objectives: (*must be measurable, such as explain, analyze, demonstrate, list, compare, assess, implement*)

Educational Design and Learning Method

Identify the educational format(s) to be used to accomplish the stated objectives, multiple methods may be used.

- Lecture/Q & A
- Panel discussion
- X-rays/Charts/etc.
- Surgical Presentations

- Case presentations
- Visual aids
- Small group discussions
- Other _____

- Workshop/Demonstration
- Handouts
- Hands-on Lab

Core Competencies and Physician Attributes

Which of the following competencies is the activity designed to improve? Check all that apply.

- Patient-centered care: improving the effectiveness of care; respecting diversity, providing compassionate care, sharing informed decision-making; serving as a patient advocate. (IOM, ACGME)
- Professionalism: showing and promoting compassion, integrity, and respect for others, being accountable to patients and the profession. (ABMS, ACGME)
- Interdisciplinary teams: facilitating collaboration with other members of the health care team to ensure that care is coordinated, continuous, and reliable. (IOM)
- Interpersonal & Communication Skills: Facilitate the effective exchange of information and collaboration with patients, their families, and other health professionals. (ABMS, ACGME)
- Evidence Based Practice: integrating research with clinical expertise and patient values for optimum patient care. (IOM)
- Quality Improvement: identifying medical errors and hazards in patient care; using this information to change processes and systems of care, with the objective of improving quality of care (ABMS, IOM)
- Practice Based Learning & Improvement: presenting information and education that emphasizes constant self-evaluation and life-long learning; incorporating formative evaluation feedback into daily practice. (ABMS, ACGME)
- Informatics: Utilizing information technology to improve communication and support decision-making systems. (IOM, ACGME)
- Systems Based Practice: Demonstrating an awareness of and respect for the larger context and system of health care. (ABMS, ACGME)
- Medical Knowledge: helping learners become aware of established or evolving clinical and research data and explaining how this information can be applied to the improvement of patient care. (ABMS, ACGME)
- Patient Safety: (ABMS)
- Other Specialty Board Competencies: *Specify*

Identified and/or Potential Barriers

What potential barriers do you anticipate participants may encounter in incorporating the new knowledge, competency, performance and/or skill into practice?

- Lack of time
- Patient compliance
- Lack of administrative support or resources
- Cost
- Insurance or reimbursement
- Lack of consensus on professional guidelines
- No perceived barriers
- Other _____

Are there other initiatives within SIU School of Medicine working on this issue? Are there other external organizations working on this issue? (IDPH, Rural Health Association, Illinois Hospital Association, Illinois State Medical Society, Memorial Medical Center, St. John's Hospital, etc.)

In what ways could we include these internal or external groups in our CME activity to help us address or remove the identified barriers?

Are there non-education strategies that are currently being used that address this issue? If no, what kinds of non-educational strategies could be used to address this issue? (Examples: sending reminders about techniques or information discussed at a CME activity; patient surveys, a physician "report card" or peer feedback)

___ Patient education cards

___ Reminders

___ Other: _____

Evaluation and Outcomes

How will this activity be evaluated for its effectiveness?

Based on the desired outcomes, i.e., changes in competence, performance, or patient health care outcomes, which methods of evaluation will be used?

Knowledge/Competence

- Evaluation form for participants (required)
- Audience response system (ARS)
- Customized pre and post-test
- Physician and/or patient surveys
- Other, specify:

Performance – This may be obtained from actual data, or from post course self-assessment by the attendees

- Adherence to guidelines
- Case-based studies
- Customized follow-up survey/interview/focus group about actual change in practice at specified intervals
- Chart audits
- Direct observations
- Other, specify:

Patient/Population Health – This may be obtained from actual data, or from post course self-assessment by the attendees

- Observe changes in health status measures
- Observe changes in quality/cost of care
- Measure mortality and morbidity rates
- Obtain patient feedback and surveys
- Other, specify:

For administrative use only:

Admin fee _____

Revised 8/09