

Application for Continuing Medical Education (Direct and Joint Providership)

The Medical Society of Delaware (MSD) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. As an ACCME accredited provider, MSD adopts, adheres to and abides by all the ACCME's accreditation requirements, criteria, policies, procedures and the *Standards for Integrity and Independence in Accredited Continuing Education*. In addition, MSD CME is governed by the American Medical Association's (AMA) credit and designation requirements. MSD is responsible for ensuring that all accredited activities, direct and jointly provided, meet ACCME and AMA requirements.

Continuing medical education is defined by the ACCME and the AMA as:

... 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. CME represents 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.

Per the ACCME, accredited CME courses must protect learners from promotion, marketing and commercial bias. Your planned CME educational course content must conform to the generally accepted standards of experimental design, data collection, analysis and interpretation. Content cannot be included in accredited education if: 1) it promotes practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning; 2) it is based on recommendations, treatments, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

**Completed applications are due 30 days in advance of the requested CME activity.
Additional fees apply if applications are received less than 30 days in advance of activity.**

APPLICANT/ORGANIZATION INFORMATION

Organization:

Department:

Address:

Activity Director:

Name	Degree	Title & Affiliation
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Email: Phone:

Activity Coordinator:

Name	Degree	Title & Affiliation
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Email: Phone:

ACTIVITY INFORMATION

Title:

Date: Start Time: Location:

End Time:

Providership type: Direct Providership Joint Providership

Medical Society of Delaware only *Organizations outside of MSD*

Additional fees may apply

Optional: MOC and/or Continuing Certification are available from ABMS Boards collaborating with the ACCME. If this activity applies, please specify ABMS Board:

American Board of Internal Medicine (ABIM) – **note:** required by MSD: additional document to be completed

American Board of Surgery (ABS)

American Board of Orthopaedic surgery (ABOS)

For Board-specific information, please contact the CME Administrator at CME@medsocdel.org and/or go to <https://www.accme.org/cme-counts-for-moc>

Activity type: (Note: Activity types are determined by the AMA Physician’s Recognition Award and credit system)

- | | |
|---|--|
| <input type="checkbox"/> Live course/activity | <input type="checkbox"/> Manuscript Review |
| <input type="checkbox"/> Enduring/online | <input type="checkbox"/> Performance Improvement CME (PI-CME) |
| <input type="checkbox"/> Webinar | <input type="checkbox"/> Internet Point-of-Care (POC) Learning |
| <input type="checkbox"/> Series (RSS) | <input type="checkbox"/> Other |

Regularly Scheduled Series (RSS) include: Grand Rounds, Tumor Boards, Quality Assurance, Morbidity & Mortality (M&M session)

For RSS: How frequently will the CME education occur: Once Weekly Monthly Other

Will this live activity, RSS, special event be live-streamed: Yes No

Enduring material/podcast release date:

Online platform name and contact:

Printed Recorded presentation

Target audience: MD/DO Advanced Clinical Practitioner (RN, PA) Social Worker
 Pharmacist Dentist Other: Internal Only

If additional target audience, please specify:

Educational/Teaching Format (check all that apply):

- | | | | |
|---|--|--|--------------------------------|
| <input type="checkbox"/> Lecture/presentation | <input type="checkbox"/> Simulation Patient | <input type="checkbox"/> Demonstration | <input type="checkbox"/> Other |
| <input type="checkbox"/> Case study | <input type="checkbox"/> Simulation | <input type="checkbox"/> Hands-on Workshop | |
| <input type="checkbox"/> Panel discussion | <input type="checkbox"/> Journal club/literature | <input type="checkbox"/> Poster presentation | |
| <input type="checkbox"/> Q & A session | <input type="checkbox"/> Morbidity & Mortality | <input type="checkbox"/> Research/abstracts | |

If “Other,” please describe:

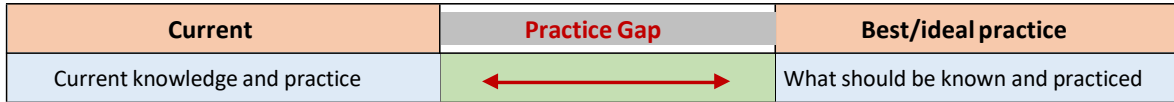
Explain/describe WHY the educational formats selected are appropriate for this activity:

Description of course/topic/content:

Educational Objectives (minimum of 3) – what the participant will learn:

What practice-based problem (gap)¹ does this education address:

Examples: Improve care coordination; better communication with patients and families; introduce new HIV treatments



What are the reasons for this gap?² How are your learners involved? **Check only what applies & describe:**

- Knowledge
 Competence
 Performance
 Patient Outcomes

What change(s) in strategy, performance, or patient care/outcomes would you like this education to help learners accomplish?

What sources were used to support the gap(s)/needs assessment (attach documentation):

- | Expert Needs | Participant Needs | Observed Needs | Environment |
|--|---|---|---|
| <input type="checkbox"/> Clinical practice guidelines
<input type="checkbox"/> New diagnoses/treatment methods
<input type="checkbox"/> Professional society guidelines
<input type="checkbox"/> Peer-reviewed literature
<input type="checkbox"/> Research Findings | <input type="checkbox"/> Needs assessment survey
<input type="checkbox"/> Focus panel discussions & interviews
<input type="checkbox"/> Previous related evaluations
<input type="checkbox"/> Other physician requests | <input type="checkbox"/> Medical records analyses
<input type="checkbox"/> Database analyses
<input type="checkbox"/> QA audit data analyses
<input type="checkbox"/> Morbidity & mortality data
<input type="checkbox"/> Epidemiological data
<input type="checkbox"/> National clinical guidelines | <input type="checkbox"/> Public health initiatives
<input type="checkbox"/> Government regulations & mandates
<input type="checkbox"/> Industry press |

Documentation sources/references (minimum of 3) in support of topic. If textbooks are cited, please indicate chapter and/or pages. Research articles are preferred, with links.

¹ ACCME adaptation of an Agency for Healthcare Research and Quality (AHRQ) definition of a gap in the quality of patient care where the gap is "the difference between health care **processes or outcomes** observed in practice, and those **potentially achievable** on the basis of current professional knowledge." Part or all of some professionals' practices include important non-clinical, non-patient care elements which are still considered relevant to continuing medical education.

When there is a gap between what the professional is doing or accomplishing compared to what is "achievable on the basis of current professional knowledge," there is a professional practice gap.

² Knowledge, in the presence of experience and judgment, is translated into ability (competence) - which has not yet been put into practice. It is what a professional would do in practice, if given the opportunity. The skills, abilities and strategies one implements in practice are performance. <https://www.accme.org/faq/what-accmes-definition-competence-it-relates-accreditation-criteria>

Will this activity charge a fee: Yes No If Yes, how much:

Is agenda/brochure attached: Yes No if "No" explain:

Attach a preliminary or final agenda/brochure/flyer. All promotional materials must be approved by MSD prior to distribution. Prior to accreditation approval, only a **Save the Date** notice or flyer may be disseminated with the event title, location, date and time.

Do not include speaker names, credits or statement that accreditation is pending.

Please check which competencies apply to this educational activity:

ACGME/ABMS

- | | |
|--|---|
| <input type="checkbox"/> Patient Care and Procedural Skills | <input type="checkbox"/> Interpersonal & Communication Skills |
| <input type="checkbox"/> Medical Knowledge | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Practice-based Learning & Improvement | <input type="checkbox"/> Systems-based practice |

Institute of Medicine

- | | |
|--|--|
| <input type="checkbox"/> Provide patient-centered care | <input type="checkbox"/> Apply quality improvement |
| <input type="checkbox"/> Work in interdisciplinary teams | <input type="checkbox"/> Utilize informatics |
| <input type="checkbox"/> Employ evidence-based practice | |

Interprofessional Education Collaborative

- | | |
|---|--|
| <input type="checkbox"/> Values/Ethics for Interprofessional Practice | <input type="checkbox"/> Interprofessional Communication |
| <input type="checkbox"/> Roles/Responsibilities | <input type="checkbox"/> Teams and Teamwork |

Other Competencies Please check if competencies other than those listed were addressed and describe:

PLANNER AND SPEAKER INFORMATION

List below (or attach list) all individuals involved in planning, presenting or in a position to control content of this CME activity. Please provide name, title, email and phone for each individual.

Activity Directors / Planners / Planning Committee *(attach extra sheet if necessary)*
Planners and anyone in a position to control educational content must sign a Disclosure Form

Speakers / Presenters *(attach extra sheet if necessary)*
Moderators, speakers, presenters who control content must sign a Disclosure and provide a CV/resume

COMMERCIAL SUPPORT

Will this activity accept commercial support from an ineligible company³ Yes No

If “Yes,” applicant agrees to abide by the **ACCME Standards for Integrity and Independence** (see footnote page 4) and MSD CME policies and procedures. All commercial support⁴, including “in-kind” support, associated with an accredited CME activity must be pre-approved by MSD.

Name of ineligible company:

Type of commercial support: Grant In-kind⁵ (specify)

A Letter of Agreement (LOA) for Commercial Support is required for each funding source. MSD CME must be listed on all LOAs as the accredited provider and must sign each LOA. The LOA must be executed prior to the start of the accredited education.

The accredited or joint provider must disclose to learners the name(s) of the ineligible company(ies) that gave the commercial support and the nature of the support if it was in-kind, prior to the learners engaging in the education. Disclosure must not include the ineligible companies’ corporate or product logos, trade names, or product group messages.

MSD CME must make all decisions regarding the receipt and disbursement of commercial support.

Exhibitors Yes No

If yes, please submit a **Vendor Display/Exhibitor form** signed by each exhibitor.

[Note: exhibitors are not considered commercial support.]

Note: provide an estimated budget with the application; a final budget/report is required within 30 days after the educational activity.

EVALUATION

How do you plan to evaluate / assess changes in learner’s competence, strategies, performance and/or patient outcomes? How do you determine objectives were met?

- | | | |
|--|---|--|
| <input type="checkbox"/> Activity Evaluation | <input type="checkbox"/> Post Test | <input type="checkbox"/> Written responses |
| <input type="checkbox"/> Follow-Up Survey | <input type="checkbox"/> Audience Response Systems* | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> Pre and Post Test | <input type="checkbox"/> QI Data | <input type="checkbox"/> Case discussion |
| <input type="checkbox"/> Other (describe) | | |

*Audience Response Systems (ARS) are systems that create interactivity between a presenter and audience. Wikipedia

³ Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>

⁴ Commercial support is defined as financial or in-kind support from ineligible companies

⁵ Types of in-kind support include: durable equipment, facilities/space, disposable supplies (non-biological), animal parts or tissues, human parts of tissue, other.

Describe how you will use the feedback gathered about the changes participants intend to make to their strategies, performance or patient care as a result from participating in this educational activity:

MISSION STATEMENT

The Medical Society of Delaware Continuing Medical Education is committed to fostering an environment rich in professional development opportunities for physicians and interprofessional healthcare teams as they pursue lifelong learning in medicine. Based on the context of desirable physician attributes and competencies, we provide state-of-the-art, evidence-based, innovative and impactful healthcare education and research to improve physician knowledge, competence, performance and, ultimately, patient health and outcomes.

Does this activity meet the Mission: Yes No

Comments:

ADDITIONAL (OPTIONAL)

Does this activity promote Team-based education: Yes No
Engages Teams, Patients/Public, Students of the Health Professions

If yes, briefly describe:

Does this activity address Public Health Priorities: Yes No
Advances Data Use, Addresses Public Health and Collaborates Effectively

If yes, briefly describe:

Does this activity Enhance Skills: Yes No
Optimizes Communication Skills, Optimizes Technical/Procedural Skills;
Creates Individualized Learning Plans, Utilizes Support Strategies

If yes, briefly describe:

Does this activity Demonstrate Educational Leadership: Yes No
Engages in Research/Scholarship, Supports CPD for CME Team

Does this activity Achieve very specific/targeted Outcomes: Yes No
Improves Performance, Improves Healthcare Quality,
Improves Patient/Community Health

If yes, briefly describe:

FINAL CHECKLIST



Please submit signed and dated application with the attached information *(as applicable)*.

N/A

YES

Signed Disclosure Forms for all Planners and Speakers *(anyone in a position to influence content)*.

CVs for all speakers/presenters

Supporting documentation of needs and gaps

Preliminary or final agenda, brochure, flyer

Notification of Commercial Support (with copies of LOAs and grant requests attached)

Preliminary list of Exhibitors

W-9 forms for each speaker receiving financial remuneration/expense reimbursement

Preliminary budget (if applicable)

NOTE: Applications will not be reviewed or approved unless signed!

I have reviewed this application in its entirety and hereby certify that to the best of my knowledge it meets all of the current requirements for designation/certification of CME credit.

Signature of Requestor **Date**

FOR OFFICE OF CONTINUING MEDICAL EDUCATION USE ONLY

Completed application received on:

APPROVED DISAPPROVED

AMA PRA Category 1 Credit™

ABIM MOC ABS CME ABOS CME

Other

APPROVED BY: **Date:**

POST EVENT DOCUMENTATION

Please submit the following documentation **within 30 days AFTER** the activity has occurred (*if applicable*):

- | N/A | YES | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Signed attendance sheet (or electronic equivalent) designating MDs/DOs and non-physicians |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed evaluation forms (or electronic equivalent/detailed summary analysis) |
| <input type="checkbox"/> | <input type="checkbox"/> | Evidence of <i>Planner</i> and <i>Speaker</i> disclosure at the beginning of the educational activity |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of all handouts |
| <input type="checkbox"/> | <input type="checkbox"/> | Final list of exhibitors (include signed Vendor/Exhibitor forms not sent prior to the activity) |
| <input type="checkbox"/> | <input type="checkbox"/> | Final budget, financial report |

For any questions regarding the information requested, or if you need assistance completing this application, please contact:

Office of Continuing Medical Education
Medical Society of Delaware
 651 N Broad St., Middletown DE 19709 Ph: 302-224-5193 or 302-366-1400 | Email: CME@medsocdel.org