

## Area L AHEC Office of Continuing Medical Education (OCME) Application for AMA PRA Category 1 Credit<sup>TM</sup> Conference or Series Title

CME Activity Title:					
Activity Occurs (check one):   Weekly	□ Bi-Weekly	☐ Monthly	Other:		<u></u>
If weekly, specify day of week (check one): [	□ Monday	☐ Tuesday	□ Wednesday	□ Thursday	☐ Friday
Will this activity be reformatted into another educational format (i.e. teleconference, DVD, video tape, etc.) ☐ Yes ☐ No If yes, please describe:					□ No
Activity Location:	_Room Number _				
Activity Beginning Time:	Activity	y Ending Time:			
Institution Jointly Sponsoring the Activity:  ☐ Healthcare Institution ☐ Other, please identify: ☐					

# Director of Medical Education Name: Alice J. Schenall, MPH, MCHES, RHEd Address: Area L AHEC; PO Drawer 7368 City: Rocky Mount State: NC Zip: 27804-0368 Phone: 252-972-6958 Fax: 252-972-0419 E-Mail alice.schenall@arealahec.org

The Director -- Medical Education, Area L AHEC and the Activity/Course Director for each institution are responsible for assuring that the educational activity is educationally sound, free of commercial influence and fiscally responsible. The course director/Director of Medical Education (DME) must be familiar and comply with the ACCME's Standards for Commercial Interests. Other responsibilities include:

- 1. Complying with the ACCME and Area L AHEC guidelines for CME activities.
- 2. Assisting with the evaluation of the RSS on a twice-yearly basis.
- 3. Overseeing curriculum development and assuring that the format supports the objectives of the activity.
- 4. Verifying that the audience is informed of the faculty disclosure.
- 5. Informing the faculty that they must disclose experimental and off-label uses to participants.
- 6. Verifying (if applicable) that the commercial company support is acknowledged at the activity.
- 7. Ensuring that all presentations are free of commercial bias. The Accreditation Council for Continuing Medical Education encourages the use of generic names. Any mention of trade or brand names should include all products within a class of pharmaceuticals or devices. In addition, faculty may not promote products, books or publications in which they have a commercial interest.
- 8. Precluding commercial interests from participating in curriculum planning activities or faculty selection.

Describing conflicts of interest	
Resolving conflicts of interest.	
epartmental Contact Person (or the person responsible for coordinating the activity):	
derson Anna L. Alle C. Do Drawar 7268	
ddress: Area L AHEC; PO Drawer 7368 ity: Rocky Mount State: NC Zip: 27804-0368	
ity:         Rocky Mount         State:         NC         Zip:         27804-0368           hone:         252-972-6958         Fax:         252-972-0419         E-Mail shante.west@arealahec.org	
ontact person must be familiar and comply with the ACCME's Standards for Commercial Interests. Other responsibilities include:	:
Creating promotional materials that include the learning objectives, accreditation statements, and commercial company acknowledgement (if applicable).	
Ensuring that copies of all grant requests and letters of agreement are submitted to the OCME for <u>signature prior to the activity (applicable)</u> .	<u>(if</u>
Distributing an annual evaluation to the participants.	
Ensuring that the required activity information and attachments are completed and submitted to the OCME on a monthly basis.	
Processing faculty demographic sheets to the OCME (Cancer Conferences).	
arget Audience: The audience for RSS is all medical staff of the participating institution.	
lease identify the percentages of those who will be attending this conference.	
% Attending Physicians% Residents/Fellows% Medical Students% nurses, technicians, etc.	
ow is the content of the RSS appropriate for you participants' scope of practice?	
ow is the content of the Kos appropriate for you participants scope of practice.	
lentify the Core Competencies needed to bridge the identified practice gaps that will be addressed by this activity (check all th	hat
lentify the Core Competencies needed to bridge the identified practice gaps that will be addressed by this activity (check all the apply)	hat
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to</li> </ul>	
apply)	the
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> </ul>	the
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of sciential</li> </ul>	the
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> </ul>	the ces ific
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of sciential</li> </ul>	the ces ific
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> <li>Interpersonal and Communication Skills: that result in effective information exchange and teaming with patients, their families a other health professionals.</li> <li>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and professionalism.</li> </ul>	the ces ific
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> <li>Interpersonal and Communication Skills: that result in effective information exchange and teaming with patients, their families a other health professionals.</li> <li>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles a sensitivity to a diverse patient population.</li> <li>System-Based Practice: manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system</li> </ul>	the ces ific and
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> <li>Interpersonal and Communication Skills: that result in effective information exchange and teaming with patients, their families a other health professionals.</li> <li>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles a sensitivity to a diverse patient population.</li> <li>System-Based Practice: manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system health care and the ability to effectively call on system resources to provide care that is of optimal value.</li> </ul>	the ces ific and and
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> <li>Interpersonal and Communication Skills: that result in effective information exchange and teaming with patients, their families a other health professionals.</li> <li>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles a sensitivity to a diverse patient population.</li> <li>System-Based Practice: manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system health care and the ability to effectively call on system resources to provide care that is of optimal value.</li> <li>Interdisciplinary Teams: cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.</li> </ul>	the ces ific and and of .
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> <li>Interpersonal and Communication Skills: that result in effective information exchange and teaming with patients, their families a other health professionals.</li> <li>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles a sensitivity to a diverse patient population.</li> <li>System-Based Practice: manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system health care and the ability to effectively call on system resources to provide care that is of optimal value.</li> <li>Interdisciplinary Teams: cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.</li> <li>Quality Improvement: identify errors and hazards in care: understanding and implementing basic safety design principles such</li> </ul>	the ces ific and of .
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> <li>Interpersonal and Communication Skills: that result in effective information exchange and teaming with patients, their families a other health professionals.</li> <li>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles a sensitivity to a diverse patient population.</li> <li>System-Based Practice: manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system health care and the ability to effectively call on system resources to provide care that is of optimal value.</li> <li>Interdisciplinary Teams: cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.</li> <li>Quality Improvement: identify errors and hazards in care: understanding and implementing basic safety design principles such standardization and implications; continually understanding and measuring quality of care in terms of structure, process and outcom</li> </ul>	the ces ific and of .
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> <li>Interpersonal and Communication Skills: that result in effective information exchange and teaming with patients, their families a other health professionals.</li> <li>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles a sensitivity to a diverse patient population.</li> <li>System-Based Practice: manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system health care and the ability to effectively call on system resources to provide care that is of optimal value.</li> <li>Interdisciplinary Teams: cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.</li> <li>Quality Improvement: identify errors and hazards in care: understanding and implementing basic safety design principles such</li> </ul>	the ces ific and of .
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> <li>Interpersonal and Communication Skills: that result in effective information exchange and teaming with patients, their families a other health professionals.</li> <li>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles a sensitivity to a diverse patient population.</li> <li>System-Based Practice: manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system health care and the ability to effectively call on system resources to provide care that is of optimal value.</li> <li>Interdisciplinary Teams: cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.</li> <li>Quality Improvement: identify errors and hazards in care: understanding and implementing basic safety design principles such standardization and implications; continually understanding and measuring quality of care in terms of structure, process and outcom in needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.</li> </ul>	the ces ific and of .
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> <li>Interpersonal and Communication Skills: that result in effective information exchange and teaming with patients, their families a other health professionals.</li> <li>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles a sensitivity to a diverse patient population.</li> <li>System-Based Practice: manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system health care and the ability to effectively call on system resources to provide care that is of optimal value.</li> <li>Interdisciplinary Teams: cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.</li> <li>Quality Improvement: identify errors and hazards in care: understanding and implementing basic safety design principles such standardization and implications; continually understanding and measuring quality of care in terms of structure, process and outcom in needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.</li> </ul>	the ces ific and of .
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> <li>Interpersonal and Communication Skills: that result in effective information exchange and teaming with patients, their families a other health professionals.</li> <li>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles a sensitivity to a diverse patient population.</li> <li>System-Based Practice: manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system health care and the ability to effectively call on system resources to provide care that is of optimal value.</li> <li>Interdisciplinary Teams: cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.</li> <li>Quality Improvement: identify errors and hazards in care: understanding and implementing basic safety design principles such standardization and implications; continually understanding and measuring quality of care in terms of structure, process and outcom in needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.</li> </ul>	the ces ific and of .
<ul> <li>apply)</li> <li>Patient Care or Patient-Centered Care: compassionate, appropriate, and effective for the treatment of health problems and to promotion of health.</li> <li>Medical Knowledge: established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) science and the application of this knowledge to patient care.</li> <li>Practice-Based Learning: involves investigation and evaluation of their own patient care, appraisal and assimilation of scientic evidence, and improvements in patient care.</li> <li>Interpersonal and Communication Skills: that result in effective information exchange and teaming with patients, their families a other health professionals.</li> <li>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles a sensitivity to a diverse patient population.</li> <li>System-Based Practice: manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system health care and the ability to effectively call on system resources to provide care that is of optimal value.</li> <li>Interdisciplinary Teams: cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.</li> <li>Quality Improvement: identify errors and hazards in care: understanding and implementing basic safety design principles such standardization and implications; continually understanding and measuring quality of care in terms of structure, process and outcom in needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.</li> </ul>	the ces ific and of .

Evidence:	
<del>.</del>	
Describe the needs assessment conducted for this RSS and target audience:	
All activities must address a gap in knowledge, competence, performance and/or patient outcomes.  • Knowledge (K) – Acquaintance with facts, truths, and principles of medicine. Demonstrates knowledge evolving biomedical, clinical and cognate sciences and their application in patient care.	
■ Competence (C) – Knowing how to do something. Knowledge, in the presence of experience and judge (competence) - which is not yet put into practice. It is what a professional would do in practice, if given the operation of Performance (P) The appropriate application of skills and techniques. Demonstrates the best evidence are	oportunity.
and national benchmarks.  Patient Outcomes (PO) Promote outcomes that are compassionate, appropriate, and effective in the treat the promotion of health.	tment of health problems and
What will be addressed to close this gap in knowledge, competence, performance or patient outcomes?	
<del></del>	
What are the potential or real barriers facing your target audience if this gap is to be addressed?	
Examples of learning objectives that might be identified through the literature search:  At the conclusion of this series, participants will be able to:	
<ul> <li>□ <u>Discuss updates in diagnosis and treatment</u></li> <li>□ <u>Discuss updates in medical research</u></li> </ul>	
Other, please add additional learning objectives applicable to this regularly scheduled series:	
List the learning objectives that are applicable to this RSS (the objectives must be listed on the pro-	motional materials):

2.		
3.		
4.		
Identify the teaching strategy or educational methodology that will be used (check all that apply):		
□ Didactic lectures:		
Case presentations		
☐ Other, please describe:		
Describe why this teaching strategy or educational methodology is appropriate to achieve your desired resu	ults:	
Please describe the methods used to determine topics and speakers for your program:		
How is your planning process linked to your desired results?		
Resolution of Conflicts of Interest		
Full disclosure of conflicting or potentially conflicting interests is required as part of the planning or provisi and this policy addresses the resolution of any real or perceived conflicts in order to promote the integrity of the OCME.		
Conflict of Interest (COI): The ACCME considers circumstances to create a conflict of interest when an individual has an opportunity		

to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

The following are the mechanisms for resolving conflicts of interest (COI).

- Altering control over content -- change the content of the person's assignment.
- Content alteration -- modify content or provide evidence that the information in question is based upon "evidence that is accepted within the profession of medicine" and that all materials used "conform to the generally accepted standards of experimental design, data collection, and analysis."
- Elimination -- Activity Directors, activity planning committee members, and/or teachers/authors who are perceived as either manifesting irresolvable COI or being biased may be eliminated from consideration as resources for the CME activity.

Evaluation
An evaluation will be developed by the OCME and administered at the end of each educational activity. The following questions will be incorporated into each activity's evaluation:  1. Were the educational activities met? (Knowledge)  2. Will you change your practice as a result of participating in this activity? (Competence and Performance).  a. If yes, please identify the elements you plan to incorporate into your practice.  b. If no, what are the factors that are acting as barriers?  3. Was this activity fair, balanced and free of commercial bias? If there was bias, please explain.  Will any additional evaluation methods be designed to measure the effectiveness of the RSS?   Yes   No  If yes, please describe briefly
Commercial Interest
<ul> <li>Will there be commercial companies providing funding for this activity?</li> <li>Yes □ No</li> <li>If yes:</li> <li>All grant requests must be on behalf and with full knowledge of the Director Medical Education, Area L AHEC.</li> <li>All grants must comply with the ACCME Standards for Commercial Interest.</li> <li>The Office of CME must be copied on all grant requests.</li> <li>A Letter of Agreement must be completed, signed by all parties and returned to the Office of CME prior to the date of the activity as must any acknowledgement of the request. If the Office of CME has not received the signed LOA prior to the date of the educational activity, the company cannot be acknowledged in the program materials and the educational grant cannot be accepted. The agreement must be signed by a representative from the commercial interest and the Provider. The Provider is the Area L AHEC Office of Continuing Medical Education. Area L AHEC has designated Alice J. Schenall, MPH, MCHES, RHEd – Director of Medical Education, as the appropriate signatory for commercial company's LOA; forward all LOAs to the OCME to obtain Mrs. Schenall's signature. The sponsoring institution is NOT the appropriate signature for LOAs.</li> </ul>
Marketing  ☐ Flyer ☐ E-mail Announcement ☐ Distribution of schedule ☐ Pamphlet or brochure ☐ Other: ☐ Marketing materials must include:  • ACCME Accreditation Statement and the CME Credit Designation Statement • Learning objectives • Acknowledgement of commercial support (if applicable)  Will a Third Party Be Involved in Speaker Selection? This includes medical societies and other academic institutions.

☐ Yes ☐ No

If yes:

These companies may provide speakers for the regularly scheduled series if:

- The Director -- Medical Education, Area L AHEC can demonstrate they have selected the topic.
- If the third party is an accredited Provider, they cannot issue CME credits if the regularly scheduled series is approved by AREA L AHEC.
- All AREA L AHEC requirements still apply (such as disclosure, acknowledging the commercial supporter, etc.).

#### **SIGNATURES:**

I understand that the ACCME states that all CME activities must comply with the following requirements, and as the Director -- Medical Education, Area L AHEC, and the Course Director/DME for Title of Series, we attest that this specific CME activity will comply with them:

- A. All the recommendations involving *clinical* medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications *in the care of patients*.
- B. All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.
- C. CME activities must not promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or are known to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Alice J. Schenall MPH,MCHES			
Director—Medical Education, Area L AHEC	Signature	Date	
Course Director/DMF	Signature	Date	

### The following must be attached to the application for submission to the CME Review Committee:

1. Signatures of both the Director -- Medical Education, Area L AHEC and the Course director/DME must be on the application form.

#### In order to receive credit for each session in an RSS, the following must be submitted to the OCME:

- 1. Prior to the event: Completed faculty disclosure forms of the departmental members responsible for the educational activity content.
- 2. No later than 4 weeks after the event: For Clinical Case Presentations an agenda/ list of cases reviewed (with all patient information blacked out).
- 3. No later than 3 days after the event: Completed Activity Evaluation Forms

#### Please submit completed forms to:

Alice J. Schenall - Director Medical Education

Area L AHEC
PO Drawer 7368
1631 South Wesleyan Boulevard
Rocky Mount, North Carolina 27804-0368
Fax: (252)972-0419

