



# Office of Continuing Medical Education University of Missouri School of Medicine

## Application for CME Approval

### INFORMATION TO COMPLETE THE APPLICATION FOR CME CREDIT

#### Section 1: General Information

1.1. The **exact activity title**, which is to be used on all corresponding documentation, such as reports, sign in sheets, publicity, etc.

1.2. **Target Audience:** Please indicate the group of physicians targeted; other disciplines may be included as well.

- **NOTE:** Target Audience must be included on all publicity. Other **CME Publicity requirements: Learning objectives** (as stated in this application); target audience (as stated in this application); sponsorship of the University of Missouri Extension (contact **CME** office for **logo**); **commercial support** (The following acknowledgement of commercial support must be shared with participants: "We gratefully acknowledge the support of the following companies: [List company names]"); **EOE/ADA statement** (available on CME website); and, accreditation statement (available on CME website). The following required accreditation statement must be communicated to potential participants **verbatim** [although please note that the parenthesis and "s" should be removed and "credit" be used in appropriate single or plural form) in any and all publicity materials such as email, brochures, letters, handouts, etc., and on sign in sheets:

*"The Office of Continuing Medical Education, School of Medicine, University of Missouri is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.*

The Office of Continuing Education, School of Medicine, University of Missouri designates this [learning format\*] activity for a maximum of [number of hours] **AMA PRA Category 1 Credit(s)**<sup>™</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity."

- \*Approved learning format will be Live or Enduring Materials.
- Proofs of publicity materials must be submitted to the Office of Continuing Medical Education for approval **before** they are distributed. Materials may be faxed to Shirley Walters at [573] 882=5666 or emailed to walterssj@health.missouri.edu. Every effort will be made to respond within three working days. If you have not yet provided a detailed schedule and had an indication from the Director of Continuing Medical Education as to the number of hours approved, you must do so at this point since accreditation information must be included in publicity materials. **\*Approval for Category 1 credit will be withdrawn in the event that publicity materials not meeting ACCME requirements are distributed.**

1.3. **Choose One:**

**Regularly Scheduled Series (RSS)** shall be for a maximum of one year; new application to be submitted annually.

**One time activity**, please indicate actual date(s) for activity.

**Enduring Materials** are for a three year period, with annual updates required.

- **Also**, please indicate whether the activity will be offered via the Missouri Telehealth Network. For **RSS**, please indicate how often the activity is to be held (monthly, weekly, daily, etc.) and if possible, which day of the week (for example, second Tuesday of each month, or every Tuesday).

1.4. Indicate payment information for Enduring Materials or One Time Activity applications.

1.5. Indicate actual physical location (conference room, hotel, conference center, restaurant, etc.) where the activity is to be held.

1.6. Indicate duration of **actual learning time** (such as 60 minutes, 90 minutes, 120 minutes), and number of credits requested (60 minutes = 1 credit; 30 minutes = .5 credit, etc.) For **one time activities**, please attach a schedule showing as much detail as possible regarding topics, speakers and dates that you have at this point so we can verify the number of hours requested. If you do not yet have a detailed schedule, attach whatever information you have about the topics to be addressed and submit the complete schedule when it is available.

- **Note** that it is your responsibility to notify the Office of Continuing Medical Education of any subsequent schedule changes that affect the amount of time spent in educational activities, so that an appropriate number of hours can be awarded.

1.7. Indicate number of participants anticipated for a one time activity.

## Section 2: Activity Type

- 2.1 Please choose one activity type and indicate if extended/enduring activities will be developed from the live activity.

## Section 3: Sponsorship & Educational Partners:

- 3.1 Choose one and provide documentation as needed. Joint Sponsorship refers to entities that are outside of the University of Missouri, such as the MO Department of Health & Senior Services or MO Department of Mental Health who are helping to plan the activity. Outside groups that endorse or help fund a CME activity are not considered Joint Sponsors (those would be considered commercial support/sponsors).

## Section 4: Commercial Support and/or Exhibit Opportunities

- 4.1 Indicate whether commercial support is anticipated.
- When commercial support is involved, please allow adequate time to collect all of the necessary documentation in advance of the activity. Lack of preparation or last minute additions will result in an activity that is not accredited for Category 1 CME Credit. A model letter of agreement is provided on the website. Please see Letter of Agreement and Standards for Commercial Support for details. **A signed letter of agreement (LOA) must exist before commercial support can be accepted. Once you have obtained the commercial supporter's signature, please forward the agreement to the CME office for signature. These signed agreements must be submitted as part of the interim/final or post-activity report.** (The LOA is available on the CME website). All commercial support must flow through accounts under School of Medicine control, or in the case of a jointly sponsored activity, that entity must show proof that the commercial funding was given to them. Additionally, documentation must also be shown that verifies all expenses, i.e. catering and honoraria, travel accommodations, etc. for all speakers, was appropriately handled through a School of Medicine account. Social activities funded by commercial supporters must not compete with educational sessions and must not be lavish. Commercial exhibits must be physically separate from educational sessions and must not be scheduled in a way that competes with educational activities. Note that no commercial funds may be used to pay the travel or lodging expenses of activity participants (as distinct from speakers), since this would likely constitute an illegal gift of substantial value to a physician from a drug or medical device company. The passage of commercial funds through School of Medicine accounts in no way alleviates this problem, and it is your specific responsibility to assure that this does not occur.
- 4.2 Please indicate whether you will be inviting vendors to exhibit. (LOA not required for exhibits)

## Section 5: Individuals in Control of Content

- 5.1 Significant SOM faculty involvement is required for all Applications for CME Credit. The Activity Chair is the faculty person responsible for CME documentation.
- 5.2 The contact person is responsible for documenting the series, such as completing the application, submitting sign in sheets, ensuring accuracy of sign in sheets, ensuring proper information is provided to activity participants, etc. Please indicate name, phone number and email address.
- 5.3 All planning committee members including the Activity Chair and others involved in content development must complete the Planning Member Conflict of Interest disclosure form (latest version is available on CME website). If the planning member is also going to be a speaker for the activity, please use the Speaker/Planning Member form so they will not need to complete two forms. Provide CV or bio information for those not on the faculty of the SOM. Note that the Activity Chair does not have to complete a disclosure form unless they are involved in educational content planning or speaker selection.
- 5.4 All Conflict of Interest disclosure forms must be reviewed and signed off on by the contact person or the Faculty activity chair. Any disclosures must be resolved prior to scheduled activity.
- 5.5 ALL speakers (regardless of their discipline or level or training) are required to complete an approved Speaker Conflict of Interest Form (see CME website for current version). **Disclosure form must be obtained prior to presenting at a CME activity** and may be submitted with the post-activity report (one time activity) or with the sign in sheet (for RSS). For one-time activities, this information needs to be provided to each participant in writing as an individual handout. For an RSS, such as grand rounds, include the speaker's name and conflict of interest disclosure in the appropriate location on the sign-in sheet, and, as indicated on the sign-in sheet, attach a copy of the disclosure form to the sign-in sheet. **A refusal to complete a conflict of interest disclosure form requires that the speaker not present at the activity.**
- **NOTE:** It is the School of Medicine's policy that full-time faculty members may not receive fees for speaking at one of the School's continuing medical education activities. This policy applies whether the fee is paid by the University or by another source. ACCME requires that speaker fees not be excessive. This is an application of the FDA's broader rule that commercial firms may not provide gifts of significant value to physicians. While there has been no clear definition of "excessive," it is important to the integrity of our activities that commercially funded speaker fees not be so great as to increase problems with conflicts of interest. The operational question is whether a fee is excessive under your particular

circumstances. If the fee is so large that it has no plausible relationship to the value of the speaker's involvement in your activity, it probably constitutes an illegal gift, if commercial support is involved. For example, if you have invited a speaker with a national reputation as a researcher or public health leader, an unusually high fee might be appropriate. But if a similar fee was offered to an assistant professor not having a national reputation, the fee probably would be excessive. Our approach to this is to ask you to explain the circumstances that justify any speaker fee or honorarium that is \$2000 or greater. **If you will be paying fees at this level, please attach an explanation to the CME application.** Also, beyond simply providing a copy of the objectives, the objectives or purpose of each speaker's talk **must be discussed with each speaker. Please use the sample speaker letter on the CME website and make adjustments as needed, or use the CME Speaker Policy form** (CME Accreditation Policies for Presenters) **which is on the website as well.** Inform **all speakers in writing (and provide a copy of the sample speaker letter/communication with your application)** of the guidelines required by ACCME & FDA regarding the content of their presentations (please provide sample of notification along with your application packet).

- 5.6 COI disclosure must be provided to learners, in writing, PRIOR to the start of the educational activity. There is a form on the CME website that may be used for this purpose for one time activities. For RSS, the disclosure information must be included on the sign in sheet, and if possible, on the speaker's opening slide.

### **Section 6: Assessment of Gaps/Needs & Barriers**

- 6.1 To summarize the **Professional Practice Gap**, please indicate current knowledge (what physicians know or are able to do) and desired knowledge (what physicians need to know or be able to do).
- 6.2 Identify the **sources used to identify the gap and provide documentation** or website references for each (please provide at least 2 sources). If the application is for an RSS, this documentation should indicate how topics are chosen, why they are chosen, and what need is being met or fulfilled by the CME activity.
- A few questions that might help in evaluating and documenting the need are *a) What do your departmental or specialty's physicians who attend your CME activity NOT know that they NEED to know?; b) How do YOU know that they have this need?; c) Does the proposed CME activity incorporate one or more desirable physicians attributes (per ACGME or IOM/ABMS or other board competencies)? If yes, what attributes and which competencies?; d) Does the content of the proposed CME activity cover one or more of the areas of knowledge or clinical judgment in which a physician should demonstrate a high level of competence, as defined by the board governing the practice of your specialty?*
  - In addition Departments may poll or survey potential participants to find out what their CME needs are and then include those survey/poll results as part of the assessment of the physician practice gap. Some questions to be asked could be *a) What particular patient scenario(s) do you find most difficult in providing optimal care?; or b) What 1 or 2 skills would you most like to learn to perform your role better?; or c) What barriers do you face as a team working with other physicians, nurses, or other health care providers, to provide optimal care to your patients?*
- 6.3 Explain the need, barriers, etc., as requested on the application (three sections provided for this).

### **Section 7: Educational Objectives**

- 7.1 **Educational objectives must be included in all publicity and must be evaluated.**
- See CME guidelines for additional information regarding educational objectives. Note that it is not necessary to develop separate educational objectives for each presentation in a RSS. It should be clear however, how each presentation's topic relates to the series' educational objectives and you should communicate these objectives to each speaker and participant. Please state both the need that must be met and **define the learning objective in terms of what the participant will learn** (As a result of participating in this activity, learners should be able or better able to...). **Objectives should begin with action verbs such as "discuss, describe, compare/contrast, analyze, synthesize, evaluate, explore, explain", etc.** Identify whether the objective will represent one or more of the following: a change in physician competence, physicians performance or patient outcomes. Note that if patient outcomes is the change being addressed, we will require patient data documentation to show whether or not there was a change.
- 7.2 Indicate how educational objectives are communicated to participants prior to the activity.

### **Section 8: Content:**

- 8.1 Provide explanations for each of the check-marked areas chosen in this section (3 sections)
- 8.2 Indicate which desirable physician attributes are incorporated into the learning.

### **Section 9: Teaching Methods/Tools/Formats**

- 9.1 Indicate which teaching method will be used and whether other tools will be used during teaching (ie, simulation or hands-on workshops, etc.).

### **Section 10: Adjunct Strategies for Reinforcement**

10.1 Indicate whether reinforcement materials are provided. If handouts are provided to participants, please provide copies to CME office with sign in sheets (for RSS) or after the activity (for one time activity). For Journal Club activities, references to literature may be provided with the sign in sheets.

### **Section 11: Collaboration with Other Stakeholders:**

11.1 Indicate any collaborators involved.

### **Section 12: Evaluation Methods:**

12.1 Check all that apply. Please provide copy of all applicable documentation. All participants at your CME activity MUST be given an opportunity to evaluate the learning.

- **Note that for an RSS, it is not required to evaluate each presentation and/or speaker; rather, the overall CME activity should be evaluated.** Evaluation questionnaire must specifically ask the following: Were the CME learning objectives met?; What did you learn in this CME activity that you will apply to your practice of medicine?; and, What change(s) will you incorporate into your practice as a result of knowledge acquired during this CME activity? An effort must be made to evaluate every activity providing Category 1 credits. For an RSS, you may evaluate at any interval you find reasonable, i.e. weekly, monthly or quarterly (sample evaluation form is available on the CME website). **[Note: We ask that you do not provide the actual evaluation data for each participant (for example, the evaluation forms filled out by participants). We require a summary of the evaluation results to be provided with your interim and final or post-activity reports.]**

### **Section 13: Department Approval:**

Application must be signed by the Activity Chair/Faculty Member Responsible for the CME Activity AND by the Activity Contact Person.

### **Section 14: For CME Use Only:**

After approval by the CME office, the contact person will be provided an approval letter which will indicate the LearningFormat and the approved number of hours. The approval letter will also have a reminder of due dates for reporting requirements and, for RSS's, when the next annual application must be submitted if the department wants the activity to continue uninterrupted.

### **OTHER INFORMATION:**

#### **VERIFICATION OF ATTENDANCE AND CME/CE CREDIT:**

- **For Grand Rounds and Other RSS:** A sample sign in sheet is available on the CME website (<http://medicine.missouri.edu/cme>). Sign in sheet must include the following **required** information: title of activity (as stated in the application); topic of presentation [if applicable]; speaker disclosure(s); accreditation statement with appropriate number of approved CME hours. Note that completed activity sign in sheets with attached disclosure form(s) must be stapled and MAILED to Karla Imhoff at the below address.
- **For One-Time Activity:** A record of attendance must be provided to the CME Office after the activity in the form of a sign in sheet or other verification of attendance form. It is desirable that the sign in sheet for one time activities include the email address for the learner. The following information must be included for each participant who actually attended the activity: Signature; Name; Complete mailing address (including zip code), email address, and may be provided in an excel file.
- All attendance information should be mailed to **Karla Imhoff, 2401 Lemone Industrial Blvd. DC345.00, Columbia, Missouri 65212; imhoffk@health.missouri.edu**. The verification of attendance form must include the speaker disclosure summary unless that information is provided to participants in another manner.