ROSALIND FRANKLIN UNIVERSITY *of* MEDICINE AND SCIENCE

Office of CME

Application for Certification for *AMA PRA Category 1 CME Credit(s)™*

ACCME Performance-in-Practice Structured Abstract

A tool for preparing and demonstrating compliance through performance-in-practice

Provider Name:	**Chicago Medical School at Rosalind Franklin University of Medicine & Science**
Applicant/Institution or Department:	
Activity Title:	
Activity Type:	☐ **Regularly Scheduled Series (RSS)** ☐ **Non-Regularly Conference (Live Course)**
Activity Date (s):	
Day/Time (for RSS):	**Day & Time (eg: Wednesdays, 12pm-1pm)**
Location:	**Virtual/In person**
Providership:	☐Direct ☐ **Joint**
Joint Provider:	
Activity Planner(s):	
Activity Administrator or Coordinator:	
Credit Hour(s) requested:	**1.0 *AMA PRA Credit*™**
Commercial Support:	☐ **Yes** ☑ **No**
Total Commercial Grants:	N/A
Exhibit(s):	☐ **Yes** ☑ **No**
Total Exhibit Grants:	N/A
CME Accreditation Fee:	N/A

1) State the ***professional practice gap(s)*** of your learners on which the activity is based (**C2**). This is an 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." What ***problem*** (**Practice Gap**) *or* ***problem(s)*** will be addressed in the activity? (*e.g. 40% of individuals in the US are considered obese; the overall 5-year survival for pancreatic cancer remains < 5%*).

   *Please note that for **Recurring Series** with multiple activities each addressing a different problem (gap), the **speaker for each individual activity in the series will need to complete** and **submit both the Speaker Disclosure form** as well as **the Speaker Planning Form** prior to the activity in order for it to be eligible for CME credit.*

   > *State the **professional practice gap(s) of your learners** on which the activity was based. **(C2)***
 Provide Question Response

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2) Where was the problem identified? Please indicate the method used to determine the practice gap and problem? (*check all that apply*).

☐ Department Education Committee
☐ Standardized Curriculum from Specialty Organization
☐ Formal Learner Surveys
☐ Evaluation data from previous educational activities
☐ Literature Search
☐ Epidemiologic Data
☐ Quality Improvement Guidelines
☐ National Database
☐ Hospital QI Data
☐ Healthcare Data
☐ Public Health Data (*National, Regional, State*)
☐ Advice from authorities in the field
☐ Suggested Subject from Invited Expert in the field
☐ National Benchmarks /Guidelines
☐ Physician feedback
☐ Surveys/Question & Answers
☐ Other _____

3) How will the problems (practice gaps) of this activity be identified? (*check all that apply*).

☑ By the planners *(e.g. education or program committee)*
☐ By the speaker prior to the activity based on the topic
☐ Other _____

4) State the **educational need(s)** that you determined to be the cause of the professional practice gap(s). (**C2**)

Knowledge need *and/or:*

Competence need *and/or:*

Performance need *and/or:*

5) State **what this CME activity is designed to change** in terms of learners' competence or performance or patient outcomes. (**C3**). What needs to change in order to address the problem? (*check all that apply*).

☐ Additional information to aid in changing learner strategy (competence)
☐ Change what learners do in practice (performance)
☐ Address issues in patient care (patient outcomes)

6) Who are the anticipated learners and how do they relate to the problem? (*check all that apply*).

☐ Clinicians
☐ Residents and Fellows
☐ Students
☐ Allied Health Care Professionals (Interprofessional)
☐ Basic Science Faculty
☐ Researchers
☐ Administration
☐ Others _____

Relationship to problem

7) **What barriers do you foresee to learners being able to implement these changes?**
   (*e.g. insufficient time, insufficient funds, language barriers, cultural barriers*).

8) What are the **objectives** of the activity as they relate to the problem? Specific objectives should address **changes in strategy, practice, and/or patient care** (Note: *to increase the learners' knowledge alone does not constitute a valid objective*).

Examples:
The Psychiatry and Behavioral Sciences Grand Rounds series seek to promote excellence and quality in clinical care; introduce clinicians to recent advances in medical care; provide updates on scientific advances that affect the practice of medicine; and provide a forum for discussion of topics that strengthen the relationship of psychiatry to the broader community.

1. Summarize updates in diagnosis, treatment and research for various medical conditions.
2. Compare diagnostic and treatment options with team members.
3. Discuss appropriate strategies to address patient or team-based issues.
4. Identify and discuss patient diagnosis for appropriate treatment planning.
5. Assess the patient for barriers of care and make appropriate referrals.

1.

2.
3.
4.

9) What method will be used to achieve the objectives? (*check all that apply*).

☐ Lecture
☐ Panel Discussion
☐ Case Presentation
☐ Question and Answers
☐ Workshops
☐ Small group Discussion
☐ Demonstration
☐ Simulation
☐ Enduring Material with/without Self-assessment
☐ Web based activity with/without Self-assessment
☐ Other _____

10) Explain **why** this educational format is appropriate for this activity. (**C5**)

Examples: Case-based discussion as well as small group discussions were the formats allowing learners to discuss specific patients and determine the best management options.

Allows each individual patient to get review of cancer diagnosis and treatment opinion from a collaborative group of specialist.

Explain **why** this educational format is appropriate for this activity. (**C5**) **Provide Question Response**

11) Indicate the desirable physician attribute(s) (i.e., competencies this activity will addresses (**C6**) (*check all that apply*).

ACGME/ABMS Competencies

	Patient Care and Procedural Skills
	Medical Knowledge
	Quality Improvement
	Interpersonal Communication Skills
	Professionalism
	System-based Practice
	Practice-Based Learning and Improvement
Institute of Medicine Competencies	
	Provide Patient-centered Care
	Work in interdisciplinary Teams
	Employ Evidenced based Practice
	Utilize Informatics
Interprofessional Education Collaborative Competencies	
	Values/Ethics for Interprofessional Practice
	Roles/Responsibilities
	Interprofessional Communication
	Teams and Teamwork
	Other Competencies: (specify)

12) How will speakers be identified for this activity? (*check all that apply*).

☐ Own Faculty
☐ Faculty from neighboring institutions
☐ Individuals involved in research in the field
☐ Invited recognized experts in field
☐ Other _____

13) For all INDIVIDUALS IN CONTROL ON CONTENT for the activity.

Complete the table below. If you have this information already available electronically, then simply send it as part of an Attachment. For each individual in control of content, list the name of the individual, the individual's role (e.g., planner, editor, content reviewer, faculty) in the activity, the name of the **ACCME-defined ineligible company** (formerly known as commercial interests) with which the individual has any **financial relationship** (or if the individual has no financial relationships), and the nature of that relationship. Please **submit the Planner(s) and Speaker(s) Disclosure Forms** along with the application.

An ineligible company (formerly known as commercial interest) is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

*(**Note:** Please ensure that when you are collecting this information from individuals, that you are using the most current definitions of what constitutes a relevant financial relationship and ACCME-defined ineligible company.) (**C7 SCS 2.1, 2.2, 2.3**).*

Name of individual	Individual's role in activity	Name(s) of ineligible company	Nature of the financial relationship
Dr.	Course Director/Planner/Speaker	None	---
Dr.	Planner/Speaker	None	---
Dr.	Planner	None	---
Dr.	Planner	None	---
	Planner		---

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14) If the activity is COMMERCIALLY SUPPORTED…

Complete the table below. If you have this information already available electronically, then simply include it as an Attachment. *List the names of the commercial supporters* *of this activity and the* *value of any monetary commercial support* *and/or indicate in-kind support (C8, SCS 3.4-3.6).*

Name of commercial support	Amount of Monetary commercial support	Type of Commercial Support (Monetary or Non-Monetary/In-Kind)
Example: XYZ Pharma Company	$5000	
Example: ABC Medical Device Company	$1500	
NONE	N/A	

15) Enclose/attach a copy of the following:

☐ **Activity agenda/schedule** (include topics, times & listing of faculty with title & affiliation)
☐ The **proposed budget** (if applicable)
☐ The **evaluation form** that will be used for the activity
☐ **Planner's Disclosure Form** for anyone involved in planning content (e.g. Program Committees)
☐ **Speaker's Disclosure form**
☐ If applicable, attach **Signed letter(s) of Agreement** (**LOA**) with the commercial organization (*if receiving educational grants or exhibit grants*).
☐ For Regularly Scheduled Conferences (*like Grand Rounds, Tumor Board etc.)* each individual activity in the series either the planner or the speaker must complete the **Speakers Planning Form** prior to each the activity

16) The Accreditation Council for Continuing Medical Education (ACCME) requires that the content of the CME program is under the control of the accredited sponsor (Chicago Medical School). While the program is open to co-planning by the applicant organization and by Chicago Medical School, it is understood and agreed that Chicago Medical School will have the freedom to modify the program as it deems appropriate for CME certification. If the modifications are unacceptable to the applicant organization, the application will be withdrawn. In addition, it is understood that Chicago Medical School may decline to consider applications for which appropriate modifications could not or would not be effected.

Please indicate the status of the program being submitted for CME certification. *Please ☑ the appropriate box.*

☐ The program is open to co-planning by the applicant organization and by Chicago Medical School. It is understood and agreed that Chicago Medical School will have the freedom to modify the program as it deems appropriate for CME certification. If the modifications are unacceptable to the applicant organization, the application will be withdrawn.

☐ Other proposed arrangements (please describe):

1) Check all of the following that apply **if this activity is receiving financial support** from a commercial company:

☐ A signed letter of agreement with the commercial organization, in compliance with ACCME, has been completed.

☐ All speakers: ☐ have signed, or ☐ will sign, disclosure statements (statements to be sent to the Office of CME).

☐ No commercial exhibit or promotional materials will be allowed in the lecture hall.

☐ If accepting Commercial support, it will be acknowledged on activity materials and brochures as follows: "This activity is supported in part by an educational grant from XYZ Company".

☐ The applicant organization has complete financial responsibility for this activity. The activity's budget summary, using the CME office form, will be sent to the Office of CME with other follow-up materials after the activity).

2) Additional Questions *Please ☑ the appropriate box.*

This CME activity: *Please ☑ all that apply.*

☐ This CME Activity Is designed to change Competence.
☐ Changes in Competence will be evaluated
☐ This CME activity is designed to change Performance.
☐ Changes in Performance will be evaluated.
☐ This CME activity is designed to change Patient Outcomes.
☐ Changes in Patient Outcomes will be evaluated.

This CME activity is being developed in the **context of which competencies**? *Please ☑ all that apply.*

ACGME/ABMS
☐ Patient Care and Procedure Skills
☐ Medical Knowledge
☐ Practice based Learning and Improvement
☐ Interpersonal and Communication Skills
☐ Professionalism
☐ System-based practice

Institute of Medicine
☐ Provide Patient-centered care
☐ Work in interdisciplinary teams
☐ Employ evidence-based practice
☐ Apply quality improvement
☐ Utilize informatics

Interprofessional Education Collaborative
☐ Values/Ethics for Interprofessional Practice
☐ Roles/Responsibilities

☐ Interprofessional Communication
☐ Teams and Teamwork

Other Competencies
☐ Please check if competencies other than those listed were addressed.
☐ _____
☐ _____

3) Any additional comments:

4) Contact person of the applicant organization submitting this application:

<mark>**Name of the Planner**</mark>
<mark>Email</mark>
<mark>Address:</mark>
<mark>Phone</mark>

<mark>**Name of the Administrator/Coordinator**</mark>
<mark>Email</mark>
<mark>Phone</mark>

_____   Date: _____
Signature of the applicant organization's CME Chair/Coordinator or contact person

Chicago Medical School at Rosalind Franklin University of Medicine and Science reserves the right to decline, review or acceptance of applications based on the priorities and provisions of the University or Medical School's mission statements or on the basis of other features regarded as unsuitable by the University or Medical School.

Send completed Application to:

Elsa Kurien, MA, MEd
Director for CME
elsa.kurien@rosalindfranklin.edu
Office of CME
Rosalind Franklin University of Medicine and Science
3333 Green Bay Road, North Chicago, IL 60064
Telephone: (847) 578-3341   Fax: (847) 578-3320

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Tools and examples to complete the Application

What is the problem/Practice Gap (C2)?
For e.g.:*Sepsis is the ninth leading cause of disease-related deaths, killing more than 258,000 Americans each year. The definitions of sepsis and septic shock have been updated by an international task force for the first time in 15 years. New criteria for septic shock have been added and standards for the rapid recognition of sepsis-related organ failure have been simplified. Early recognition and aggressive treatment is needed in order to improve outcomes for sepsis patients.*

How do we know this is a problem (C2)?
For e.g.:
http://www.medscape.com/viewarticle/859281
http://www.cdc.gov/sepsis/pdfs/sepsis-fact-sheet.pdf

Why does this problem exist? (C2)
For e.g.:
- ☑ *Lack knowledge about the problem(s)*
- ☑ *Lack strategies to apply knowledge to practice (competence)*

What do attendees need? (C2)
For e.g.:
Attendees need education on effectively recognizing sepsis and improving compliance with the sepsis bundle treatment plan.

Learning Objectives (C3)
For e.g.:
At the conclusion of this activity, the learners will be able to:
Describe the current guidelines and evidence-based practice in sepsis management
Recognize and diagnose sepsis in a timely and efficient manner
Utilize new treatment modalities to aggressively treat the sepsis patient
Identify high-risk groups, co-morbidities, and cultural factors which tend to contribute to poorer outcomes

Educational Delivery Method (C5):
For e.g.:
Didactic lecture
Question and answer session
Case presentations

Rationale for Delivery Method (C5):
For e.g.:
Knowledge conveyed in a short time
Application of knowledge to potential practice

Professional Competencies (C6):
For e.g.:
Patient Care: *Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.*
Medical Knowledge: *Demonstrate knowledge about established and evolving patient and staff communication models, and their application in the patient care setting.*
Interpersonal and Communication Skills: *Demonstrate skills that result in improved interaction and collaboration with patients, staff, and colleagues (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).*

Learning objectives should:
- Clearly state anticipated results, ideally in terms of behavioral change or desired result
- Focus primarily on what participants will do/learn as a result of attending the activity
- Be measurable
- Use active learning verbs

Some verbs are better than others; those that relate to specific actions or behaviors are critical.

When writing objectives, follow these 3 steps:

Step 1

Learning objectives begin with the phrase:

"Upon completion of this activity, participants will be able to…" OR

"As a result of this program, the participant will be able to……"

Step 2

Use an action verb which communicates the learner's performance or patient health. Use verbs which describe an action that can be observed and that are measureable within the teaching time frame (e.g. via case discussion or post-test)

Sample Verbs*

Knowledge	Comprehension	Application	Analysis	Synthesis	Evaluation
define	classify	apply	analyze	arrange	assess
identify	compile	calculate	calculate	assemble	compare
label	conclude	demonstrate	categorize	compose	critique
list	discuss	develop	classify	construct	decide
match	describe	interpret	criticize	design	determine
name	explain	locate	compare	develop	establish
recall	express	operate	contrast	diagnose	evaluate
recognize	give examples	perform	determine	manage	judge
record	identify	practice	differentiate	organize	justify
relate	interpret	predict	distinguish	plan	measure
repeat	recognize	present	examine	propose	rate
select	summarize	report	outline	relate	recommend
state	translate	use	test	summarize	select

Step 3

Conclude with the specifics of what the learner will be doing when demonstrating achievement or mastery of the objectives. Stress what the participant will walk away with from the activity.

Examples of learning objectives:

Upon completion of this activity, participants will be able to:
- Identify shoulder anatomy on a diagram
- Recognize four common causes of shoulder pain
- Compare and contrast management strategies for patients with chronic shoulder pain

Words to Avoid

appreciate	believe	improve	learn
approach	grasp the significance of	increase	thinks critically
become	grow	know	understand

What's the difference between "knowledge," "competence," "performance" and "patient outcomes"?

The ACCME requires accredited providers to understand the issues with knowledge or competence or performance that underlie a professional practice gap. Problems with knowledge, competence or

performance that underlie a professional practice gap — and design an educational activity to intervene — and to design and to measure — in terms of changes in competence, performance or patient outcomes. The patient outcome or the outcome is like the professional practice gap, those are analogous.

Providers ask us: First, what's the difference between knowledge and competence, and why are you asking us to change knowledge and measure competence? So, the first definition that's important for the ACCME to share is that our use of *competence* is in the educational measurement term. **Competence is about ability. Competence is what you would do if you could do it. If you had the opportunity to implement exactly what it was that you wanted to do** — that's your strategy. And that would be a measure of your competence, that's your ability. It's not the use of competence like competencies or whether or not you're good enough to practice. It's descriptive of strategy. Competence is knowledge put into action; put into action by the learner. It's: This is what I know and this is what I would do on the basis of it. That's my competence, that's the ability that I have and that's what I want to express to you as a measure of my competence as a result of the educational intervention.

You put competence into action. You put it into practice — that's performance. Performance implies *in practice*. Outcome, patient outcome, research outcome, executive outcome, administrative outcome — those are the consequences in the system, in your stakeholder, in the place of application of your performance. You measure those to determine the impact of the educational intervention. Does it matter if you call it performance and we call it competence or vice-versa? No. It doesn't matter. What we want you to do is to understand those differences so that you know that measuring in practice is different than asking people what they would do if they could. Those are two different things. We call one *performance,* we call one *competence*. What we want you to do is decide beforehand what it is — well, excuse me , it doesn't have to be beforehand — we want you to decide what it is you want to measure as a result of the educational activity. Do you want to measure their strategy, what they would do if they could?

Do you want to measure them in practice? Do you want to measure the consequences of their actual performance in practice? And you measure that. And you can call it what you want: competence, performance or outcome. That's not what's important. It's that you recognize that there are differences between them. Some require being in practice, some don't.