The Christ Hospital Health Network™

Continuing Medical Education (CME) Planning Form
For Application of AMA PRA Category 1 Credit™

Please complete this form for *AMA PRA Category 1 Credit™*. The CME Committee will review the information on this form along with the budget (if applicable) and the financial disclosures of the activity planners and presenters. If approved, you will receive an email along with a list of next steps to ensure compliance with the Accreditation Council for Continuing Medical Education's Standards for Integrity and Independence in Accredited Continuing Education and Applicable policies.

The Christ Hospital retains the right to withhold/adjust credit at any time should it determine that the ACCME Essential Areas & their Policies or The Christ Hospital CME Policies & Procedures are not met.

Please call 513-585-3474 if assistance with this application is needed.

Activity Planner:

Name	
Phone Number	
Email Address	

Activity Coordinator:

Name	
Phone Number	
Email Address	

Proposed Speaker: *If more than one, please attach a list and include the below details for each.*

Name	
Professional Title	
Organization	
Phone Number	
Email Address	

1. Who is the target audience for this education?

☐ Physicians
☐ Resident Physicians
☐ Advanced Practice Providers
☐ RN's
☐ Other professionals

2. Please list the specialties for which this education is intended.

3. How many participants do you anticipate?

4. What type of activity is this?

☐ Course (if selecting, please also select a sub-category below)
 ☐ Case-based discussion ☐ Panel ☐ Simulation ☐ Skill-based training ☐ Small group discussion
☐ Regularly Scheduled Series (if selecting, please also select a sub-category below)
 ☐ Case-based discussion ☐ Panel ☐ Simulation ☐ Skill-based training ☐ Small group discussion
☐ Internet Live Course
☐ Enduring Material
☐ Internet Activity Enduring
☐ Material Journal-based CME
☐ Committee Learning
☐ Performance Improvement

5. What is the title of the activity?

6. Proposed Date/Time and location *(if applicable)*

7. Number of AMA PRA Category 1 Credits™ being requested:

8. What is the problem this education is going to address?

9. What evidence can you provide that indicates the problem exists? Please select all applicable needs and attach the supporting data.

- ☐ Epidemiological data
- ☐ QA / PI / Audit data
- ☐ Morbidity & Mortality
- ☐ Infection Control data
- ☐ Surgical Procedures statistics
- ☐ Professional Requirements
- ☐ Journal articles/citations
- ☐ National meeting presentation
- ☐ Government directive
- ☐ New diagnostic method
- ☐ New treatment method
- ☐ New medication or indication
- ☐ New equipment or device
- ☐ Advance in knowledge
- ☐ Medication/device recall
- ☐ Legislative changes
- ☐ Participant request
- ☐ Target audience survey
- ☐ Focus group recommendation
- ☐ Patient problem inventories
- ☐ Other (please specify)

10. What is the goal of the education? *(Please select at least one)*
Please choose from the following.

- ☐ To change the competence of the participants
- ☐ To change impact the participants' performance (what the physician does in practice)
- ☐ Patient outcomes

11. Based on your answers above, please list specific changes you wish this education to impact.

12. Please list at least three learning objectives that follow the phrase, "At the conclusion of this activity, participants will be able to:"

1.
2.
3.
4.
5.

Please note: If this is a case-based series, these objectives will be used for each session. If this is not case-based, specific learning objectives will be required from each presenter. You may attach these to this application or generalize objectives here and provide updated objectives on an ongoing basis.

13. List any potential barriers that might prevent the physician learners from making the expected changes.
Example response: The physician participants might not have enough time to input all required documentation into the medical record.

14. Explain how you or the presenters plan to address these barriers during the activity.
Example response: My education will include an explanation on how to increase efficiency of report writing.

15. Which of the following physician attributes will this educational activity address to help increase knowledge, skills, or performance? Check all that apply.

ACGME/ABMS

- ☐ Patient Care and procedural 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
- ☐ Teams and teamwork

16. How will you measure the impact of this education? Please select all that apply.

- ☐ Post quiz
- ☐ Post evaluation
- ☐ Follow up medical audit/chart review
- ☐ Observer critique
- ☐ Performance test

17. Will this activity be funded, in whole or in part, by an educational grant, exhibit fee, or any other financial remuneration from a pharmaceutical or medical device manufacturer?

- ☐ No
- ☐ Yes

18. Do you plan to distribute honoraria to the presenters?

- ☐ No
- ☐ Yes

19. Will this activity be

In-Person
Virtual
Hybrid

If distributing honoraria or any other funds for activity related expenses, a projected budget will be required for application.

Return this form to CME@TheChristHospital.com.

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