



Continuing Medical Education (CME) Planning Document

All CME activities undertaken by the American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) are planned and implemented in accordance with the Accreditation Council for Continuing Medical Education (ACCME) accreditation requirements and policies. Accordingly:

- ABQAURP will be the final authority for all aspects of the planning process, including, but not limited to, the gap analysis, learning objectives, activity design, faculty selection, and evaluation metrics.
- All activities must comply with the ACCME *Standards for Commercial Support*, the FDA *Final Guidance on Industry-Supported Scientific and Educational Activities*, and, if designed for physician learners, the AMA standards regarding the Physician's Recognition Award and *Gifts to Physicians from Industry*.
- All activities must be for scientific and educational purposes only; the educational content of activities must be accepted by the profession(s) constituting the target audience as being within the science/scope of practice of the intended audience(s), and applicable to the delivery of healthcare to the public.
- All CME Planning documents must be received as the program is being developed, 6 months in advance of the activity is expected. A minimum of 3 months is mandatory for smaller activities.

Joint Provider Organization: _____

Legal Entity Name: _____

Federal Tax ID#: _____ Date Established: _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Proposed Title of Activity: _____

Activity Date(s): _____

Venue & Location of Activity: _____

Venue, Street Address, City, State, Zip and Telephone Number

Type & Hours of Credit requested: Physician CME _____ Nurse CEU _____

(Through the Florida Board of Nursing)

Anticipated number of: physician attendees: _____ Nurse attendees: _____ Other: _____

Number of Faculty: _____ Number of Sessions: _____

Do you anticipate any Commercial Supporter(s)? **If yes: STOP** we are not accepting applications with commercial support at this time. (See step 12 for a definition of commercial support)

Proposed Registration Fee: \$ _____ If none, why? _____

Checks for accreditation fees must be made payable to:

American Board of Quality Assurance & Utilization Review Physicians, Inc.

6640 Congress Street

New Port Richey, FL 34653



Step 1: Personal Conflicts of Interest:

List all individuals employed (or contracted) by your organization who are in a position to control the content of this Continuing Medical Education (CME). Everyone who is in a position to control the content of an educational activity throughout the planning and delivery phases must disclose to us the nature of any relationship with a commercial interest as defined by ACCME. This includes all physicians and non-physician employees involved in planning, as well as authors, presenters, faculty and their spouse/partner.

A conflict of interest exists when an individual (or their spouse/partner) has a relevant financial relationship with a commercial interest and the opportunity to affect CME content related to that commercial interest. The intent of disclosure is not to disqualify faculty, author or program planner from participating in an educational activity, but to resolve any potential conflicts of interest that may arise from financial relationships with a commercial interest that are determined to be relevant.

ABQAURP developed a Conflict of Interest & Risk Management Tool to resolve conflicts of interest and assumes that resolution will be possible **unless you are considered employee of a commercial interest**. During this process, you may be asked for further information or to make adjustments to your presentation to become ACCME compliant.

A relevant financial relationship (any amount) **with a commercial interest** (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in the past 12 months, must be disclosed whether the relationship has now ended or is currently active.

Anyone refusing/neglecting to provide a completed conflict of interest disclosure form cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the CME activity and **will be required to withdraw in order to maintain accreditation**.

Types of financial relationships requiring disclosure include the following:

1. Ownership or part ownership of commercial interests.
2. Membership on boards of directors or trustees or advisory committees of commercial interests
3. Grants or research support from commercial interests (excluding grants from government or non-profit, independent foundations)
4. Employee of commercial interests
5. Consultant for commercial interests
6. Stock holder (excluding mutual fund holdings) of commercial interests
7. Member of speaker's bureau of commercial interest

Content Validation: ABQAURP is responsible for validating the clinical content of the CME activities that they provide. Specifically,

1. All 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.
2. 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.
3. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment, or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.



Planner-Faculty instructions are included with the conflict of interest disclosure form (See addendum A for a blank form). These instructions summarize planner & faculty responsibilities in the participation of an ABQAURP CME activity.

Planners: Completed conflict of interest disclosure forms are required with the CME Planning Document **even if you have nothing to disclose**. The planning disclosures are required before the content development to ensure no bias exists with the planners, and if so the planner can be excused.

Planners cannot be employed by or hold any full time appointments with a commercial interest. If you are unable to disclose these financial relationships for any reason, you will be disqualified from participating in the planning or delivery of this activity. The ABQAURP Conflict of Interest & Risk Management Tool will be employed to resolve any conflicts of interest.

Any irresolvable conflict of interest or ACCME non-compliance issue would prevent the Planner from participating in the planning or delivery of this activity.

Step 1	Completed conflict of interest disclosure forms for all planners: <input type="checkbox"/> Yes	ACCME C 7 - SCS 1, 2 & 6
	List the planners with credentials along with their contact information:	



ABQAURP Conflict of Interest & Risk Management Tool

Level of Potential Conflict	Action by ABQAURP	Joint Provider Actions
<p>Level 1: Nothing to disclose</p>	<p>Faculty-planner acknowledged adherence of the following CME requirements:</p> <ul style="list-style-type: none"> Conflict of Interest Content Validation Trademark or Brands names prohibited Unapproved "Off-Label" Usage HIPPA Laws are observed Copyright laws are observed Advertising or Promotion of any kind is prohibited No payments will be accepted from a commercial interest for presenting <p>CME staff to review Biographical Data or Curriculum Vitae (CV) to confirm qualifications and disclosure</p> <p>Perform independent internet search to validate the disclosure</p>	<p>Print disclosures in printed program Guide, website or anywhere objectives are listed</p> <p>A summary disclosure slide to be shown before the presentations begin</p> <p>Ask participants whether there was commercial bias on the evaluation</p>
<p>Level 2: Any financial relationship(s) with commercial interests which is relevant to the content of the session and/or lecture may be resolved (not including an employee or full time appointment – see below).</p>	<p>All actions performed in Level 1</p> <ul style="list-style-type: none"> Faculty confirmation the relationship is not an employee of a commercial interest Faculty confirmation the relationship is not relevant to the content of the presentation, limitations of subjects or multiple products without bias or trademark/brand names may be discussed. Request abstracts and/or presentation to review the content. Secondary review by Physician Reviewer (peer review of the content) Determination of management technique (faculty notification of peer review, limitations on subjects, or recusal) 	<p>All actions performed in Level 1</p> <ul style="list-style-type: none"> Letter to faculty informing them of conflict and management technique to apply based on the conflict discovered Receive proof of conflict resolution (revised power point showing limitations of subjects or recusal) Management technique applied and documented in advance of activity
<p>Level 3: Employment or any fulltime appointment with an ACCME defined commercial interest.</p>	<ul style="list-style-type: none"> CME staff to confirm employment is with a commercial interest Remove faculty member from planning or faculty position OR Program and/or Session will not be accredited. 	<ul style="list-style-type: none"> Letter to faculty and/or joint provider informing Faculty/Session was <u>not</u> accepted for CME. Must notify the participants prior to the session that no CME will be available.



Faculty, moderators and staff that have control of the content: As faculty is developed we must receive a completed conflict of interest disclosure form before they can become an accredited speaker. (See addendum A for a blank form). Any irresolvable conflict of interest or ACCME non-compliance issue would prevent the accreditation of their session(s).

All faculty must follow the ACCME guidelines to ensure the content of the session promotes the following:

- I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.
- My presentation is to contain no mention of any unapproved or “off-label” use of medications or devices which have not been disclosed.
- I understand Trademarks or Brand Names are prohibited. If products are being compared generic names should be used.
- I understand that no advertising or promotion of any products or services (including authored books, videos, DVD’s or other printed or electronic media) will take place during my presentation or in the space where this CME activity is provided.
- I agree that my presentation will be free from the control of a commercial interest.
- I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. (HIPAA).
- I will inform learners of all relevant financial relationships or the lack thereof before my presentation begins.

ABQAURP requests faculty contact information a **minimum** of 30 days before the activity to allow sufficient time for conflict resolution. The ABQAURP Conflict of Interest & Risk Management Tool will be implemented to identify and resolve all conflicts of interest, as long as the faculty is **NOT** an employee of a commercial interest. The presentation will be also be required at that time to resolve the conflict.

Faculty cannot be employed by or hold any full time appointments with a commercial interest.

	I will submit completed disclosure forms for all faculty	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	I prefer ABQAURP contact the faculty for required documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	List the proposed faculty with credentials along with their contact information:	ACCME C 7 - SCS 1, 2 & 6
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Step 2: Proposed Activity

According to ACCME SCS Standard 5: When planning a CME activity, providers need to ensure that the content promotes improvement and quality in healthcare and that it gives a balanced view of therapeutic options.

CME activities provided by ABQAURP are meant to foster the continuing professional development of physicians and other health care professionals. However, these activities are not simply meant to provide “education for education’s sake”. Rather, the **educational offerings are intended to increase competency, influence behavior, and/or improve patient outcomes.**

Step 2	Identify the general topic area to be discussed in the activity [i.e. Patient safety initiatives, Oncology, Readmissions, Healthcare reform, etc.].	ACCME C2, SCS 5
	Define the subject to be discussed in the activity [i.e. Quality improvements, Patient safety, Pain management, End of life care, Electronic health records, etc.].	

Step 3: Identifying the Target Audience

Step #3	Indicate the profession(s) of the intended learner [e.g. physicians, pharmacists, advanced practice registered nurses, physician assistants, registered nurses, etc.]	ACCME C2, C6
	Include which specialties you are designing the activity [family medicine/primary care, orthopedic surgery, psychiatry, psychology, oncology, pharmacy, etc.]?	
	Physician (MD, DO): Include physician sub-specialty below	
	Other Health Care Professionals (RN, NP, PA, ND, Other): Include sub-specialty below	



Step 4: Identifying the Professional Practice Gap(s)

Educational Gaps are determined through a comparison of **current practice** and the **best available standard(s) of practice**.

CURRENT PRACTICE is the existing level of knowledge, competence or performance of the learner for the identified disease state, patient safety issue, ethical/cultural issue, etc.

Data for current practice may be accessed via a variety of sources, including, but not limited to, public health data, survey of intended learners, national or regional statistics, peer reviewed literature, opinion leader interviews, previous activity evaluation data, faculty perception of need, clinical practice data, national quality data and/or other sources.

Step 4	A) Summarize the intended learner's CURRENT PRACTICE using bullet points to determine the current practice.	ACCME C2 & 3, SCS 1 & 5
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Step 4	B) Select the SOURCE used to determine the current practice and provide supporting documentation.	ACCME C2 & 3, SCS 1 & 5
	<p>Expert Consensus</p> <input type="checkbox"/> Faculty perception (i.e. documented conversations) <input type="checkbox"/> Consensus of experts and education committee members (i.e. meeting minutes) <input type="checkbox"/> Advice from authorities in the field (i.e. documented phone conversation) <p>Participant Feedback</p> <input type="checkbox"/> Target audience survey <input type="checkbox"/> Previous CME activity evaluation data <p>Research Findings</p> <input type="checkbox"/> Data from outside sources (health statistics) <input type="checkbox"/> Health Sciences library request data <input type="checkbox"/> Patient care audits/QI data <input type="checkbox"/> Institutional/Organizational mandate <input type="checkbox"/> Medical literature review <input type="checkbox"/> Mortality/morbidity data <input type="checkbox"/> Other (specify): _____	



BEST PRACTICE is the best evidenced-based data or highest standard of care.

Best practice data may be accessed via a variety of sources, including, but not limited to, via Maintenance of Certification, core competencies, specialty society guidelines and consensus statements, peer reviewed literature and/or other sources.

Step 4	A) Summarize the intended learner's BEST PRACTICE using bullet points.	ACCME C2
	<ul style="list-style-type: none">•	

PROFESSIONAL PRACTICE GAP is the difference between health care processes or outcomes currently observed in practice, and those potentially achievable through CME on the basis of Best Practice.

Step 4	B) State the Professional Practice Gap(s) that this CME program will be addressing using bullet points.	ACCME C2
	<ul style="list-style-type: none">•	



Step 5: Specifying the Pertinent ABMS/ACGME, IOM and IPEC Competencies

The Accreditation Council for Continuing Medical Education (ACCME) has determined that CME providers must specify which of these competencies is being addressed. This step in the CME planning process is to specify which of the following competencies is most relevant to the identified gap(s).

If you would like more information regarding the core competencies, please visit the following web sites:

- American Board of Medical Specialties
Accreditation Council for Graduate Medical Education
Institute of Medicine
Interprofessional Education Collaborative

Please indicate all that apply:

Form with three sections: ABMS/ACGME competencies, Institute of Medicine competencies, and Interprofessional Education Collaborative competencies. Includes checkboxes for various skills and a section for other competencies.

Step 6 Needs Statement

	<p>EDUCATIONAL GAPS: Once the professional practice gaps have been determined and linked to the core competencies, the next step is to translate this into the needs statement for the activity. State the educational need that will drive the development of the activity objectives and ultimately the outcomes measurement.</p> <p>Knowledge (understanding) Competence (understanding + strategy about how to implement in practice) Performance (understanding + strategy + implementation in practice) Patient Outcomes (understanding + strategy + implementation in practice + impact on patient or healthcare)</p> <p>CME Activities must be designed for a potential outcome of changing competence, performance and/or patient health. Change in knowledge only is NOT an acceptable outcome for CME. This activity is designed to bring about a change in:</p> <p>Choose the identified need your CME activity will address:</p> <p><input type="checkbox"/> Designed to change Competence? <input type="checkbox"/> Are changes in Competence evaluated? <input type="checkbox"/> Designed to change Performance? <input type="checkbox"/> Are changes in Performance evaluated? <input type="checkbox"/> Designed to change Patient Outcomes? <input type="checkbox"/> Are changes in Patient Outcomes evaluated?</p>	<p>ACCME C2, C3</p>
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Step 7 Learning Objectives

<p>Step 7</p>	<p>Based on the educational gaps(s) stated above, in order to maintain ACCME accreditation, learning objectives must be observable, measurable, and focused on the learner which contribute to a current or potential impact in professional practice and/or patient health [<i>i.e. each objective should include a verb that describes a physician action in practice (and not what the teacher will teach); see Addendum B for a list of verbs for writing learning objectives</i>].</p> <p>For example: Employ interdisciplinary care coordination strategies to reduce hospital readmissions and improve patient care.</p> <p>Provide the overall learning objectives and draft agenda for the CME activity:</p> <ul style="list-style-type: none"> • 	<p>ACCME C 3</p>
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The Joint Provider must include a DRAFT agenda with this application. The draft agenda must include the times, session titles, summary for each session with tentative faculty if available. **The final agenda is required within 4 weeks of activity start date.**

Learning objectives are designed to provide participants an overview of the educational content. Well thought out learning objectives serve as a guide to instructors, so they create content that will help learners close the identified gap(s). Objectives should begin with measurable action verbs (see addendum B for examples) and help the learners close the identified gap by addressing the need to improve knowledge, enhance competence, influence behavior, and/or improve patient outcomes. **Planners should present these learning objectives to instructors and authors, not vice versa.**

Commercial interest's employees can have NO influence/input in the development and/or presentation of any educational content (See step # 12 for further clarification).

Step 8: Selecting the Appropriate Educational Design

The educational design should reflect the information previously identified. Adult learning principles should be taken into account when selecting appropriate educational methodology.

Step #8	<p>(a) What educational design will be used for the activity?</p> <p><input type="checkbox"/> Live activity</p> <p style="margin-left: 20px;"><input type="checkbox"/> <i>Conference/Symposium</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> <i>Live webcast</i></p> <p><input type="checkbox"/> Enduring material (a printed, recorded, or computer-presented CME activity that 'endures' over a specific period of time)</p> <p style="margin-left: 20px;"><input type="checkbox"/> <i>Enduring Internet/web-based</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> <i>Enduring CD-ROM DVD</i></p> <p>Planned release date: _____</p>	ACCME C5
	<p>(b) What will be the educational format and/or interactive methods will be used in this activity [as described in appendix C]</p>	
	<p><input type="checkbox"/> Lecture/presentation</p> <p><input type="checkbox"/> Panel discussion with question & answer</p> <p><input type="checkbox"/> Group discussion</p> <p><input type="checkbox"/> Case-study</p> <p><input type="checkbox"/> Problem Solving/Role Play</p> <p><input type="checkbox"/> Brain Storming/Round table discussion</p> <p><input type="checkbox"/> Simulation / demonstration</p> <p><input type="checkbox"/> Games</p> <p><input type="checkbox"/> Interactive computer response system (CRS)</p> <p><input type="checkbox"/> Pre/Post Test</p> <p><input type="checkbox"/> Other: (please specify)</p>	
	<p>(c) Why is this format(s) appropriate to the learning objectives?</p> <p><input type="checkbox"/> Knowledge conveyed in a short time</p> <p><input type="checkbox"/> Point/counterpoint for controversial topics</p> <p><input type="checkbox"/> Complicated topic, extra time for questions</p> <p><input type="checkbox"/> Application of knowledge to potential practice</p> <p><input type="checkbox"/> Improve skills or technique</p> <p><input type="checkbox"/> Discussion of difficult or unusual cases or data</p> <p><input type="checkbox"/> Other: _____</p>	

Step 9: Identifying Potential Partners and Allies

Closing the identified gap may be a daunting task. It is prudent to consider whether other groups or organizations are working on the same issue. If so, joining forces with them may help you accomplish your common goal of closing the identified gap(s). Working with other groups may increase access to scarce resources, improve efficiency, and produce synergistic partnerships. Importantly, these **potential partners may be internal or external to your organization or unit.**

Step #9	A) Are there other initiatives <u>within</u> the institution working on the same issue? Do you know of <u>other institutions</u> that could be potential partners in working on this issue? Please list them below if applicable.	ACCME C18, C20
Step #9	B) Could these internal and/or external groups help address or remove barriers? If so, how?	ACCME C19

Step 10: Identifying Non-Educational Strategies

Numerous research studies have shown that CME interventions can increase competency, influence physician behavior, and/or improve patient outcomes. This is especially true when one considers the gaps that can best be addressed by “system-level” interventions.

Step #10	Are there non-educational strategies (e.g., patient reminders, order sets, computer decision support systems, guidelines, etc.) that are currently being used to close the identified gap(s)? If yes, please list. If no, please consider what kind of non-educational strategies could be created or used.	ACCME C17

Step 11: Determining the Appropriate Evaluation Methodology

In order to determine whether the identified gap(s) has/have been closed, the CME activity must be evaluated. ABQAURP offers an online evaluation for all participants. Outcomes research (understanding the end results of practices and interventions) has become the key to developing better ways to monitor and improve the quality of care.



The evaluation complies with levels 1, 2, 3B and 4. A follow-up survey 3, 6 or 9 months post conference will document physician change in expected outcomes in terms of changed physician/clinician strategy, performance in practice and/or patient health status based upon the underlying cause of the performance gap.

Participants can immediately print their continuing education certificate upon completion of the ABQAURP evaluation.

The evaluation does not replace ABQAURP’s requirement of a complete attendance list within 30 days post activity as not all attendees will claim CME credit.

ABQAURP refers joint providers to Moore’s seven outcome levels as the framework in developing their assessment tool. **The seven levels are as follows:**

- Level 1 Participation, i.e. evaluation
- Level 2 Satisfaction, i.e. evaluation
- Level 3A Learning: Declarative Knowledge (Knows), i.e. evaluation, survey, pre/post test
- Level 3B Learning: Procedural Knowledge (Knows How), i.e. evaluation, survey, pre/post test
- Level 4 Learning: Competence (denotes strategy to implement), i.e. self-reported learner behavior change / what will be implemented or why not
- Level 5 Performance (Does), i.e. follow-up data (e.g. 3 month later) to compare to initial to see if changes remain implemented, measurement of learner behavior change
- Level 6 Patient Health, i.e. measurement of impact on patient
- Level 7 Community Health, i.e. measurement of impact on populations

Step #11	<p>(a) Which of the seven levels described above, will best determine whether your activity has closed the identified gap(s)? ABQAURP requires that CME activities measure Level 1 (participation) and at least one of the remaining levels as specified below.</p> <p>Select all that apply.</p>	ACCME C11, 12 & 13
	<input type="checkbox"/> Level 1 <u>Participation</u> <input type="checkbox"/> Level 3A <u>Learning: Declarative Knowledge</u> <input type="checkbox"/> Level 3B <u>Learning: Procedural knowledge</u> <input type="checkbox"/> Level 4 <u>Learner competence</u> <input type="checkbox"/> Level 5 <u>Documented learner change in behavior</u> <input type="checkbox"/> Level 6 <u>Impact on individual patients</u> <input type="checkbox"/> Level 7 <u>Impact on patient populations</u>	
	<p>(b) What type of assessment tool(s), as indicated in the level definitions stated above, will you use to determine whether the identified gap(s) have been closed? The tool(s) must be able to measure Level 1 and at least one other level chosen above.</p>	
	<p>Do you plan on using this tool(s) on every participant or a sample of the learners?</p>	



Step 12: Standards for Commercial Support (CS)

The creation of CME content must strictly adhere to all ACCME accreditation requirements and policies, as well as the Standards for Commercial Support, [ACCME Standards for Commercial Support](#).

ABQAURP provides CME activities that promote improvements in quality health care and not the proprietary interests of any **commercial** organization.

“A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.”

The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

A commercial interest is **NOT** eligible for ACCME accreditation. Commercial interests cannot be accredited providers, joint providers, planners or faculty. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501(c) Non-profit organizations (*Note: ACCME screens 501(c) organizations for eligibility. Those that advocate for a commercial interest as a 501(c) organization, are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.*)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For-profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

ACCME reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

Disclosure to ABQAURP prior to requesting the grant/funding (see addendum C for CS Agreement) of any potential financial relationships with a commercial interest is mandatory.

Non-compliance with this component will cause the activity’s accreditation to be revoked. If more than one (1) commercial supporter is being submitted, please provide separate documentation for each supporter including the requested information below. (See Addendum C for commercial support written agreement)

In the interest of balanced and unbiased scientific presentations, **ABQAURP requires all educational activities supported in whole or in part by an educational grant be in strict compliance with ACCME Standards for Commercial Support (SCS).** All commercial support funds (not exhibit and/or marketing funds) solicited on behalf of the activity must be received by ABQAURP. The joint provider may develop a grant proposal under the direction of ABQAURP; however, as the accredited provider, ABQAURP is responsible for appropriate management of these grants according to the ACCME's SCS.

ACCME C7, C8, C9, C10 – SCS 1, 2, 3 & 4



An essential part of complying with these standards is ABQAURP managing and distributing the funds. A 5% administration fee will be incurred.

In all cases, education must be physically separated from promotion. Disclosure to the learners of relevant financial relationships and any commercial support of the activity must occur prior to the onset of the educational content and cannot include the use of a trade name or a product-group message.

Step #12	<p>A) Do you anticipate any commercial support?</p> <p><input type="checkbox"/> Yes STOP we are not accepting applications with commercial support at this time</p> <p><input type="checkbox"/> No (continue to section D below)</p>	ACCME C8, SCS 3 & 4
	<p>List any potential commercial entities that could provide support for the activity.</p> <p>Organization _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Telephone _____ Fax _____ Contact _____</p>	
	<p>B) What type of commercial support is being provided?</p>	
	<p><input type="checkbox"/> Monetary (this would include lunch/breaks/meals whether there is an educational component or not)</p> <p><input type="checkbox"/> In-kind donation - resources and/or services with cash value donated or loaned for use during an educational session (i.e. equipment loan, brochure distribution, provision of staff time to work in or for your program, provision of meeting space, etc.)</p>	
	<p>IMPORTANT: Exhibits are NEVER a condition for the receipt of an educational grant (commercial support). Should an exhibit be requested or any other marketing arrangements, a separate agreement must be entered into with the appropriate party from the commercial interest.</p>	
	<p>C) Have you attached your fully executed (signed by all parties involved – e.g. Commercial interest and accredited provider) commercial support written agreement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	ACCME C7, C8, C9 & C10, SCS 3 & 4
	<p>D) Product promotion material or product specific advertisement of any type is prohibited and cannot be displayed or distributed in the education space immediately before, during, or after a CME accredited activity. Product promotion can occur in exhibit areas/halls which do not impede a participant's path to the educational space.</p> <p>Educational materials as part of the accredited activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade name, or product-group message.</p> <p>I will comply with the above regulation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	



	<p>E) Disclosure of Commercial Support to Learners:</p> <p>The accredited provider and joint provider will ensure that the source of support from the commercial interest, either direct or in-kind, is disclosed to the learners in program brochures, syllabi, other program materials and/or at the time of the activity. This disclosure will not include the use of a trade name or a product group message.</p> <p>I will comply with the above regulation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
	<p>F) Budget and Reconciliation</p> <p>Joint provider must complete and submit an estimated budget with the application. Reconciliation is required within 45 days of the activity's completion.</p> <p>I will comply with the above requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Honoraria and Reimbursement Policy

	<p>Will you use the ABQAURP Honoraria and Reimbursement Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will you use your own Honoraria and Reimbursement Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>* If using your own policy, please provide a copy of your policy with the application.</i></p>	
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Step 13: Accreditation Announcement, Fees, Signature and W-9

a) Accreditation Announcement

ABQAURP must approve all activity announcements, excluding save the date type notifications, **PRIOR TO BEING RELEASED and/or PRINTED** to ensure proper accreditation statements have been included. **Pending accreditation statements are NOT allowed.**

In advertising CME/CE credits, excluding save the date type notifications, ABQAURP ensures all promotional materials include the following elements:

- Statement of overall objectives for the activity
- Session descriptions (this area may include the objectives)
- List of faculty
- Agenda/schedule to include date and times
- Clear information concerning fees, and, if appropriate, what the fee covers
- Statement of commercial support
- ACCME accreditation and AMA designation statements that clearly identify the accrediting provider (ABQAURP)



b) Accreditation Fees

Once the activity planning document and company attestation form is reviewed and preliminarily approved for continuing medical education, ABQAURP will advise the final accreditation fee. This fee is payable within 15 days of receipt.

1-3 Sessions	No Charge for 1- 40 registrants	\$1,540.00
4-7 Sessions	No Charge for 1- 40 registrants	\$1,815.00
8-10 Sessions	No Charge for 1- 40 registrants	\$2,090.00
11 – 15 Sessions - Complex JP I	No Charge for 1- 40 registrants	\$3,300.00
16-20 Sessions – Complex JP II	No Charge for 1- 40 registrants	\$3,740.00
Over 20 Sessions – Complex JP III	No Charge for 1- 40 registrants	*Starting at \$3,740.00

* Complex Joint Providership III fees begin at \$3,740.00 with a maximum of 20 faculty and/or sessions. A fee of \$110 will be incurred for each faculty and session over the maximum number of 20 for each, due to the complexity of the comprehensive evaluation.

Please request price quote for webinars.

Additional Fees

\$825 Expedited Review Fee – All applications submitted less than eight (8) weeks prior to the commencement of the activity.

\$25 Administration Fee** – Faculty **OR** session topic change

\$100 Administration Fee** – Faculty **AND** session topic change

** Applies only after the CME/CEU activity has been approved for accreditation based on the credit hours applied for and the initial faculty and session topic(s) submitted.

\$20 Additional Registrant Processing Fee – Joint Provider will be additionally billed for activities with more than 40 registrants. The Joint Provider has 30 days from the date of the additional billing to submit payment.

\$1,200 - \$4,200 Enduring Material – setup and maintenance charges for monthly evaluations for a 24 month period.

\$250 Streaming Video - setup charges (when in addition to live conference)

Preliminary approval of accreditation for most activities can be determined within four (2-4) business days contingent upon: completed and signed application, include all requested documentation, and the size of the activity. ABQAURP must receive all required documentation at least twelve (12) weeks prior to the event, depending on the size of the activity, more time may be required to complete the entire accreditation process.

c) Signature

My signature attests I have the authority to enter into this agreement.

I have fully read and understand the completed application and will abide with the application requirements to maintain compliance with the ACCME accreditation requirements and policies, as well as the Standards for Commercial Support.

ABQAURP reserves the right to withdraw providership of this activity, at any time, if the requirements have not been fulfilled.

Signature of Organization Representative Date

Printed Name of Representative / Title



Please submit the completed and signed application (an unsigned/incomplete application will be returned), and supporting documentation to:

ABQAURP
Deborah Naser, CME Coordinator
6640 Congress Street
New Port Richey, FL 34653
(727) 569-0190 extension 118
Fax (727) 569-0195
dnaser@abqaurp.org

(d) W-9 Link to IRS current version. Please complete and return a copy with your application.
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Thank you for your diligence and dedication in planning this activity. All preliminary documentation must be submitted with your application for ABQAURP's consideration.

ABQUARP Use Only	
Date Received:	Via: <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail
Action:	
<input type="checkbox"/> Approved for Providership	
<input type="checkbox"/> Provisional Approval	
<input type="checkbox"/> Pending: _____	
_____	_____
ABQAURP Staff Member	Date



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Addendum A

ABQAURP CONFLICT OF INTEREST DISCLOSURE FORM

ABQAURP Planner/Faculty Guidelines for CME Presentations

As an accredited provider of the Accreditation Council for Continuing Medical Education (ACCME), ABQAURP must ensure that all CME programs meet all ACCME accreditation requirements and policies while maintaining the highest standards and meeting expectations of its audience.

Below are planner/faculty (herein referred to as "faculty") guidelines to assist in developing the highest quality educational content and materials. These guidelines also ensure compliance with ABQAURP's CME policies.

Scientific Integrity

Individuals giving presentations at CME activities should follow these guidelines to ensure materials are evidence-based, objective, and balanced:

- Presentations must be free of commercial bias for or against any product or services.
- Presentations must give a balanced view of therapeutic options. Faculty use of generic names will contribute to this impartiality. If trade names are used, those of several companies should be used to avoid bias.
- Presentations that include products must present objective information about those products, based on scientific methods generally accepted in the medical community.
- Information presented must conform to the generally accepted standards of experimental design, data collection and analysis.
- If unapproved uses of a product or service are discussed, the audience must be informed.
- The slides included in the presentation should reflect original thoughts of the speaker.
- It is the responsibility of the faculty to obtain written permission for print inclusion of material that is under copyright protection.
- Material presented from clinical trial results must include information on study design, subject selection and participation/compliance, therapeutic agents administered including source/dosage, adverse effects encountered, funding source, etc.
- Faculty must offer a balanced presentation of all available clinical trial data that is pertinent to the topic.
- The data presented from clinical trials should be from peer-reviewed publications.

Definition and Disclosure of Conflicts of Interest

In order to comply with the ACCME Standards for Commercial Support regarding relationships with commercial interests, **everyone** in control of CME content must be familiar with current disclosure policy and procedures:

- Faculty (including spouse/partner) must disclose to ABQAURP any relevant financial relationships with a commercial interest - **A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.**
- The ACCME does not consider **providers of clinical service** directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.
- The ACCME **exempts** non-profit or government organizations, non-health care related companies, liability and health insurance providers, group medical practices, for-profit hospitals, rehabilitation centers, nursing homes, blood banks, and diagnostic laboratories. ACCME reserves the right to modify this definition and this list of eligible organizations from time to time without notice.
- Planner's completed ABQAURP Conflict of Interest Disclosure Forms must be provided to ABQAURP **before** planning of the activity begins to ensure no conflict of interest or bias exists.
- All faculty at CME events are required to complete and return the ABQAURP Conflict of Interest Disclosure Form along with biographical data or curriculum vitae (CV) to validate them as a speaker. This completed form must be received a **minimum** of 30 days prior to the activity to allow sufficient time to resolve conflicts of interest. Not all conflicts of interest can be resolved. **Faculty that are employees of, or have any full time appointment with, a commercial interest will not be approved as faculty for CME activities.**
- At the beginning of your presentation, (i.e., title slide), please provide a disclosure statement. Disclosure to the

CME audience also includes if the faculty has "nothing to disclose in regard to the content of this presentation".

- Preliminary presentations are required a **minimum** of 30 days in advance to resolve any conflicts of interest. Final presentations are required a **minimum** of 14 days before the conference. CME will be removed from the session/activity if these deadlines are not met.

Copyright

CME presenters should keep in mind that while it is legal to copy another's work for inclusion in a PowerPoint presentation, these slides must not be printed out and distributed.

- This includes all information in print and electronic (CD-ROM, Internet) audio and video formats.
- The distribution of complete journal or other print articles as handouts are generally subject to a license fee for which the presenter would be responsible.
- Providing a bibliographic reference or link to this article is not subject to a license fee and, therefore, is preferable.

Slides

- Educational material (slides, abstracts, handouts, etc.) **cannot** include commercial company and product logos.
- Do not use identifiable photographs of patient identifiers. Remove or cover all patient identifiers from laboratory studies, x-rays, imaging studies, slides, etc.
- University or hospital logos may be included on the first slide.

Handouts

Handouts are highly valued by participants because they reinforce and clarify verbal information and aid recall. Here are some things to consider when preparing handouts:

- PowerPoint slides make effective handouts when they are printed in black and white with the background removed.
- PowerPoint slides may be printed with 3, 4, or 6 slides per page depending on the number of slides and the density/clarity of material on the slides.
- Include important ideas and significant information from your presentation.
- Copyright guidelines apply to all educational materials. ABQAURP reserves the right to edit material that will breach copyright laws.

CME Credit for Presenters

Faculty can earn CME credit for the learning that occurs in the preparation of an original presentation as part of an *AMA PRA Category 1 Credit™* live activity. The formula for granting such credit is 2 *AMA PRA Category 1 Credits™* per participant credit (or a 2:1 ratio). Credits are awarded based on time metrics and can be designated in 15 minute increments. No credits are given for repeat presentations of the same material, it is the responsibility of the physician to only claim the credit once, and credit may not be simultaneously earned as both a presenter and learner. Physicians may claim this credit directly from the AMA by completing the Direct Credit Application <http://www.ama-assn.org/resources/doc/cme/x-pub/direct-credit-application.pdf>.

By signing the ABQAURP Conflict of Interest Disclosure Form, I agree to ABQAURP's guidelines for CME presentations.



ABQAURP CONFLICT OF INTEREST DISCLOSURE FORM

Complete all applicable fields and return the signed and dated form by email to Deb Naser dnaser@abqaurp.org or fax to 727-569-0195.

Table with 4 columns: Name & Employer, Activity & Presentation Title, Activity/Conference Host, Date(s) of Activity.

Purpose: The Accreditation Council for Continuing Medical Education (ACCME) requires CME providers identify and resolve all potential conflicts of interest of faculty prior to a CME activity...

Definition: "Relevant financial relationships" are those in which an individual (including spouse/domestic partner) has: A financial relationship (any amount) with a commercial interest...

Check or Circle one or more: Presenter Moderator Panel Planner Reviewer Coordinator

Under the ACCME Standards for Commercial Support, everyone who is in a position to control the content of an educational activity must disclose all financial relationships with any commercial interest.

In the past 12 months, did you (or your spouse/partner) have a relevant financial relationship with any commercial interest? YES NO

If No - Skip to declaration

If Yes - List Commercial Interest, what was received, and for what role. Employees of a commercial interest cannot be planners/faculty nor have any control of the content of an ACCME accredited activity.

Table with 4 columns: Check Appropriate Boxes, Commercial Interest (company name, institution, etc.), What was received? (within the past 12 months), For what role? (i.e. management position, inventor, consulting, speaking/teaching, etc.)

DECLARATION

- 1. I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.
2. I agree that my presentation will be free from the control of a commercial interest.
3. I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
4. I will inform learners of all relevant financial relationships or the lack thereof before my presentation begins.

Signature _____ Date _____

This disclosure is intended to protect all parties involved from any potential conflict of interest that may arise. If your disclosure status changes prior to the activity, you must submit a revised Disclosure Form.

ABQAURP CME Office Signature (confirmed no relevant financial relationship or the conflict of interest was resolved):

CME Office Signature: _____ Role: _____ Date: _____

Addendum B

Guide to Writing Performance-Based Learning Objectives

- Start with a measurable verb followed by a description of the action that the **learner** will take.
- Use the top four levels of Bloom's Taxonomy or the top three levels of Webb's Depth of Knowledge Levels (DOK) in the selection learning objectives.
- Be careful when using verbs such as *describe*, *explain*, *review*, or *summarize*. They imply that the learner will communicate verbally with someone, these verbs should be used in the context of communicating with the patient

Consolidated Bloom's Taxonomy (updated by Anderson & Krathwohl) & Webb's Depth of Knowledge (DOK) Taxonomies			
Bloom's Level 1: Knowledge Remembering	Bloom's Level 2: Comprehension Understanding	Bloom's Level 3: Application Applying	Bloom's Level 4: Analysis Analyzing
DOK Level 1 Activities (Recall):	DOK Level 2 Activities (Skill/Concept):	DOK Level 3 Activities (Strategic Thinking):	DOK Level 4 Activities (Extended Thinking):
<p>Example:</p> <p>Recognizing or recalling knowledge from memory.</p> <p>The ability to grasp or construct meaning from material.</p> <p>Describe treatment options.</p>	<p>Example:</p> <p>The ability to use learned material, or to implement material in new and concrete situations.</p> <p>Solve routine multiple-step problems.</p> <p>Identify patterns in behavior.</p>	<p>Example:</p> <p>Support ideas with details and examples.</p> <p>Breaking material or concepts into parts, determining how the parts relate or interrelate to one another or to an overall structure or purpose.</p> <p>When one is analyzing he/she can illustrate this mental function by creating spreadsheets, surveys etc.</p>	<p>Example:</p> <p>Analyze and synthesize information from multiple sources.</p> <p>Making judgments based on criteria and standards through checking and critiquing.</p> <p>Creating requires users to put parts together in a new way or synthesize parts into something new and different a new form or product.</p>
<p>Verbs</p> <p>Arrange Calculate Define Describe Identify Label List Match Measure Memorize Name Quote Recall Recite Recognize Repeat Report Review State Tabulate Tell Use</p>	<p>Verbs</p> <p>Categorize Cause/Effect Classify Collect Compare Construct Determine Display Distinguish Estimate Graph Identify Patterns Infer Interpret Make Observations Modify Organize Perform Predict Relate Separate Show Summarize</p>	<p>Verbs</p> <p>Apprise Assess Cite Evidence Construct Coordinate Care Critique Develop a Diagnosis Diagnose Differentiate Draw Conclusions Explain Concepts Formulate Hypothesize Improve Investigate Prescribe Revise Solve a problem Use Concepts to</p>	<p>Verbs</p> <p>Analyze Apply Concepts Connect Choose Confirm Counsel Create Critique Design Determine Establish Evaluate Integrate Manage Prove Rate Recommend Select Synthesize Validate Verify</p>

Addendum C

EDUCATIONAL FORMATS AND THEIR RATIONALE¹

FORMAT	RATIONALE
Lecture/ presentation	Provide a large amount of information (knowledge) in a limited amount of time. Allows faculty to talk about a chosen topic.
Panel discussion	Provide an opportunity for experts or a group of learners to present differing viewpoints on a topic, issue, or problem to other panelists and the audience (learners).
Self-Directed Learning/ Computer-aided instruction/Journal	Provides an opportunity for adults to learn the subject at their own pace. An effective method of providing active learning with immediate feedback and re-enforcement.
Group discussion	Provides an opportunity for learners to think together constructively for purposes of learning, solving problems, making decisions, and/or improving human relationships.
Case study	Provides an account of an actual problem or situation an individual or group has experienced. An effective method of provoking controversy and debate on issues for which definite conclusions do not exist.
Problem solving	Provides the opportunity for learners to solve a problem through the collection, application, and assessment of information. An effective teaching method to encourage learners to inquire into, and think critically about, a topic.
Role play	Provides learners with the opportunity to experience common human relations problems, practice communication skills in a secure environment.
Brainstorming	Solicits creative ideas or to identify possible solutions to problems. Allows learners to express opinion and ideas without the threat of being judged by other learners.
Demonstration	Models the correct step by step procedures needed when performing a specified task.
Role Modeling/Mentoring	Provides the learner with one on one access to expert. Learning takes place over time with opportunities to reflect, apply, question.
Journal Club	Provides a format for discussion of journal articles. Useful for a group with similar interests to share opinions and discuss published literature in a organized, face to face fashion.
M&M	Provides a safe venue for presentation of cases by learners with possible untoward outcomes. Allows peer interaction with current problems in practice.
Patient Simulation	Provides a standardized method for a group of physicians to compare their individual skills of diagnosis, treatment and management of a patient with their peers
Games	Provides an interactive and competitive process to validate new learning in a positive emotional situation
Chart Audit	Peer or Self

¹ Adapted from *Effective Adult Learning* by Birkenholz



Addendum D

WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT

The American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) is committed to presenting CME / CEU activities that promote improvements or quality in health care and are independent of the control of commercial interests. As part of this commitment, ABQAURP has outlined in this written agreement the terms, conditions, and purposes of commercial support for its CME / CEU activities. Commercial Support is defined as financial, or in-kind, contributions given by a commercial interest which is used to pay all or part of the costs of a CME / CEU activity.

Please type or print legibly.

Title of CME Activity: _____

Location: _____

Date: _____

Name of Commercial Interest: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ Contact Person: _____

The above company wishes to provide commercial support for the named CME / CEU activity by means of:

1. An educational grant in the amount of \$ _____ for support of the CME / CEU activity.
2. Description of In-Kind support _____
(e.g., equipment loan, brochure distribution, lanyards, etc.)
3. This grant will be used for the following: _____
(e.g., faculty honoraria, faculty expenses, meeting expenses, other)

Please itemize grant expenses and/or list the details for other: _____

Terms, Conditions, and Purposes

Independence

1. This CME / CEU activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial Interest.
2. The accredited provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CME, selection of education methods, and the evaluation of the activity.

Appropriate Use of Commercial Support

3. The accredited provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest.
4. The Commercial Interest will not require the accredited provider to accept advice or services concerning presenters, authors, or participants or other education matters, including content, as conditions of receiving this grant.
5. All commercial support associated with this activity will be given with the full knowledge and approval of the accredited provider. No other payments shall be given to the director of the activity, planning committee members, presenters or authors, joint provider, or any others involved with the supported activity.
6. The accredited provider will, upon request, furnish the Commercial Interest documentation detailing the receipt and expenditure of the commercial support.



Addendum E

EXAMPLES OF DESIRABLE PHYSICIAN ATTRIBUTES

Institute of Medicine Core Competencies

Provide patient-centered care - Identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health

Work in interdisciplinary teams - Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable,

Employ evidence-based practice - integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible

Apply quality improvement - Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality

Utilize informatics - Communicate, manage, knowledge, mitigate error, and support decision making using information technology

ACGME/ABMS Competencies

Patient care that is compassionate, appropriate, and effective treatment of health problems and the promotion of health

Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care

Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals

Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

Systems-based practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value

Interprofessional Education Collaborative Competencies

Values/Ethics for Interprofessional Practice - Work with individuals of other professions to maintain a climate of mutual respect and shared values

Roles/Responsibilities - Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of the patients and populations served

Interprofessional Communication - Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease

Teams and Teamwork - Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.