



TEXAS HEART[®] INSTITUTE
CME CREDIT APPLICATION

COURSE / ACTIVITY INFORMATION

Title	
Location	Name: Physical Address:
Type of Activity (C5)	<input type="checkbox"/> Symposium <input type="checkbox"/> Regularly Scheduled Series (RSS) <input type="checkbox"/> Internet Enduring Material <input type="checkbox"/> Journal CME
	<input type="checkbox"/> One Time Activity <input type="checkbox"/> Repeated Activity
	<input type="checkbox"/> NEW REQUEST <input type="checkbox"/> RENEWAL
Date (s)	
Other Credit	<input type="checkbox"/> Nursing <input type="checkbox"/> Dietitian <input type="checkbox"/> Podiatry <input type="checkbox"/> Other _____ <input type="checkbox"/> MOC (indicate which specialty board) <input type="checkbox"/> ABIM <input type="checkbox"/> ABP <input type="checkbox"/> ABA <input type="checkbox"/> Other _____
Time	

TARGET AUDIENCE

Identify all specialties that will attend this event

Physicians Fellows Residents Physician Assistants (PA) Pharmacists
 Nurses/Nurse Practitioners Other: _____

Specialty: Cardiology Surgery Endocrinology Neurology Hepatology Transplant
 Orthopedics Ob/GYN Other _____

RESPONSIBLE PERSONS

Course Director: (Must be expert in course subject area)	Name & Credentials:			
	Title:			
	Mailing Address:			
	Phone:		Cell:	
	Fax:		Email:	
Primary Contact Person	Name:			
	Phone:		Cell:	
	Fax:		Email:	

NEEDS ASSESSMENT & EDUCATIONAL DESIGN

Core Competencies (select 1 at minimum)

CME activities should be developed in the context of desirable physician attributes. Please indicate which Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies will be addressed in this activity. C6

IOM Competencies

- Provide Patient Care or 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 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 Competencies:

- Patient Care* that is compassionate appropriate, and effective for the 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:* 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 of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C2/ABIM3:When you identified the educational need, what were the practice or quality gaps that the need was based upon? Explain and list below the specific practice gaps for selecting the topics. Practice gaps are determined in 3 categories (knowledge, competence and performance).

Example:

Over 50% of cardiologists cannot identify the five herbal products that interact with anticoagulant therapy.

Gap: Due to the above knowledge gap, over 50% of cardiologists do not routinely ask their patients on anticoagulant therapy about their use of these five herbal products

**Attach additional sheets as needed.
List the practice gap(s) below**

***A Desired Result might then be:** Cardiologists ask their anti-coagulated patients about their use of these five herbal products; patients discontinue/decrease their use of the herbal products resulting in a reduction in herbal-drug interactions (and in hospitalization).*

Educational Design/Methodology: The activity should be structured to achieve the stated learning objectives. Please indicate the educational method(s) that will be used to achieve the stated objectives. Select all that apply.**C5**

- | | |
|--|---|
| <input type="checkbox"/> Didactic Lecture (knowledge) | <input type="checkbox"/> Case Presentations (knowledge and competence) |
| <input type="checkbox"/> Panel Discussions (knowledge) | <input type="checkbox"/> Simulation/Skills Lab (competence and performance) |
| <input type="checkbox"/> Roundtable Discussion (knowledge) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Q&A Session (knowledge) | |

Other Educational Support Strategies: What strategies could be used to enhance/change in your learners as an adjunct to this activity? Examples include patient surveys, patient information packets, email reminders to the learners (i.e., summary points from the lecture, new information, posters throughout the hospital, pocket guides).**C17/C32**

Will you include other strategies in order to enhance learner's change as an adjunct to this activity? Yes No
Please explain:

Support Strategies Analysis: How do you plan to analyze the effectiveness of these educational strategies?

Building Bridges with Other Stakeholders: Bridges are built with other stakeholders through collaboration and cooperation.**C20**

Are there other initiatives within your facility working on this issue? No Yes Identify who:

If yes, could they be included in the development and/or execution of this activity? No Yes, In what ways?
(For example: serve on the planning committee or assist with the development and implementation of the course.)

Are there external stakeholders (in your county or region) working on this issue? No Yes Identify who:

If yes, could they be included in the development and/or execution of this activity? No Yes, In what ways?
(For example: serve on the planning committee or assist with the development and implementation of the course.)

Purpose / Course Description/Course Overview: C3

What is the overall purpose for conducting this activity? Or, what do you hope to accomplish by offering this activity?

Identified Barriers (Select 1 at minimum)

What potential barriers do you anticipate attendees may have in incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply. **C18, C19**

- | | |
|--|---|
| <input type="checkbox"/> Lack of time to assess/counsel patients | <input type="checkbox"/> Lack of consensus on professional guidelines |
| <input type="checkbox"/> Lack of administrative support/resources | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Insurance/reimbursement issues | <input type="checkbox"/> Communication /Language Challenges |
| <input type="checkbox"/> Patient / Family compliance issues (demographics, resources, knowledge and/or skill level | <input type="checkbox"/> Lack of coordination of patient care |
| | <input type="checkbox"/> Other: |

Identify how these barriers will be addressed in this CME activity?
Please explain:

DISCLOSURE

DISCLOSURE POLICY: **REQUIRED BY THE ACCME**

The ACCME requires “the disclosure of the existence of any relevant financial interest or any other relationship a faculty member/spouse partner, planning committee, program reviewer has with the manufacturer(s) of any commercial product(s) be disclosed to the audience, prior to the beginning of the educational activity.” Speakers must also disclose if they will discuss off-label/unapproved use of products.

It is the policy of Texas Heart Institute to ensure balance, independence, objectivity, and scientific rigor in all directly or jointly provided educational activities. All individuals who are in a position to control the content of the educational activity are required to disclose all relevant financial relationships he/she has with any commercial interest(s). These individuals include coordinators, planning committee members, staff, instructors, etc. All disclosures must be made to the audience prior to the beginning of the educational activity. The ACCME defines relevant financial relationships as those in any amount occurring within the past 12 months that create a conflict of interest. **Individuals who refuse to disclose will be disqualified from participation in the development, management, presentation, or evaluation of the CME activity.**

Please attest that the coordinator, planning committee members and speakers have been informed of the Disclosure Policy and have agreed to comply with this policy. (Course Director please initial)

SCS 6: 6.1, 6.2, 6.3, 6.4, 6.5

Disclosure to Participants	<p>How will the audience be informed about disclosures?</p> <p>Written: <input type="checkbox"/> Handouts <input type="checkbox"/> Slides <input type="checkbox"/> Other, describe:</p> <p>Verbal: <input type="checkbox"/> Moderator <input type="checkbox"/> Other, please describe:</p> <p>All disclosures must be made prior to the beginning of the educational activity. SCS 6.5</p>
Resolution of Conflict of Interest (COI)	<p>Conflicts of Interest (COI) must be resolved BEFORE the activity occurs, preferably during the early planning stages.</p> <p>Please attest that you have been informed and have agreed to comply with this policy. (Course Director please initial)</p>

EVALUATION PROCESS

Participants should have the opportunity to 1) assess the extent that the objectives were met; 2) rate the quality of instruction; 3) confirm professional effectiveness will be enhanced; 4) confirm that disclosures were made; and 5) confirmed that the course content was impartial and unbiased.

Texas Heart Institute is committed to tracking outcomes. What are the expected outcomes / results for this educational activity: List the expected outcomes in terms of change physician knowledge, skills, performance in practice and patient outcomes. (C11) Summary evaluation results and attendance rosters will be located in the credit file at THI.

Evaluation and Outcomes (C3, C11)

How will you measure if changes in competence, performance or patient outcomes have occurred? Place an “X” next to all that apply; note, you will be asked to provide summary data for the evaluation methods selected.

Knowledge/Competence		
	Evaluation form for participants (required)	Physician and/or patient surveys
	Audience response system (ARS)	Other, specify: _____
	Customized pre- and post-test	
Performance		
	Adherence to guidelines	Chart audits
	Case-based studies	Direct observations
	Policy Development	Other, specify: _____
	Customized follow-up survey/interview/focus group about actual change in practice at specified intervals	
Patient/Population Health		
	Observe changes in health status measures	Obtain patient feedback and surveys
	Observe changes in quality/cost of care	Other, specify: _____
	Measure mortality and morbidity rates	

MARKETING & ADVERTISING

The ACCME requires that certain information be included on promotional materials: accreditation, credit and disclosure statements. Providers may never publish or announce that “AMA PRA credit has been applied for.”

How would you like notification of this educational activity be distributed to the participants prior to the activity?

- Brochure/Flyer
- Email
- Website: URL site:
- Fax
- Other, identify:

THI must review and approve all marketing materials prior to printing and release (including any listing on websites). Please attest that you have been informed and have agreed to comply with this policy.

(Course Director please initial)

BUDGET

What funds will be used to pay expenses for this activity?

- Internal department funds
- Participant registration fees
- Commercial Grant Support
- State or Federal Grant / Contract
- In-Kind grant or donation
- Other, identify:

Complete and attach a preliminary budget summary (rough estimates are acceptable.) Include all projected revenue and expenses. A final income and expense report is required to finalize the CME accreditation file at the conclusion of the activity. All anticipated commercial support (financial or in-kind grants or donations) being applied for must be submitted. THI generally will not accept or review any programs that are solely funded by grants from commercial interest.

Please submit the completed application to:

THI Office of CME
6770 Bertner Ave, MC 3-276
Houston, TX 77030
Phone – 832-355-9100
Fax – 832-355-9799

By signing below, the Course Director and Texas Heart Institute shall guarantee maintenance, confidentiality, and security of the record keeping system as described in THI’s Policy and is in compliance with all applicable local, regional, state or national laws and regulations related to the provision of continuing education.

Course Director

Date

THI CME Representative

Date

- Approved
Credits Awarded: _____
- Declined
Reason: _____

- Menu of New Criteria C23-C38:
 - 1-3 criteria: _____
 - 4-6 criteria: _____
 - 7-9 criteria: _____
 - 0 criteria- Application returned on date: _____

Menu of New Criteria for Accreditation with Commendation

	Rationale	Critical Elements	The Standard	
Promotes Team-Based Education				
C23	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE).	Interprofessional continuing education (IPCE) occurs when members from two or more professions learn with, from, and about each other to enable effective interprofessional collaborative practice and improve health outcomes. This criterion recognizes accredited providers that work collaboratively with multiple health professions to develop IPCE.	<ul style="list-style-type: none"> <input type="checkbox"/> Includes planners from more than one profession (representative of the target audience) AND <input type="checkbox"/> Includes faculty from more than one profession (representative of the target audience) AND <input type="checkbox"/> Activities are designed to change competence and/or performance of the healthcare team. 	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C24	Patient/public representatives are engaged in the planning and delivery of CME.	Accredited continuing medical education (CME) is enhanced when it incorporates the interests of the people who are served by the healthcare system. This can be achieved when patients and/or public representatives are engaged in the planning and delivery of CME. This criterion recognizes providers that incorporate patient and/or public representatives as planners and faculty in the accredited program.	<ul style="list-style-type: none"> <input type="checkbox"/> Includes planners who are patients and/or public representatives AND <input type="checkbox"/> Includes faculty who are patients and/or public representatives 	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
C25	Students of the health professions are engaged in the planning and delivery of CME.	This criterion recognizes providers for building bridges across the healthcare education continuum and for creating an environment that encourages students of the health professions and practicing healthcare professionals to work together to fulfill their commitment to lifelong learning. For the purpose of this criterion, students refers to students of any of the health professions, across the continuum of healthcare education, including professional schools and graduate education.	<ul style="list-style-type: none"> <input type="checkbox"/> Includes planners who are students of the health professions AND <input type="checkbox"/> Includes faculty who are students of the health professions 	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities:* S: 2; M: 4; L: 6; XL: 8
Addresses Public Health Priorities				
C26	The provider advances the use of health and practice data for healthcare improvement.	The collection, analysis, and synthesis of health and practice data/information derived from the care of patients can contribute to patient safety, practice improvement, and quality improvement. Health and practice data can be gleaned from a variety of sources; some examples include electronic health records, public health records, prescribing datasets, and registries. This criterion will recognize providers that use these data to teach about health informatics and improving the quality and safety of care.	<ul style="list-style-type: none"> <input type="checkbox"/> Teaches about collection, analysis, or synthesis of health/practice data AND <input type="checkbox"/> Uses health/practice data to teach about healthcare improvement 	Demonstrate the incorporation of health and practice data into the provider's educational program with examples from this number of activities:* S: 2; M: 4; L: 6; XL: 8

C27	The provider addresses factors beyond clinical care that affect the health of populations.	This criterion recognizes providers for expanding their CME programs beyond clinical care education to address factors affecting the health of populations. Some examples of these factors include health behaviors; economic, social, and environmental conditions; healthcare and payer systems; access to care; health disparities; or the population's physical environment.	<input type="checkbox"/> Teaches strategies that learners can use to achieve improvements in population health	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term. At review, submit evidence for this many activities.* S: 2; M: 4; L: 6; XL: 8
C28	The provider collaborates with other organizations to more effectively address population health issues.	Collaboration among people and organizations builds stronger, more empowered systems. This criterion recognizes providers that apply this principle by building collaborations with other organizations that enhance the effectiveness of the CME program in addressing community/population health issues.	<input type="checkbox"/> Creates or continues collaborations with one or more healthcare or community organization(s) AND <input type="checkbox"/> Demonstrates that the collaborations augment the provider's ability to address population health issues	Demonstrate the presence of collaborations that are aimed at improving population health with four examples from the accreditation term.
Enhances Skills				
C29	The provider designs CME to optimize communication skills of learners.	Communication skills are essential for professional practice. Communication skills include verbal, nonverbal, listening, and writing skills. Some examples are communications with patients, families, and teams; and presentation, leadership, teaching, and organizational skills. This criterion recognizes providers that help learners become more self-aware of their communication skills and offer CME to improve those skills.	<input type="checkbox"/> Provides CME to improve communication skills AND <input type="checkbox"/> Includes an evaluation of observed (e.g., in person or video) communication skills AND <input type="checkbox"/> Provides formative feedback to the learner about communication skills	At review, submit evidence for this many activities.* S: 2; M: 4; L: 6; XL: 8
C30	The provider designs CME to optimize technical and procedural skills of learners.	Technical and procedural skills are essential to many aspects of professional practice, and need to be learned, updated, reinforced, and reassessed. Some examples of these skills are operative skill, device use, procedures, physical examination, specimen preparation, resuscitation, and critical incident management. This criterion recognizes providers that offer CME to help learners gain, retain, or improve technical and/or procedural skills.	<input type="checkbox"/> Provides CME addressing technical and or/procedural skills AND <input type="checkbox"/> Includes an evaluation of observed (e.g., in person or video) technical or procedural skill AND <input type="checkbox"/> Provides formative feedback to the learner about technical or procedural skill	At review, submit evidence for this many activities.* S: 2; M: 4; L: 6; XL: 8
C31	The provider creates individualized learning plans for learners.	This criterion recognizes providers that develop individualized educational planning for the learner; customize an existing curriculum for the learner; track learners through a curriculum; or work with learners to create a self-directed learning plan where the learner assesses their own gaps and selects content to address those gaps. The personalized education needs to be designed to close the individual's professional practice gaps over time.	<input type="checkbox"/> Tracks the learner's repeated engagement with a longitudinal curriculum/plan over weeks or months AND <input type="checkbox"/> Provides individualized feedback to the learner to close practice gaps	At review, submit evidence of repeated engagement and feedback for this many learners.* S: 25; M: 75; L: 125; XL: 200

C32	The provider utilizes support strategies to enhance change as an adjunct to its CME.	This criterion recognizes providers that create, customize, or make available supplemental services (e.g., reminders) and/or resources (e.g., online instructional material, apps) that are designed to reinforce or sustain change.	<input type="checkbox"/> Utilizes support strategies to enhance change as an adjunct to CME activities AND <input type="checkbox"/> Conducts a periodic analysis to determine the effectiveness of the support strategies, and plans improvements	Attest to meeting this criterion in at least 10% of activities (but no less than two) during the accreditation term.* At review, submit evidence for this many activities: S: 2; M: 4; L: 6; XL: 8
Demonstrates Educational Leadership				
C33	The provider engages in CME research and scholarship.	Engagement by CME providers in the scholarly pursuit of research related to the effectiveness of and best practices in CME supports the success of the CME enterprise. Participation in research includes developing and supporting innovative approaches, studying them, and disseminating the findings.	<input type="checkbox"/> Conducts scholarly pursuit relevant to CME AND <input type="checkbox"/> Submits, presents, or publishes a poster, abstract, or manuscript to or in a peer-reviewed forum	<input type="checkbox"/> At review, submit description of at least two projects completed during the accreditation term and the dissemination method used for each.
C34	The provider supports the continuous professional development of its CME team.	The participation of CME professionals in their own continuing professional development (CPD) supports improvements in their CME programs and advances the CME profession. This criterion recognizes providers that enable their CME team to participate in CPD in domains relevant to the CME enterprise. The CME team are those individuals regularly involved in the planning and development of CME activities, as determined by the provider.	<input type="checkbox"/> Creates a CME-related continuous professional development plan for all members of its CME team AND <input type="checkbox"/> Learning plan is based on needs assessment of the team AND <input type="checkbox"/> Learning plan includes some activities external to the provider AND <input type="checkbox"/> Dedicates time and resources for the CME team to engage in the plan	<input type="checkbox"/> At review, submit description showing that the plan has been implemented for the CME team during the accreditation term.
C35	The provider demonstrates creativity and innovation in the evolution of its CME program.	This criterion recognizes CME providers that meet the evolving needs of their learners by implementing innovations in their CME program in areas such as education approaches, design, assessment, or use of technology.	<input type="checkbox"/> Implements an innovation that is new for the CME program AND <input type="checkbox"/> The innovation contributes to the provider's ability to meet its mission.	<input type="checkbox"/> At review, submit descriptions of four examples during the accreditation term.
Achieves Outcomes				
C36	The provider demonstrates improvement in the performance of learners.	Research has shown that accredited CME can be an effective tool for improving individuals' and groups' performance in practice. This criterion recognizes providers that can demonstrate the impact of their CME program on the performance of individual learners or groups.	<input type="checkbox"/> Measures performance changes of learners AND <input type="checkbox"/> Demonstrates improvements in the performance of learners	<input type="checkbox"/> Demonstrate that in at least 10% of activities the majority of learners' performance improved.
C37	The provider demonstrates healthcare quality improvement.	CME has an essential role in healthcare quality improvement. This criterion recognizes providers that demonstrate that their CME program contributes to improvements in processes of care or system performance.	<input type="checkbox"/> Collaborates in the process of healthcare quality improvement AND <input type="checkbox"/> Demonstrates improvement in healthcare quality	<input type="checkbox"/> Demonstrate healthcare quality improvement related to the CME program at least twice during the accreditation term.
C38	The provider demonstrates the impact of the CME program on patients or their communities.	Our shared goal is to improve the health of patients and their families. This criterion recognizes providers that demonstrate that the CME program contributed to improvements in health-related outcomes for patients or their communities.	<input type="checkbox"/> Collaborates in the process of improving patient or community health AND <input type="checkbox"/> Demonstrates improvement in patient or community outcomes	<input type="checkbox"/> Demonstrate improvement in patient or community health in areas related to the CME program at least twice during the accreditation term.