

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CloudCME Activity Planning Template With Applicant Instructions** | | | | |
| **The purpose of the planning template is two-fold:**   1. **To provide clear instructions and clarifications to improve the CE application process for applicants** 2. **To provide evidence to Joint Accreditation that CE activity owners undertook an integrated and inclusive planning process**   **We recommend that the CE planning committee jointly complete the below template to facilitate discussion and interprofessional input into the planning process, though information from the planning template, which aligns with the CloudCME online application, may be input into the CloudCME application by any member of the planning committee.** | | | | |
| **BASIC INFORMATION** | | | | |
| **Activity Name (REQUIRED)**  Enter a descriptive name of the activity associated with this application.  Example: If the content is related to opioids, please add that into the activity  name for ease of viewing on transcript. We suggest avoiding acronyms in activity titles. |  | | | |
| **What medical profession(s) do you expect to be in your audience? (REQUIRED)**  **NOTE:** Your intended audience may impact your planning committee members. | ACCME (Physicians)  ACPE (Pharmacists and/or Pharmacy Technicians)  ASWB (Social Workers)  ANCC (Nurses)  AAPA (Physician Associates)  APA (Psychologists)  Non-accredited | | | |
| **Was this activity planned by the healthcare team for the healthcare team? (REQUIRED)**  This question helps determine whether the event qualifies as Interprofessional Education so that it can be tracked for accreditation. The intent of the question is to assess whether perspectives of other disciplines were specifically included in the planning process.  Examples:  If this activity was planned for a multidisciplinary audience (i.e. 2+ professions selected above) AND includes more than one profession (representatives of each target audience) on the planning committee, the selection would be “yes”.  If the activity is planned by physicians for other healthcare providers (no interprofessional representation in planning) then the selection would be “no”.  If the activity is planned by nurses and for nurses (single profession), the answer would be “no”.  Note: if requesting credit for multiple professions, each profession must be represented in the planning process in some capacity.  **JAC 6** | Yes this activity was planned by the healthcare team for the healthcare team  No this activity was NOT planned by the healthcare team for the healthcare team | | |
| **Activity Formats (REQUIRED):**  **Delivery Method (REQUIRED):**  In-person and Livestreamed options are available when Joint Accredited OR ACCME are selected for Accreditation Type AND the Activity Format is Live or RSS  Online and Print/Other options are available when Joint Accredited OR ACCME are selected for Accreditation Type AND the Activity Format is Enduring Material | Select Activity Format: (Options: Directly Provided – Live Course; In-Person; Livestreamed; Asynchronous Online; Enduring Material) | | | |
| In-Person  Livestreamed  Asynchronous Online  Print/Other | | | |
| **Activity Type (REQUIRED)**  ***\*Appears when Joint Accredited or ACCME are NOT selected above as an Accreditation Type***  Select the appropriate activity based on expected audience. With the exception of AMA Activity Types, which are required for all applications as they inform designation of credit statements and CME certificates, the activity type options appear corresponding to the Accreditation Types that were selected above. Those not pertinent to selected Accreditation Types will not be available to the applicant.  Examples of various activity types may include:  Learner directed, learner paced may be an enduring program such as an eLearn module, where learners can select what the prefer to learn and complete the activity at their own; provider directed, learner paced could include a simulation exercise or skills fair, where the activity coordinators dictate the content of the learning but learners can progress at their own pace; provider directed, provider paced may be a lecture or journal club, where activity coordinators dictate both content and timing of the activity.  Enduring materials include non-live activities that can be used independent of location and time. **For any activity that includes recording or otherwise distributing activity materials (i.e. recordings, written transcripts, etc.) after the live activity has concluded and from which people can obtain CME credit, enduring materials activity type must be checked.** | ANCC | ACPE | AAPA/AMA | |
| Select Activity Type:  Learner Directed, Learner Paced  Provider Directed, Learner Paced  Provider Directed, Provider Paced | Select Activity Type:  Knowledge-Based (K) Application-Based (A) Certificate Program  Topic Designator:  01-Disease State Management/Drug Therapy 02-AIDS Therapy 03-Law Related to Pharmacy Practice 04-Pharmacy Administration 05-Patient Safety 06-Immunization 07-Compounding 08-Pain Management | AAPA Activity Format:  Live Enduring Material Precepting / Clinical Teaching Regularly Scheduled Series Self-Assessment Quality or Performance Improvement (PI) | |
| AMA Activity Format:  Live Activity Enduring Material Journal-based CME activity Test-item writing activity Manuscript review activity PI CME activity Internet point-of-care activity Learning from teaching Other | |
| **MaineHealth Member Hospital (REQUIRED)**  Please list the MaineHealth location that is sponsoring this activity (typically the facility you work in) | Suggested Wording (Upcoming Drop-Down Options): [MaineHealth Behavioral Health](https://www.mainehealth.org/spring-harbor-hospital), [MaineHealth Franklin Hospital](https://www.mainehealth.org/mainehealth-franklin-hospital), [MaineHealth Lincoln Hospital](https://www.mainehealth.org/mainehealth-lincoln-hospital), [MaineHealth Maine Medical Center](https://www.mainehealth.org/maine-medical-center), [MaineHealth Memorial Hospital](https://www.mainehealth.org/mainehealth-memorial-hospital), [MaineHealth Mid Coast Hospital](https://www.mainehealth.org/mainehealth-mid-coast-hospital), [MaineHealth Pen Bay Hospital](https://www.mainehealth.org/mainehealth-pen-bay-hospital), [MaineHealth Stephens Hospital](https://www.mainehealth.org/mainehealth-stephens-hospital), [MaineHealth Waldo Hospital](https://www.mainehealth.org/mainehealth-waldo-hospital), [MaineHealth Barbara Bush Children’s Hospital](https://www.mainehealth.org/barbara-bush-childrens-hospital), [MaineHealth Care at Home](https://www.mainehealth.org/mainehealth-home-health-and-hospice), the [MaineHealth Institute for Research](https://mhir.org/), [MaineHealth Medical Group](https://www.mainehealth.org/health-care-professionals/mainehealth-medical-group), [MaineHealth NorDx](https://www.mainehealth.org/nordx). | | | |
| **Department (REQUIRED)**  Please list the department that is sponsoring this activity (typically the department you work in) |  | | | |
| **Synopsis (OPTIONAL)**  Enter a short description to be shown on listing pages (300-character max) |  | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity Description (REQUIRED)**  Enter a short but detailed description of the activity that will be shown on detailed course page and marketing materials.  Tip: Write this description as if you are trying to explain to someone why they should attend, who will participate (as teachers and learners), what they will learn, and how they will learn it. | |  | | | | | |
| **Type of Credit Requested (REQUIRED)**  Multiple types of credit can be requested. Please consider your intended audience and if there will be more than one profession, we recommend selecting IPCE (Interprofessional Continuing Education).  **NOTE:** If you select IPCE, please ensure you are able to answer ‘yes’ to question #3 above: “Was this activity planned by the healthcare team, for the healthcare team?”  ‘Non-physician attendance’ provides a mechanism for certain eligible professions to claim CME credits for activities designated for AMA credit but not explicitly accredited for their profession’s CME credit type | | AMA PRA Category 1 – American Medical Association (physicians)  RD/DTR – Registered Dieticians and Dietetic Technicians, Registered  Dentist  Class A CE Credits – Nurse Anesthetists  ASWB – Social Work  AAPA – American Academy of Physician Associates Enduring Material Activity  AAPA – American Academy of Physician Associates Live Activity  Athletic Trainer  Non-Physician Attendance  ANCC – American Nurses Credentialing Center  ABA MOC Part II – American Board of Anesthesiology Maintenance of Certification  MOC ABP Path – American Board of Pediatrics Maintenance of Certification  ABIM MOC Part 2 – American Board of Internal Medicine Maintenance of Certification  ABP MOC Part 2 – American Board of Pediatrics Maintenance of Certification  APCE – Pharmacy  Non-CME Credit  IPCE – Interprofessional Continuing Education  APA – American Psychological Association  CDR – Commission on Dietetic Registration | | | | | |
| **Number of Credits Requested (REQUIRED)**  Enter the number of credits or contact hours that you are requesting to be awarded for the activity. If the activity is awarding more than one credit, submission of an agenda is required.  **NOTE:** Credits awarded must be consistent with educational contact hours. For example, an activity that runs from 9A to 4P, but includes a 1-hour lunch and two 30-minute networking breaks is only eligible for 5 credits. | |  | | | | | |
| **Provides MOC? (REQUIRED)** | | Yes (Proceed to Below)  No | | | | | |
| **If you select MOC, the following additional requirements apply:**   1. The activity must be designated for AMA/PRA Category 1 Credit™. 2. The activity is planned in the context of one or more of the ABMS/ACGME Competencies. 3. The activity is relevant to learners certified by the specific board(s), as demonstrated by the professional practice gap(s) and content of the activity. 4. The activity is free of commercial bias and control of an ineligible company, as currently specified in the ACCME Standards for Integrity and Independence in Accredited Continuing Education. 5. The activity includes an evaluation that is designed to assess changes in learners’ competence, performance or the impact on patient outcomes(evaluation must reflect individual learner performance (non-anonymous), be able to document meeting clear pre-determined participation thresholds (passing standards), and include provision of feedback to the individual learner; Activity Director must be able to document these and provide list of passing learners) | | **Select the applicable MOC credit type(s):** | | | | | |
| ABIM MOC  ABPath MOC  ABS CC  ABA MOCA 2.0  ABO  ABP MOC  ABOHNS | | | | | |
| **MOC Credit Type(s):** | | | | | |
| Medical Knowledge Only  Medical Knowledge + Practice Assessment  Medical Knowledge + Patient Safety  Medical Knowledge + Practice Assessment + Patient Safety  Practice Assessment + Patient Safety  Practice Assessment Only | | | | | |
| **Select the applicable practice area:** | | | | | |
| Ambulatory/Outpatient  Cardiac Anesthesia  Critical Care Medicine  General Operative Anesthesia  Hospice and Palliative Medicine  Neuro Anesthesia  Obstetric Anesthesia  Pain Medicine  Pediatric Anesthesia  Regional Anesthesia/Acute Pain  Sleep Medicine  Thoracic Anesthesia  Trauma | | | | | |
| **MOC Points Awarded:** | | **Registration:** | | **Patient Safety Training:** | |
|  | | Open to All  Limited | | Yes  No | |
| **Location of Activity (REQUIRED)**  Enter the location where the activity will be held. While MaineHealth undergoes rebranding, please reference the [MH](https://vmedmpbirs01.mehealth.org/Reports/powerbi/MH%20Rebrand%20Names%20Registry%20Dashboard) [Rebrand Names Registry](https://vmedmpbirs01.mehealth.org/Reports/powerbi/MH%20Rebrand%20Names%20Registry%20Dashboard) to ensure the correct name is entered for the location.  **Example**: If an activity is being held at Maine Medical Center, list the location as MaineHealth Maine Medical Center Portland.  If the activity is held virtually, listing ‘live streamed’ or ‘online’ is acceptable.  If the activity is an enduring materials activity, the location would be online. | | **Location** | **City** | | | **State** |
|  |  | | |  |
| **For the following questions, please choose either the RSS pathway OR the Non-RSS pathway (REQUIRED):** | | | | | | |
| **RSS** | | **Non-RSS** | | | | |
| **Description:** An RSS is a Regularly Scheduled Series, where event sessions occur at a specific interval throughout the year. Speakers/faculty may remain the same or may differ during each occurrence. | | **Description:** a Non-RSS activity is typically a one-time occurrence or an annual conference. The activity can occur more than once for different groups of attendees, but separate applications will be needed for each date. | | | | |
| **Start Date and End Date of Activity** | | **Start Date and End Date of Activity** | | | | |
| Please include the start and end dates of the **first activity of the series** (start and end date will be the same). Additional dates will be added as needed for subsequent sessions.  Example: If an activity runs every 2nd Tuesday of the month from September to May, the series start and end date would be the first activity date in September (same dates).  NOTE: Length of activity (in hours) must be greater than or equal to number of credits requested above. | | Enter the date that the activity will start on. If it is a one-day activity, the start and end date will be the same. For conferences spanning multiple days, the start date and end date may be different.  NOTE: Length of activity (in hours) must be greater than or equal to number of credits requested above. | | | | |
| **Start Date:** | **End Date:** | **Start Date:** | | | **End Date:** | |
| **Start Time** | **End Time** | **Start Time** | | | **End Time** | |
|  |  |  | | |  | |
| **Select Series Type** | **Select RSS Frequency** |
| Options: Grand Rounds, Case Conference, Journal Club, Tumor Board, Other | Options: Weekly or Monthly |
| **Details for recurrence (i.e. every third Wednesday or the 16th of every month** | |
| * Number of weeks between recurrences * Days of the week (M-F; an option when weekly is selected in frequency) * Day of the month/week (ie. The 15th of every month or the 3rd Tuesday; option when monthly is selected in frequency) * Additional frequency data based on above selections | |
| **Target Audience:**  The CloudCME application requests that you enter your target audience by specialty into the CloudCME application (specialties: example: all clinical health care team members, OBGYN, nursing, etc.). | |  | | | | |

|  |
| --- |
| **PLANNERS AND FACULTY** |
| **Planning Committee (REQUIRED)**  **Please review the role descriptions before naming members to specific roles. Some roles include specific obligations aligned with accreditation requirements. Submission of an application and assignment to a particular role indicates your agreement with and willingness to fulfill these role-specific obligations.**  The planning committee *should* represent your audience. As an example, if you plan to have both physicians and nurses in your audience the planning committee best-practices would be to include representation from at least both of those professions. The planning committee *should* have representation that reflects the type of credit awarded. For example, if you’re requesting ACCPE, AAPA and ANCC credit, the planning committee should include members that represent physicians, PAs and nurses. If you do not include representation on the planning committee for each credit type selected, you *must* specify later in the application how perspectives for each profession for which credit was requested were included in the planning process.When adding an ‘other planning committee member’, please specify degree/profession to assist reviewers with identifying if the planning committee includes appropriate representation.  All Faculty must have an up-to-date annual Conflict of Interest (COI) form on file, and a Conflict Resolution Form must also be completed if potential conflicts exist. When you add a member email, their disclosure on file, name and degree will be automatically populated for you. If the user does not have a disclosure, the Disclosure Form will automatically be e-mailed to them. COI forms and COI Resolution Forms (if applicable) must be no more than 1 year old and must not expire prior to the completion of the activity. Activity/Course Directors are responsible for ensuring faculty COIs are up-to-date. Activities that are not in compliance with COI forms at the time the activity is provided may jeopardize the ability to award CME credit. **(JAC 12b, 12c)**  Email addresses entered are checked against existing CloudCME profiles to see if there's a match. If one exists, the form automatically populates the user's data and disclosure information (if applicable; disclosure date will appear in the disclosure field). If a matching profile does not have a disclosure on file, the system sends an email to the planner/faculty requesting their disclosure when saving the form. If there is no matching profile, the author can complete the required fields, and the system sends an email to the planner/faculty member requesting their disclosure when saving the form (disclosure field will be blank). Please alert planning committee members and faculty that they may receive an email to complete their disclosure. Once an application in submitted, disclosure information will **NOT** auto-update when disclosures are completed. To avoid application processing delays, it is recommended that applicants collect disclosures for all faculty/planners and ensure they are current before submission.  Faculty must be designated for all non-RSS activities. For RSS applications, please do not add faculty at this time (the Activity Director/Activity Administrator will be responsible for adding these later). If an individual is both a member of the planning committee and faculty, they should be listed twice (once for each role). The Planning Committee is responsible for ensuring faculty are qualified in their area of instruction and that educational content is valid. **(JAC 12a)**  **Please do not submit applications until these items are complete. Incomplete applications will be automatically rejected, resulting in delays.**  **JAC 6** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First and Last Name** | **Email** | **Degree** | **Profession** | **Role in Planning Content** | **External Faculty** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **GAP AND NEEDS** | | |
| **State the professional practice gap(s) of your learners on which the activity was based/State the professional practice gap(s) of the healthcare team/members on which the activity was based (100 words max): (REQUIRED)**  ***\*Wording of question depends on if the activity is ACCME only or a Jointly Accredited activity, but the essence is similar.***  Describe the results of your gap analysis, identifying the professional practice gap(s) of your learners on which the activity was based (100 words max)  Please see [Practice Gaps Guidelines for CME Activities | ACS (facs.org)](https://www.facs.org/for-medical-professionals/education/cme-resources/practice-gaps-guidelines/) for information on how to conduct a gap analysis and identify practice gaps. In essence, gap analysis provides information on why the activity is needed and how it will be beneficial to learners (what educational role does it fill).  **JAC 4** |  | |
| **State the educational need(s) that you determined to be the cause of the professional practice gap(s) (REQUIRED)**  In other words, what specifically are you seeking to change about participants knowledge, skills/strategies or performance/patient outcomes.  **JAC 4** | Knowledge need | Add more detail based on knowledge need (50 words max): |
| Skill/strategy need | Add more detail based on skill/strategy need (50 words max): |
| Performance need | Add more detail based on performance need (50 words max): |
| **Explain what this activity was designed to change in terms of the healthcare team’s skill/strategy or performance, or patient outcomes (100 words max) (REQUIRED)**  **NOTE**: This should relate to the above identified practice gap as well as be reflected in the learning outcomes provided later in the application.  **JAC 2, JAC 5** |  | |

|  |  |  |
| --- | --- | --- |
| **Explain how you ensured the activity was planned using a process reflective of the target audience for the activity. (100 words max): (REQUIRED)**  You must ensure all professions for which credit was requested are represented in the planning process. Use this area to specify how you incorporated perspectives from those professions not included explicitly in the planning committee. For example, did you gather input on needs and preferences, did team members assist with speaker selection, or did they participate in another way?  Note: If you selected ‘no’ on the question above regarding being designed by the healthcare team for the healthcare team, but have requested more than one credit type, you must describe how you included perspectives from each of the professions for whom you requested credit in activity planning.  **JAC 6** |  | |
| **Explain why this educational format is appropriate for the setting, objectives and desired results of this activity (100 words max) (REQUIRED)**  In other words, why did you select the activity format that you did? For example, does online learning capture a wider audience, or does a live activity help facilitate communication skills practice? |  | |
| **Will you be providing non-educational interventions(s) with this activity? (REQUIRED)**  A "non-educational intervention" refers to a strategy used to support participants in an activity that is not directly related to teaching or learning new information, but might still contribute to achieving the desired outcomes; examples could include things like providing incentives, offering peer feedback, or using reminder systems, depending on the context of the activity. If using non-educational interventions, please specify the nature of the activity and which support mechanisms are planned to be included. | If yes, please specify: | |
| **Explain how the activity promotes active learning for the healthcare team. (Max 50 words) (REQUIRED)**  ***\*Appears for Jointly Accredited activities only.***  The activity should include strategies that help participants learn from, with and about each other. These strategies should also align with activity learning objectives (to be outlined below).  An activity promotes active learning for a healthcare team by engaging all members in actively participating, discussing, analyzing, and applying information related to patient care scenarios, rather than passively receiving information, which ultimately leads to deeper understanding, improved critical thinking skills, and better collaboration within the team, aligning with the desired outcomes of enhanced patient care and effective teamwork  **JAC 7** |  | |
| **Explain how you ensured the activity was generated around valid content (50 words max) (REQUIRED):**  ***\*Appears for Jointly Accredited activities only.***  Describes the steps you took to ensure content validity. For example, did a subject matter expert review your activity? |  | |
| **Needs Assessment** | | |
| **Please identify the type of needs assessment method used in the planning of this event (check all that apply) (REQUIRED)**  **NOTE**: Activity/Course Director is responsible for providing documentation of the needs assessment conducted for each of the modalities selected. For example, if ‘evidence-based, peer-reviewed literature’ is selected, the Activity/Course Director must have literature supporting the need for the activity. If ‘discussions in departmental meetings’ is selected, the Activity/Course Director must have copies of meeting minutes or similar documentation of such discussions. These do not need to be included with application submission but must be provided in the event of an audit.  **JAC 4** | Evidence-based, peer-reviewed literature  Outcomes data that supports team-based education  Quality care data  Issues identified by colleagues  Problematic/uncommon cases  Ongoing consensus of diagnosis made by physician on staff  Advice from authorities of the field or societies  Formal or informal survey results of target audience, faculty or staff  Discussions in departmental meetings  Government sources or consensus reports  Board examinations and/or re-certifications requirements  New technology, methods or diagnosis/treatment  Legislative, regulatory, or organizational changes impacting patient care  Joint Commission Patient Safety Goal/Competency  Other (Please Specify) | |
| **Barriers** | | |
| **Please identify any barriers to change applicable to this activity (check all that apply) (REQUIRED)**  In other words, what factors are negatively impacting learners, and thus need addressed to facilitate learning.Barriers may be formally identified as part of the needs assessment. Each barrier selected must have a corresponding explicit strategy outlined to address it (below)  **JAC 10** | **Provider Barriers:** | |
| Clinical Knowledge/Skill/Expertise  Recall/Confidence/Clinical Inertia  Peer Influence  Motivation  Cultural Competence  Fear/Legal Concerns | |
| **Team Barriers:** | |
| Roles and Responsibilities  Shared Values and Trust  Communication  Team Structure  Competence Consensus | |
| **Patient Barriers:** | |
| Patient Characteristics  Patient Adherence | |
|  | **System/Organization Barriers:** |
| Work Overload  Practice Process  Referral Process  Cost/Funding  Insurance Reimbursement  Culture of Safety |
| **Other Barriers:** |
| Lack of Opportunity  Not Enough Time |
| **Please explain how the identified barriers will be addressed (REQUIRED)**  Provide details on how the activity will mitigate any barriers to learning that were noted above. Each barrier should be explicitly referenced here  **JAC 10** |  |
| **Please explain what methods you plan to utilize to support and sustain changes made as a result of the activity (i.e. Reminders, patient feedback, etc.) (REQUIRED)**  Joint Accreditation requires providers to include adjunctive efforts to support and sustain practice changes.  **JAC 9** |  |

|  |  |  |
| --- | --- | --- |
| **OBJECTIVES, LEARNING OUTCOMES AND COMPETENCIES** | | |
| **Objectives/Learning Outcomes: (REQUIRED)**  What do you expect your participants to be able to do as a result of participating in this activity? List learning objective here. We suggest 4-10. The maximum allowable is 20 objectives/learning outcomes appropriate to your activity. At least one objective/learning outcome is required. The objectives will be stated in the promotional brochure and activity syllabus.  Learning outcomes/objectives should relate to needs and barriers. They should follow standardized format: They should complete the sentence ‘At the conclusion of this activity, participants will be able to…’, should utilize Bloom’s Taxonomy verbs, should be specific (ie. listing specific knowledge/skills obtained), and be measurable. Please also ensure that your learning outcomes match your ACCME/JA outcomes selections below. For example, a learning outcome that includes satisfactory skill performance should have an objective outcome measurement (i.e.. someone assessing if the skill was performed satisfactorily or unsatisfactorily) while understanding indications and contraindications of a new procedural technique could be assessed subjectively (i.e.. participant reports improved understanding). For more information on creation of appropriate learning objectives, please see this helpful resource from the [American College of Surgeons](https://www.facs.org/for-medical-professionals/education/cme-resources/learning-objectives/).  \***Note:** When Joint Accreditation is **NOT** selected, individual accrediting body objective section headers will display for each credit type requested, so header styles may present differently. The essence of the question is the same.  **JAC 4, JAC 5** | | **At the conclusion of this activity, participants will be able to:** |
| **Competencies and Outcomes: (REQUIRED)**  Please select the competencies your activity meets. For ACCME/Joint Accreditation competencies, please also select how you will assess for the outcome.  A CME activity must be developed in the context of desirable  attributes of the healthcare team. Accredited activities should be planned to change competence, performance and/or patient outcomes. You must indicate one or more of the ACCME/JA outcomes that you intend to measure during or after the activity. Note: measuring change in knowledge, alone, is not sufficient for compliance with accreditation requirements. If you are measuring learner knowledge you must also select a second ACCME outcome.  You must also indicate if you will be using objective or subjective measures. Objective assessments have clear right or wrong answers, some measurable criteria or are based on direct observation of learner performance. Some examples include a competency evaluation, multiple choice test, direct observation of skill, collection of patient outcomes or other direct performance metrics. Subjective assessments are less structured, take a more qualitative approach (personal judgement or opinion based), and do not have clear cut wrong or right answers. The most commonly employed subjective assessment is self-report via survey. Other examples may include learner reflection, comprehensive projects or oral presentations. For either assessment type, Activity Directors must be able to provide documentation of learner assessment and results in the event of an audit.  Please indicate which, if any, of the additional Accreditation Council for Graduate Medical Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaborative (IEC) core competencies will be addressed by this CME activity. Please only select the core competencies that most closely reflect the educational agenda of your activity.  If you utilized and aligned with other professional competencies while planning your activity, please indicate in the ‘other’ section. For example, your activity may address some of the Competencies for the Physician Assistant Profession. You may indicate which here. Please provide reference information.  NOTE: Learning outcomes/objectives (LO) should be mappable to selected competencies. For example, an LO of ‘List the steps of ‘Screening, Brief Intervention and Referral to Treatment’ (SBIRT) when screening for substance use disorders’ could correlate to a competency related to evidence-based practice and communication skills. A LO of ‘Describe the role of an addiction consult service in management of hospitalized patients in acute withdrawal’ could correlated with competencies related to roles/responsibilities and teamwork.  **JAC 8, JAC 11** | | **ACCME/Joint Accreditation Outcomes (REQUIRED)** |
| Learner/Team Competence (Learner/Team shows how to do)  Objective measurement (e.g., observed, tested)  Subjective measurement (e.g., self-reported)  Learner/Team Performance (Learner/Team demonstrates in practice)  Objective measurement (e.g., observed, tested)  Subjective measurement (e.g., self-reported)  Patient Health (Effects of what learner/team has done for a few)  Objective measurement (e.g., observed, tested)  Subjective measurement (e.g., self-reported)  Community/Population Health (Effects of what learner/team has done for many)  Objective measurement (e.g., observed, tested)  Subjective measurement (e.g., self-reported)  Learner Knowledge will also be measured for this activity  Objective measurement (e.g., observed, tested)  Subjective measurement (e.g., self-reported) |
| **ACGME/ABMS Competencies** |
| Patient Care or Procedural Skills  Medical Knowledge  Practice-Based Learning and Improvement  Interpersonal & Communication Skills  Professionalism  System-Based Practice |
| **Institute of Medicine Competencies** |
| Provide Patient-Centered Care  Work in Interdisciplinary Teams  Employ Evidence-Based Practice  Apply Quality Improvement  Utilize Informatics |
| **Interprofessional Education Collaborative Competencies** |
| Values  Ethics Roles  Responsibilities  Communication  Teams & Teamwork |
| Other (Please Specify): |
| \*Note: Individual accrediting body objective section headers will display for each credit type requested, so header styles and competency types may present differently. | **AMA PRA Skills and Procedures** | | |
| Verification of Attendance  Verification of Satisfactory Completion of Course Objectives  Verification of Proctor Readiness  Verification of Physician Competence to Perform the Procedure | | |
| **American Osteopathic Association Competencies** | | |
| Osteopathic Philosophy/Osteopathic Manipulative Medicine  Medical Knowledge  Patient Care  Interpersonal and Communication Skills  Professionalism  Practice-Based Learning and Improvement  Systems-Based Practice | | |
| **Nursing Quality Outcome Measures** | | |
| Professional Practice Behaviors  Leadership Skills  Critical Thinking Skills  Nurse Competence  High Quality Care Based on Best Available Evidence  Improvement in Nursing Practice  Improvement in Patient Outcomes  Improvement in Nursing Care Delivery | | |
| **CAPE Competencies** | | |
| Learner  Practice-Centered Care  Medication Use Systems Management  Health and Wellness  Population-Based Care  Problem Solving  Educator  Patient Advocacy  Interprofessional Collaboration  Cultural Sensitivity  Communication  Self-Awareness  Leadership  Innovation and Entrepreneurship  Professionalism | | |
| **PTCB Competencies** | | |
| Pharmacology for Pharmacy Technicians  Pharmacy Law and Regulations  Sterile and Non-Sterile Compounding  Medication Safety  Pharmacy Quality Assurance  Medication Order Entry and Fill Process  Pharmacy Inventory Management  Pharmacy Billing and Reimbursement  Pharmacy Information Systems Usage and Application  Verbal Communication Skills for Pharmacy Technicians | | |

|  |  |  |
| --- | --- | --- |
| **COMMERCIAL SUPPORT** | | |
| Is this activity receiving commercial support? **NO**  NOTE: MaineHealth does not provide credit for activities receiving commercial support.  **JAC 12d** | | |
| **COMMENDATION CRITERIA (OPTIONAL)** | | |
| **Accredited institutions may seek ‘Accreditation with Commendation’ status, which demonstrates compliance with accreditation criteria above and beyond the standard requirements (JAC 1-12). To obtain ‘Accreditation with Commendation’ status, the provider must document compliance with at least 7 of the 13 additional criteria (JAC 13-25) in at least 10% of activities.**  **If your activity meets any of the criteria below, please indicate which using the check boxes. The Activity/Course Director is responsible for providing evidence of compliance with each of the accreditation criteria selected below. For example, meeting minutes from planning committee meetings that document patient input, copies of individualized learning plans with action plans, or longitudinal post-intervention outcomes. The Activity/Course Director must provide documentation supporting their activity met selected criteria in the event of an audit.**  **\*Note: this section will not be available, and a message to skip this section will display, when neither ACCME nor Joint Accreditation are selected.** | | |
| JAC13 The provider engages patients as planners and teachers in accredited IPCE and/or CE | JAC 21 The provider designs accredited IPCE and/or CE (that includes direct  observation and formative feedback) to optimize technical and procedural skills of learners | |
| JAC14 The provider engages students of the health professions as planners and teacher in accredited PICE and/or CE | JAC22 The provider creates and facilitates the implementation of individualized learning plans | |
| JAC17 The provider advances the use of health and practice data for healthcare improvements | JAC23 The provider demonstrates improvement in the performance of healthcare team as a result of its overall IPCE program |
| JAC18 The provider identifies and addresses factors beyond critical care (e.g.,  social determinants) that affect the health of patients and integrates those factors into accredited IPCE and/or CE | JAC24 The provider demonstrates healthcare quality improvement achieved through the involvement of its overall IPCE program | |
| JACC20 The provider designs accredited IPCE and/or CE (that includes direct  observation and formative feedback) to optimize communication skills of learners | JAC25 The provider demonstrates the positive impact of its overall IPCE program  on patients or their communities | |

**Additional Items Checklist (for upload to the CloudCME Portal):**

Current Conflict of Interest/Disclosure Forms for all faculty

Conflict Resolution Form(s) (if applicable)

Sample Agenda (if over 1 credit)

Planning Template Word Document