



## Enduring Materials CME Program Application

For each individual online course, please complete all of the below. If this is the first time you have completed one of our applications, we do not expect you to complete this application flawlessly. However, you must complete it thoughtfully. Once we have received it, our staff will assist you in further refining your application if needed. This consultation process is what makes it necessary for the application to be submitted accurately.

Type of Activity	
1. What type of activity are you proposing?	<input type="checkbox"/> Printed, recorded, or computer-presented activity. <input type="checkbox"/> Internet-based activity <input type="checkbox"/> Other, please describe.

Activity Information	
2. Proposed Activity Name:	
3. Brief description of proposed activity:	
4. Proposed release date:	
5. Proposed termination date:	
6. The activity is being planned by:	<input type="checkbox"/> An Academic Osteopathic/ Medical College/Department <input type="checkbox"/> A hospital/healthcare network or it's affiliated Medical Staff Organization <input type="checkbox"/> Other: Please describe:
7. What is the name of the sponsoring organization?	
8. Has the activity been accredited in the past by the UNE Department of CME?	<input type="checkbox"/> No <input type="checkbox"/> Yes. When?

Documenting the Need	
9. What leads you to believe this education is needed?	

<p>10. What data do you have that supports this need?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Quality improvement or performance data</li> <li><input type="checkbox"/> Potential participant's request</li> <li><input type="checkbox"/> Organizational mandate or new initiative</li> <li><input type="checkbox"/> Emerging clinical guidelines or new technology</li> <li><input type="checkbox"/> Accrediting body requirement</li> <li><input type="checkbox"/> AOA/ABMS/ACGME competencies that need to be addressed</li> <li><input type="checkbox"/> Other. Please explain:</li> </ul>
<p>11. How will this educational activity address this need? (Check all that apply)</p>	<p>It will impart:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Knowledge:</b> <i>No activity will be approved that provides ONLY knowledge. While the activity can impart knowledge, it must <u>also</u> address Competency or Performance</i></li> <li><input type="checkbox"/> <b>Competency:</b> The activity provides knowledge AND the <i>process, strategy, or tools</i> to apply that knowledge<sup>i</sup></li> <li><input type="checkbox"/> <b>Performance:</b> The activity arises out of performance or quality improvement data, examines current clinical practice performance and measures it against established guidelines, newly developed or adopted performance standards, or previous performance data<sup>ii</sup></li> </ul>
<p>12. All Continuing Medical Education is required to contribute to physician competency. The following is a list of AOA/ABMS/ACGME Physician Competencies. Please check those that would be addressed in this activity.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient care<sup>iii</sup></li> <li><input type="checkbox"/> Practice-based learning and improvement<sup>iv</sup></li> <li><input type="checkbox"/> Interpersonal and communication skills<sup>v</sup></li> <li><input type="checkbox"/> Professionalism<sup>vi</sup></li> <li><input type="checkbox"/> Medical Knowledge<sup>vii</sup></li> <li><input type="checkbox"/> Systems-based practice<sup>viii</sup></li> </ul>

<b>Learning Objectives</b>	
<p>13. What will you look for (in competency, performance, or patient outcomes) that will indicate this activity has been successful?</p>	
<p>14. How and when will measure this expected outcome?</p>	
<p>15. Please translate these desired outcomes into 2-5 learning objectives for the activity: (For assistance in crafting your objectives, go to the footnote number to view examples of verbs that convey "Knowledge"<sup>ix</sup>, "Comprehension"<sup>x</sup>,</p>	<p><i>As a result of participating in this activity, the attendee should be able to.....</i></p> <p>1)</p> <p>2)</p>

"Analysis" <sup>xi</sup> , "Ability to Evaluate" <sup>xii</sup> , "Demonstrate Application" <sup>xiii</sup> , "Skill Demonstration" <sup>xiv</sup>	3)
	4)
	5)

<b>Target Audience</b>	
16. Who is your intended physician audience?	<input type="checkbox"/> Family Physicians <input type="checkbox"/> Internal Medicine Physicians <input type="checkbox"/> OB/GYN Physicians <input type="checkbox"/> Pediatricians <input type="checkbox"/> Psychiatrists <input type="checkbox"/> Surgeons <input type="checkbox"/> Emergency Medicine Physicians <input type="checkbox"/> Other Specialists- <i>Please list:</i>
17. Who is your intended non-physician audience?	<input type="checkbox"/> Advanced Practice Nurses <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Pharmacists <input type="checkbox"/> Psychologists <input type="checkbox"/> Nurses <input type="checkbox"/> Osteopathic/Medical or Nursing Students <input type="checkbox"/> Other - <i>Please list:</i>
18. From what community, region, or organization do you expect your attendees to come?	<input type="checkbox"/> UNE <input type="checkbox"/> Statewide <input type="checkbox"/> Regional <input type="checkbox"/> International <input type="checkbox"/> An organization's Medical Staff- <i>Please list:</i>  <input type="checkbox"/> Other- <i>Please list:</i>

<b>Unique Enduring Materials Requirement and Accountabilities</b>	
19. Anticipated time for participant to complete the learning activity	
20. What type of medium or combination of media do you envision being included?	<input type="checkbox"/> Interactive internet module <input type="checkbox"/> CD based activity <input type="checkbox"/> Archived Webcast <input type="checkbox"/> PowerPoint Slides <input type="checkbox"/> PDF

	<input type="checkbox"/> Archived Streaming Video <input type="checkbox"/> Text with graphics <input type="checkbox"/> Audio <input type="checkbox"/> MP3 or Podcast <input type="checkbox"/> Recorded Teleconference <input type="checkbox"/> Audio CD <input type="checkbox"/> Audio Tape <input type="checkbox"/> Other: Please describe:
21. What equipment is required for the learner to participate in the educational activity?	
22. Please list the principal faculty and his/her/their credentials	
23. What will the principal faculty develop?	<input type="checkbox"/> Content <input type="checkbox"/> PowerPoint <input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> Interactive web pages
24. Please describe what you anticipate will be the role of the CME planner, if any, in the development of these materials.	

<b>Financial Considerations</b>	
25. Do you have a budget for this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Do you intend to seek commercial support for this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Do you intend to charge the learner for participation in this activity?	<input type="checkbox"/> Yes. If yes, how much?  <input type="checkbox"/> No
<b>Activity Director Information</b>	
28. Name of the Activity Director <sup>xv</sup>	
29. Title	
30. Specialty	
31. Organization Name/ College/ Department	
32. Address	

33. Email Address	
34. Phone	

Planning Committee			
Name and Title	Specialty	Phone Number	Email Address

Contact Information	
Contact Person Name	
Title	
Organization	
Address	
Phone Number	
Fax Number	
Email	

**Next Steps:**

You may call the Department of Continuing Medical Education during business hours to receive assistance with completing this application, or to discuss anything related to your potential activity. Our number is 207.602.2589.

Return this form in an electronic version via email to [cme@une.edu](mailto:cme@une.edu). Within a few days one of our educational planners will give you a call.

**Required Attachments**

1. You must provide the following documents with your application:
  - a. The Activity Director’s CV.
  - b. A copy of any data you may have that demonstrates the need for this program, as addressed in Question 12.
2. Additional documents required are:
  - a. A “Conflict of Interest Disclosure” completed by each member of the Planning Committee and each Faculty member.
  - b. The CV of each member of the Planning Committee and each Faculty member.
  - c. Individual course learning objectives and syllabus. (outline of the course)

All required attachments can be sent by fax or scanned and inserted into for email. Our fax number is 207.602.5957. Our application email address is [cme@une.edu](mailto:cme@une.edu).

Department of Continuing Medical Education  
 University of New England College of Osteopathic Medicine  
 11 Hills Beach Road, Rm 317 Stella Maris  
 Biddeford, Maine 04005  
 Phone: 207.602.2598  
 Fax: 207.602.5957  
 Email: [cme@une.edu](mailto:cme@une.edu)  
 Website: <http://www.une.edu/com/cme>

Person	CV	Conflict of Interest Disclosure	Required Signature Form	Comments
Activity Director	X		X	Activity Director's Faculty Disclosure is embedded in the CME Agreement
Contact Person	X	X		CV and Conflict of Interest Disclosure required of Contact Person only if they participate on the planning committee
Planning Committee Members/Faculty	X	X		Send Faculty Disclosure to all members of the planning committee and faculty
Department chair or Healthcare Executive			X	
<b>Instructions:</b>	Send to CME via fax or email	Send this to all planning committee members and faculty	Send completed form to CME via fax or email	Contact Information: Phone Number: 207.602.2589 Fax Number: 207.602.55957  Email address for applications and attachments: <a href="mailto:cme@une.edu">cme@une.edu</a>

**Examples:**

<sup>i</sup> **Competency:** Examples of activities that achieve competency are those that have a skill or knowledge achievement that is measured by testing or observation (such as ACLS, NCC Certification Testing). Other examples of competency related activities are those in which the participant leaves the series with tools, e.g. flow diagrams, clinical guidelines, or chart forms which he/she can incorporate immediately in clinical practice, thus implementing the newly acquired knowledge.

OUTCOME MEASUREMENT OF COMPETENCY includes pretest/posttest, case presentation with audience Q&A and self reported changes in practice, measured after the fact.

ii **Performance:** Activities include those in which QI or process improvement is used to identify a problem, a change is identified and implemented, and the same process is used to identify the (+/-) change in the practice performance or patient outcomes. Examples include activities where physicians, in conjunction with a healthcare organization, and based on some QI, sentinel event, or other objective data, examine the appropriateness of their clinical practice guidelines, study the evidence as to the best guidelines to choose or incorporate into practice, educate the medical staff on the newly established guidelines, and re-measure the same data or performance after the guidelines have been implemented.

Another example is when a physician audits his/her own practice against established evidence based guidelines for a specific patient population, making a change in process or policy, and after a time, re-auditing the practice against the same guidelines. The performance outcome is achieved when the later audit is measured against (+/-) the previous one.

**OUTCOME MEASUREMENT OF PERFORMANCE** includes objective data such as percent of change in practice performance or patient outcomes measured over time.

<sup>iii</sup> **Patient care** that is compassionate, appropriate, and effective for the treatment of health.

<sup>iv</sup> **Practice-based learning and improvement** involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvement in patient care.

<sup>v</sup> **Interpersonal and communication skill** results in effective information exchange and teaming with patients, their families, and other health professionals.

<sup>vi</sup> **Professionalism** is manifest by commitment to carryout of professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

<sup>vii</sup> **Medical knowledge** demonstrates established and evolving biomedical, clinical and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

<sup>viii</sup> **System-based practice** is manifest 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.

<sup>ix</sup> Verbs that inform: cite, Define, Describe, Identify, List, Name, Recite, Record, Recognize, Select, State, Summarize, Update, Write.

<sup>x</sup> Verbs that denote comprehension: assess, associate, classify, compare, contrast, demonstrate, describe, differentiate, distinguish, estimate, explain, locate, identify, interpret, predict, report, review.

<sup>xi</sup> Verbs that indicate analysis: analyze, appraise, contrast, criticize, detect, differentiate, distinguish, evaluate, infer, measure, question, summarize.

<sup>xii</sup> Verbs used to evaluate: assess, choose, compare, critique, decide, determine, estimate, evaluate, measure, rate, recommend, select.

<sup>xiii</sup> Verbs that demonstrate application: apply, calculate, choose, demonstrate, develop, examine, illustrate, interpret, locate, operate, practice, predict, report, review, select, treat, use, utilize.

<sup>xiv</sup> Verbs that demonstrate skills: demonstrate, diagnose, integrate, manage, measure, operate, perform, record.

<sup>xv</sup> The Activity Director must be a physician or nurse practitioner. The Activity Director must have direct involvement in the planning of the activity.