



TUCOM PLANNING FORM FOR CME CREDIT

TUCOM CME Mission Statement: To provide educational activities to physicians and other healthcare professionals that will improve competence, performance, and/or patient outcomes by reinforcing basic medical knowledge, communicating evidence-based clinical information, sharing new research findings, enhancing professional practice, and introducing new ideas, skills and technology. This will improve the quality of healthcare services delivered by the participants of our regularly scheduled conferences, seminars, clinical skills training, and symposia.

Definition of CME: Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

1. APPLICANT INFORMATION	
Organization Name	
Address	
Telephone Number	
Type of Organization <i>If your Organization federally designated as a 501(c)3, please provide Tax ID#</i>	<input type="checkbox"/> For-Profit <input type="checkbox"/> Not-For-Profit: Tax ID _____
Course Director/Chair (Physician)	Name/Degree: _____ Title: _____
	Phone: _____ Email: _____
	Address: _____
	Did you Precept TUCOM DO Students in the last 12 months? (If yes, provide name & date of students): _____
Activity Coordinator (if different from Director)	Name/Degree: _____ Title: _____
	Phone: _____ Email: _____
	Address: _____
Name and Title of Individual authorized to sign on behalf of the Organization (Non-TUCOM only)	

2. ACTIVITY DESCRIPTION	
Type of CME Providership	<input type="checkbox"/> Direct (within TUCOM): Department Name _____ <input type="checkbox"/> Joint (non TUCOM): Organization Name: _____
Activity Type	<input type="checkbox"/> Course <input type="checkbox"/> Regularly Scheduled Series <input type="checkbox"/> Enduring Material
Activity Title	
Activity Date and Time	



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Activity Location		
Type of continuing education credits requested	<input type="checkbox"/> AMA Credits <input type="checkbox"/> AOA Credits	
Please list all other individuals in control of content <i>If additional space is needed, please attach a list to the application form.</i>	Name/Degree:	Title:
	Phone:	Email:
	Name/Degree:	Title:
	Phone:	Email:
	Name/Degree:	Title:
	Phone:	Email:
Planning committee will also include at least one TUCOM CME Representative:	1. Richard Riemer, DO, Sr. Assoc. Dean of TUCOM, CME Chair 2. Susan Elliott, LVN, Project Manager of TUCOM 3. Sarah Passage, CME Coordinator of TUCOM	

3. EDUCATIONAL DESIGN

Proposed Topic(s)		
What core competencies are applicable to this CME activity? <i>CME curriculum should be developed in the context of Core Competencies, which are desirable physician attributes as determined by the ACGME and AOA.</i>	<input type="checkbox"/> Medical knowledge <input type="checkbox"/> Patient care <input type="checkbox"/> Interpersonal and communication skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Practice-based learning and improvement <input type="checkbox"/> System-based practice <input type="checkbox"/> Osteopathic philosophy (AOA only) <input type="checkbox"/> Osteopathic Manipulative Medicine/Treatment (AOA only)	
Will any of the content of this CME activity apply to a state licensure requirement?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify: _____	
Who is the target audience?	<u>Targeted Learners:</u> <input type="checkbox"/> Allopathic Physicians (MDs) <input type="checkbox"/> Osteopathic Physicians (DOs) <input type="checkbox"/> Physicians Assistants <input type="checkbox"/> Nurses <input type="checkbox"/> Healthcare Administrators <input type="checkbox"/> Specialty Physicians: _____ <input type="checkbox"/> Other: _____	<u>Geographic Location:</u> <input type="checkbox"/> Internal only <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> Other: _____
How many people do you expect to attend?		
Does this proposed activity meet the TUCOM CME mission? (listed on page 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No, please specify why not: _____	

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What criteria will be utilized in the selection of speaker(s)?	<input type="checkbox"/> Subject Matter Expert <input type="checkbox"/> Teaching/Communication Skills <input type="checkbox"/> CME Experience <input type="checkbox"/> Other: _____
Please indicate the activity format(s) that will be used to achieve the stated goals and objectives:	<input type="checkbox"/> Didactic Lecture <input type="checkbox"/> Case Studies <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Question & Answer <input type="checkbox"/> Demonstration <input type="checkbox"/> Simulation/skills lab <input type="checkbox"/> Roundtable Discussion <input type="checkbox"/> Other: _____
<i>Please note: credit hours will not be determined until the final agenda is reviewed and approved.</i>	

4. NEEDS ASSESSMENT AND DATA SOURCES

Please indicate how the need for this activity was brought to your attention. Provide supporting documentation for all selections. (Select all that apply – must have a minimum of 2 sources.)

Source	Examples of Supporting Documentation
<input type="checkbox"/> Quality assurance and improved patient care as revealed by audits and reviews	<i>Audit reports, chart reviews, hospital reports</i>
<input type="checkbox"/> Formal or Informal requests or surveys by target audience, faculty, or staff	<i>Summary or evidence of requests or surveys</i>
<input type="checkbox"/> Discussion in Departmental meetings	<i>Summary of meeting minutes</i>
<input type="checkbox"/> Data from Peer reviewed journals, government sources, consensus reports	<i>Full journal articles, abstracts, government produced documents regarding educational need (within last 12 mos.)</i>
<input type="checkbox"/> New technology or methodology in treatment and/or diagnosis	<i>Description or evidence of new procedure, treatment, etc.</i>
<input type="checkbox"/> Legislative, regulatory, or organizational changes affecting patient care	<i>Copy of the change, measure, law, etc.</i>
<input type="checkbox"/> Joint Commission Patient Safety Goal	<i>Copy of the safety goal</i>
<input type="checkbox"/> Licensure Requirement	<i>Copy and source of the requirement (state, federal, specialty, etc.)</i>
<input type="checkbox"/> Documented consensus of recommendations and/or diagnosis by physicians on staff	<i>Summary of notes, meeting minutes</i>
<input type="checkbox"/> Advice from authorities in the field or relevant medical Societies	<i>Summary of recommendations and list of experts</i>
<input type="checkbox"/> Board exam or recertification results	<i>Board review, copy of update requirements</i>



5. PRACTICE GAPS, EDUCATIONAL NEEDS, LEARNING OBJECTIVES, AND DESIRED RESULTS

DEFINITIONS

- **Practice Gap:** The difference between health care processes or outcomes observed in practice and those potentially achievable on the basis of current professional knowledge. The difference between the ACTUAL and the IDEAL. (*What is the problem/ issue?*)
- **Educational Need:** The knowledge and training which will address the identified practice gap. (*What education is needed to address the problem? Why does the gap exist?*)
- **Learning Objective:** The description of what the participant will be able to do at the conclusion of the activity: "Following this activity, participant should be able to..." Objectives should connect the dots between the educational need and the desired result. (*What should the learner be able to demonstrate and/or accomplish after this activity?*)
- **Desired Result:** The expectation of what the participant will be able to do with the education/information in their practice setting. MUST be quantifiable; only desired results/outcomes which will be measured after the conclusion of the activity should be included. (*What do you hope to achieve by offering this CME Activity?*)

Please describe the gaps, needs, objectives and desired results of this activity using the chart below:

Professional Practice Gaps	Educational Needs	This is a gap/need of:	Learning Objectives	Desired Result
<i>Example:</i> Providers are faced with increasing problems nationwide with prescription narcotic misuse, diversion, addiction, and abuse. In busy practices, it can be hard to effectively manage pain symptoms while also avoiding the problems associated with diversion or misuse of prescription narcotics.	<i>Example:</i> Providers need knowledge and tools to more effectively manage difficult chronic pain patients, especially in regards to the appropriate use of narcotics and alternatives to narcotics.	<i>Example:</i> <input checked="" type="checkbox"/> Competence (ability to apply knowledge, skills and judgment in practice – knowing how to do something) <input type="checkbox"/> Performance (what one actually does in practice) <input type="checkbox"/> Patient Outcomes	<i>Example:</i> Should complete the statement: "Following the activity, participant should be able to..." Identify infrastructure and tools needed for better pain treatment and the accompanying operational challenges.	<i>Example:</i> Increased knowledge and tools to more effectively manage chronic pain patients.
1.	1.	<input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes	1.	1.



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2.	2.	<input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes	2.	2.
3.	3.	<input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes	3.	3.
<input type="checkbox"/> Check here if an additional list of needs/gaps, objectives, and desired results is attached				

6. CULTURAL AND LINGUISTIC COMPETENCY (*California AB 1195*)

As required by CA AB 1195, please select one or more areas of emphasis you will implement in the content of this CME activity to address cultural and/or linguistic competency:

- Applying linguistic skills to communicate effectively with the target population
- Utilizing cultural information to establish therapeutic relationships
- Eliciting and incorporating pertinent cultural data in diagnosis and treatment
- Understanding and applying cultural and ethnic data to the process of clinical care
- Incorporating translation/interpretation resources and/or relevant strategies regarding direct communication in a patient's primary language
- Incorporating review and explanation of relevant federal and state laws regarding linguistic access
- Other: _____ (specify)
- Not applicable to content: _____ (explanation required)



7. EDUCATIONAL BARRIERS	
<p>What potential barriers do you anticipate participants may have that could hinder application of new competence, performance, and/or patient outcomes objectives?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Cost <input type="checkbox"/> Limited administrative support/resources <input type="checkbox"/> Insurance/Reimbursement Issues <input type="checkbox"/> Policy/Organizational Resistance <input type="checkbox"/> Limited time <input type="checkbox"/> Patient Compliance Issues <input type="checkbox"/> Lack of consensus on professional guidelines <input type="checkbox"/> Other: _____ <input type="checkbox"/> NO perceived barriers
<p>Please describe how you plan to address the barriers (identified above) during the educational activity?</p>	

8. EVALUATION AND OUTCOMES
<p><i>Based on the gaps addressed by this educational activity identified on pages 4-5, please select your methods of evaluation for your intended results: (you will be asked to provide summary data for the evaluation methods selected)</i></p>
<p>Knowledge/Competence</p>
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Activity Evaluation for participants (required; TUCOM template provided) <input type="checkbox"/> Pre-Test/Post-Test <input type="checkbox"/> Other (please specify): _____
<p>Performance</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Pre-Test/Post-Test; customized to reflect specific changes in practice <input type="checkbox"/> Chart Audits <input type="checkbox"/> Direct Observations <input type="checkbox"/> Other (please specify): _____
<p>Patient Outcomes</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Patient Feedback/Surveys <input type="checkbox"/> Observe Changes in _____ (quality, cost of care, etc.) <input type="checkbox"/> Other (please specify): _____



9. SOURCES OF REVENUE

ALL funding must be managed in accordance with [ACCME Standards for Commercial Support](#)

PROPOSED FUNDING SOURCES:

Registration Fees:	Anticipated Amount: \$ _____
Department/Organizational Budget:	Anticipated Amount: \$ _____
<p><u>COMMERCIAL SUPPORT:</u></p> <p>Are you expecting to receive any Unconditional Educational Grants or in-kind contributions for this activity?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please specify Company and Anticipated Amount(s): _____</p>
<p><u>VENDOR SUPPORT:</u></p> <p>Are you expecting to receive vendor or exhibitor fees for this activity?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please specify Company and Anticipated Amount(s): _____</p>
Other Funding (please explain):	<p>Source: _____</p> <p>Anticipated Amount: \$ _____</p>

10. ADDITIONAL REQUIRED DOCUMENTATION

The following attachments must be submitted with initial application:

- Draft Agenda (detailed by hour, topic, speaker, and credentials)
AOA 1-A Credit Requests: please note that the AOA requires at least 50% of the conference speakers and hours be presented by DO's or full time faculty members of a College of Osteopathic Medicine
- Practice Gap Documentation (Needs Assessment Data: item 4; page 3)
- Draft Budget
- Signed Disclosure forms from Course Director and Planning Committee

After the activity has been approved, the following documents MUST be submitted to the TUCOM CME office for review:

Before Event:

- ALL marketing materials (MUST be reviewed prior to distribution)
- Final Agenda
- Budget
- Signed Speaker Disclosure Forms
- Current CV for each Speaker
- Speaker Presentations
- Evaluation Method(s)

After Event:

- Completed Registration List
- Final Budget
- Sign-in Sheets
- Attestation Forms
- Evaluation Data and Summary

CME OFFICE USE ONLY

Any additional explanation as needed for approval this CME activity:

Number of Credit Hours _____

Date Approved by the Advisory Committee _____

CME Office Signature _____