The purpose of this CME Application Guide is to facilitate the development and implementation of Continuing Medical Education (CME) activities to ensure that these activities comply with the guidelines of the Accreditation Council for Continuing Medical Education (ACCME) for certification of AMA PRA Category 1 Credit™.

All of the necessary data forms required to implement your CME activity may be found on the Department of CME’s (DCME) website at www.ochsner.org/cme under Regularly Scheduled Series and Live Activities.
The Ochsner CME Program will provide activities that lead to increased competence, enhanced performance, and improved patient outcomes to ensure the delivery of high-quality, safe care to the communities we serve.

CME activities include a wide variety of topics, issues, and learning formats because of the diversity of medical practitioners in the region.

Participants will be able to satisfy their educational requirements and enhance their practice outcomes.
Definition of Continuing Medical Education (CME)

“CME consists of educational activities which serve to maintain, develop, and/or increase the knowledge, skills, and professional performance for generalists and practicing medical specialists; as well as, to enhance their patient, community, and professional relationships.” – AMA’s definition of CME

Ochsner Health System is accredited by the Accreditation Council for Continuing Medical Education ACCME to provide continuing medical education for physicians.
Designation of AMA PRA Category 1 Credit

A CME Activity MUST:

- Relate directly to a physician’s professional responsibilities
- Address a physician audience
- Conform to AMA’s definition of CME
- Include stated educational objectives and present content that helps learners meet objectives
- Use appropriate learning methodologies
- Have an evaluation mechanism
- Include a means of recording actual credits (attendance via signature on sign in sheet or card swipe signature)
What is a Regularly Scheduled Series (RSS)?

- A **RSS** is a series with multiple sessions that occur on an ongoing basis (weekly, bi-weekly, monthly, or quarterly) and are primarily planned by and presented to the accredited organizations professional staff.

- **Examples:**
  - Grand Rounds
  - Tumor Boards
  - M & M Conferences
What is a Live Activity?

- A **Live** activity is where the learner participates in person and which is planned on a one-by-one basis and designated for credit as a single activity.

- **Examples:**
  - Annual Meetings
  - Conferences
  - Seminars
CME New Application

- CME Applications submitted for AMA PRA Category 1 Credit™ will not be considered for approval without **ALL** required forms and documentation. The following is required:
  - Completed CME Application Form
  - Global objectives for the activity as whole
  - Needs Statement with supporting documentation
  - Disclosures (Activity Director, Planning Committee, Speakers)
  - A sample flyer/announcement/email for Regularly Scheduled Series (RSS) or preliminary agenda for Live Activities
How to Complete the CME Application

- Go to [www.ochsner.org/cme](http://www.ochsner.org/cme) Select Regularly Scheduled Series and Live Activities on the right side of the page. Select Apply for CME Credit on the right side of the page. You will be redirected to the Online Application.

- Enter your email address and click Log In. Non-Ochsner email addresses will be required to enter the password. If you do not have the password, please contact the DCME to receive it.

- Complete all information as indicated in the application, including required attachments.

- Please note: The “Submit” button will not appear until all information has been completed.

- The following slides will take you through how to answer Criteria 2-21 of the application process.
Needs Assessment
Criteria 2

- The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

- Needs Assessments help you identify gaps in physician knowledge, competence, performance or patient outcomes. Determine what the needs are by looking at:
  - Target Audience – Who will best benefit from this program.
  - Ways to Identify your Needs – Departmental statistics, Q/A reports, surveys, previous evaluations, literature, journal articles, etc...
  - Remember that the needs provide the basis for developing your objectives.

- The required documentation must be submitted in order for the application to be submitted.
Needs Assessment (Criteria 2)
Compliant and Non-Compliant Example

- “The field of transplant survey is constantly evolving at a rapid pace and the healthcare team needs to keep pace. Annual updates on the alters surgical techniques, patient selection and treatment for post-transplant care are needed” (Compliant)

- “Healthcare professions rarely receive instruction on the skills needed to be an effective educator while in training. Our faculty have expressed a desire to learn how to effectively provide feedback to their learners.” (Non-Compliant due to “to be an effective educator”….CME cannot be about “being an effective educator”, it must be about providing better patient care.)
Desired Results
Criteria 3

- The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

- The desired results the activity is designed to change should be based upon the quality or professional practice gap(s) that you have identified in your learners.

- “After participating in this ‘Train the Trainer’ activity, our staff - who serves as faculty for all regularly scheduled series - will know how to implement effective strategies for giving feedback during educational events.” (Compliant)

- “After participating in this ‘Train the Trainer’ activity, our staff - who serves as faculty for all regularly scheduled series - will know the benefits of giving feedback during educational events.” (Non-Compliant because knowledge is not an expected result)
Learning Objectives

- Identify what the participant will learn as a result of the activity.
- Must relate to needs assessment.
- Writing your educational objectives should begin with this statement “At the conclusion of the activity, the participant should be able to…”
- You can not use “understand” as a verb.
- Use the following link as a guide when writing your objectives: http://www.cme-rfp.com/resources/learning-objective-action-verbs/
Educational Format
Criteria 5

- The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

- “The upcoming ‘Train the Trainer’ activity, will use case scenarios and role playing to achieve the goal of teaching our faculty effective strategies for giving feedback during educational events.” (Compliant)

- The program designs activities in a number of formats, including, but not limited to, lectures, online programs, home study, small group and panel discussion, case study, simulation, and lab courses. Formats are based on participant feedback or the nature of the content to be delivered. (Compliant)
Desirable Physician Attributes
Criteria 6

- The provider develops activities/educational interventions in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies]
- Activities are developed in terms of competencies (medical knowledge) and specialty-specific competencies.
- The planning committee designs activities/educational interventions in the context of a desirable physician attribute on both an individual activity level and a programmatic level.
- Activities developed based on medical knowledge, evidence-based practice, quality improvement, patient-centered care, interpersonal and communication skills. (Compliant)
Engagement with the Environment
Criteria 16

➢ The planning committee operates in a manner that integrates CME into the process for improving professional practice.

➢ The activity’s integration of CME into the process of improving professional practice involves identifying and addressing educational needs from practice and point of care setting and then using educational methods, such as simulation, to link teaching points to that practice and point of care setting (Compliant)

➢ The activity was developed as a result of a partnership with the Director of Performance Improvement to address the professional practice issue of the department. The PI Director presented the committee with 3 areas which were identified as “problems’ for the department and the committee developed 3 educational activities to address those areas, in addition to follow up meetings with PI to determine their success. (Compliant)

➢ The activity will help facilitate change in physician performance (Non-Compliant because it does not demonstrate how the activity will facilitate that change)
Engagement with the Environment
Criteria 17

- The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

- The planning committee utilized non-education strategies to enhance change, including online forums to enhance communication between practicing physicians and experts in the field and a quarterly newsletter that includes additional materials for learners. **(Compliant)**

- Following a lecture related to the identifying signs of depressions in teens, the department implemented a checklist for adolescent patients which has helped target necessary psychiatric referrals and treatment **(Compliant)**

- The activity director listed a tool kit that the department uses, but did not mention how it was associated with any educational activity. **(Non-Compliant)**
Engagement with the Environment
Criteria 18

- The planning committee identifies factors outside of the provider’s control that impact patient outcomes.

- The activity director sited evaluations and follow up surveys from previous sessions which identified “patient autonomy for decision making” and “needing to see more patients in less time” as barriers to change (Compliant).

- The activity director said there were factors outside of the provider’s control that impact patient outcomes, but did not provide any examples (Non-Compliant).
Engagement with the Environment
Criteria 19

- The planning committee implements educational strategies to remove, overcome or address barriers to physician change.

- A lack of competence in physicians leading interdisciplinary teams was overcome through a multifaceted educational and non-educational initiative around venous thromboembolism prophylaxis. (Compliant)

- The activity director listed two examples of how to address factors that impact patient outcomes. However, they did not demonstrate with this information, or with other information presented, that it implemented educational strategies to remove, overcome or address barriers to physician change. (Non-Compliant)
Engagement with the Environment
Criteria 20

- The provider builds bridges with other stakeholders through collaboration and cooperation.

- The planning committee is working collaboratively with a federal agency on meningitis and tuberculosis surveillance in college students as well as to address influenza, mumps, sexual assault, and sexually transmitted infections. (Compliant)

- The planning committee lists its collaborators, but provides no description or evidence that these relationships are collaborative or cooperative. (Non-compliant)
Engagement with the Environment
Criteria 21

- The planning committee participates within an institutional or system framework for quality improvement.
- A representative from the quality improvement department is on the activity planning committee. The activity is developed to focus on clinical practice guidelines and quality initiatives. **(Compliant)**
- The activity director partnered with the Resident Quality Council to develop quality and performance improvement activities designed to incorporate resident and faculty interaction and collaboration **(Compliant)**
- The activity director described satellite broadcasts into hospitals with their local CME speaker program series. However, they did not demonstrate with this information that it participates within an institutional or system framework for quality improvement. **(Non-Compliant** because simply video-conferencing lectures to a satellite location does not demonstrate working within the system framework for quality improvement)
RSS Renewal Application

- The DCME will contact you 60-90 days before your renewal
- All applications must be reviewed by the physician activity director
- Disclosures for physician activity director AND all planning committee members must be included. If speakers are known, those should also be included.
- Applications will be reviewed by the CME Executive Committee for approval; only applications that meet the CME requirements will be approved for CME credit.
- If quarterly review notifications have been issued during the current application period, your renewal application may be:
  - approved with stipulations
  - suspended for 1 year
  - declined for approval
RSS Renewal Application

<table>
<thead>
<tr>
<th>RSS RENEWAL APPLICATION</th>
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</thead>
<tbody>
<tr>
<td><strong>Series Title:</strong></td>
</tr>
<tr>
<td><strong>Renewal Application Period:</strong></td>
</tr>
<tr>
<td><strong>Time and Frequency of Activity:</strong> (Ex., Noon-1p/Weekly)</td>
</tr>
<tr>
<td><strong>Activity Director Name and Email:</strong></td>
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</tbody>
</table>

- Based on the conferences you have held during the PAST 12-24 MONTHS, evaluate the overall effectiveness of the entire series. Highlight at least 2 practice gaps addressed during your last application cycle and provide the corresponding learning objectives and outcomes or results. A minimum of 2 practice gaps must be identified.

<table>
<thead>
<tr>
<th>Professional Practice Gap</th>
<th>Type of gap/need: (Check all that apply)</th>
<th>Learning Objective</th>
<th>Outcome / Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difference between actual (what is) and ideal (what should be) practice with regard to professional and/or patient outcomes</td>
<td>Knowledge/Competence new abilities / strategies / skills / knowing how to do something</td>
<td>What was the participant able to do after the activity? Use action verbs.</td>
<td>What did the participant change in their practice setting? How did the education impact their clinical practice and/or behavior? How was this change/outcome measured? (ex: participant evaluation?)</td>
</tr>
</tbody>
</table>

**Example:** A review of patient safety data indicated an increase in the number of incidents in transitions of care and medical reconciliation

<table>
<thead>
<tr>
<th>Knowledge/Competence</th>
<th>Performance</th>
<th>Patient Outcomes</th>
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**Example:** At the end of this activity, participants will be able to identify and perform current and proper procedures for the transitions of care for patients and for medication reconciliation.

EVALUATING AND IDENTIFYING IMPROVEMENTS

- How did you analyze and measure changes in your learners’ competence, performance, or patient outcomes achieved as a result of this program’s activities/educational interventions?

- Describe how you incorporated opportunities for addressing patient safety, quality and implementation of best practices within the past year.

- What improvements can make this series more effective?

FUTURE PLANNING (TELL US YOUR PLANS FOR THE NEXT YEAR)

- Provide a general description of the educational topics or overall themes to be addressed in the series for the upcoming year, such as who will benefit most by attending or description of the content areas (topics of medicine, disease states, and departmental quality issues).

Disclosures must accompany renewal application.

- In the upcoming year, do you plan to solicit educational grants? (C9, C10)

  No [ ] Yes [ ] (If yes, [ ] all Letter(s) of Agreement must be signed and submitted to DCME).
Disclosure

- **Everyone** in control of content must complete a disclosure form. This includes activity directors, planning committee members, and speakers.

- Disclosures need to be made for **relevant financial relationships**, which is a financial relationship in any amount occurring within the past 12 months that create a conflict of interest.

- The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest.

- A commercial interest is any entity producing, marketing, re-selling, or distributing health care good or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.
Disclosure cont’d...

- Any individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, teacher, or an author of CME and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

- Disclosure must be made to the learners in advance of the talk. Disclosure must be itemized or stated that there is nothing to disclose.

- Disclosures for non-Ochsner physicians should be obtained 2 weeks prior to lecture.

- Off-label disclosures must be made, including the name of the drug or device and its usage.
If the speaker indicates that they have a conflict of interest, the CME materials will be reviewed by the CME Executive Committee Chair and the Activity Director.

If the CME Executive Committee Chair and/or the Activity Director finds that a conflict of interest exists, it will be resolved in the following manner(s):

- The Activity Director can choose not to provide CME credit for the lecture or obtain another presenter.
- The Activity Director will ask the presenter to refrain from making recommendations on topics in which the conflict(s) exist.
- The presenter can renounce the relationship with the commercial interest.
- The presenter will attest in writing that the recommendations being made for clinical practice is based on data derived from multiple, randomized clinical trials or meta-analyses by disclosing this information to learners.
Disclosure cont’d...

- If a conflict of interests is identified after the start of a lecture, it will be resolved in the following manner(s):
  - The Activity Director or appointed moderator will ask questions or make comments to counter the commercial bias
  - If after the lecture, 5% of the audience perceives bias, the Department of CME will discuss the issue with the participant and the Activity Director to avoid future incidents

- The CME Department reserves the right to not award credit to any lecture that is deemed to have had a commercial bias.
Commercial Support

- Commercial support is monetary or in-kind contributions (i.e. equipment, supplies) given by a commercial interest that is used to pay all or part of the cost of a CME activity.
- Approval must be received from the Department of CME prior to accepting the commercial support.
- Once approved, a Letter of Agreement (LOA) must be completed each time commercial support is received and signed by the System Vice President of Education and the Pharmaceutical Representative.
- Commercial Support must be acknowledged on your promotional materials.
- Commercial Support must be made payable to Ochsner Clinic Foundation, Attention Department of CME.
Commercial Support cont’d...

- Commercial Support must never be paid directly to the speaker, caterer, etc.
- Commercial exhibits are promotional activities and must follow the Department of CME rules and regulations.
- Exhibits are to remain outside of the educational activity. At no time is a representative of a commercial interest allowed to address the audience of your activity in the educational session.
- Commercial interest representatives cannot bring in speakers for CME conferences.
- Commercial interest representatives are welcome to attend educational activities, provided they do not solicit support or ask questions in the educational session.
Announcement
(e.g. brochure or flyer)

➢ Promotional materials must include:

- Topic
- Date and Time
- Speaker(s)
- Location
- Objectives
- Disclosure Statement
- Accreditation Statement
- Designation Statement
- Commercial Support acknowledgement, if applicable
In order to receive CME credit, the attendance sheet MUST be signed by participant.

Attendance must be submitted for each meeting held, in order to receive credit.

Attendance paperwork must be received within 30 days of the lecture in order to receive credit.

If you have not done so, please type names of regular attendees on the sign in sheet and have the attendee sign next to the typed name.

Signatures that are not typed and are illegible, will not receive credit.
Live Activities Attendance

- In order to receive CME credit, the attendance sheet MUST be signed by participant.
- Upon completion of a live activity attendees must go to www.ochsner.org/cme and log into the CME Conference Portal using the same email address used during registration.
- After logging in attendees will need to select “Claim Credit” next to the attended conference.
- Next the attendee will need to enter the number of credits earned and select “Enter Credits”.
- The attendee will then be able to print their CME certificate.
Contact Information

- Dana Smetherman
  Chair, CME Executive Committee
  Department of Radiology
  1514 Jefferson Hwy.
  Tansey Breast Center, 1st Floor
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Live Activity Contact Information

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