

**PNWU CME PROGRAM  
ACTIVITY APPLICATION AND PLANNING FORM**

Activity Title:	
Activity Date(s):	
Activity Type (i.e. conference, workshop):	
Activity Location(s) (if applicable):	
Planning Committee (each member must complete a disclosure form):	
Number of Credit Hours Requested:	
Name of person completing application:	
Date submitted:	

**When initiating a planning process, providers should take steps to ensure that:**

- 1. All steps should be taken independent of commercial interests.**
- 2. Everyone who is in a position to control content must disclose all relevant financial relationships with a commercial interest to the provider.**
- 3. The provider must have implemented mechanisms to identify and resolve all real or potential conflicts of interest prior the education activity being delivered to learners.**

**A. What is the quality gap to be addressed? What is the professional practice gap? Stated differently, *what do you want the participant to know how to do?***

**“The difference between CURRENT PRACTICE and BEST PRACTICE is the PROFESSIONAL PRACTICE GAP.”**

**REQUIRED: You must cite multiple sources (i.e. self-reported documentation, past evaluations or surveys, literature, etc.)**

Response:

Needs assessments sources:

**B. Is it a gap in physician knowledge, competence, or performance?**

**C. What is the physician target audience? What are the potential or real barriers facing these physicians if this need (gap) is to be addressed?**

**D. Based on the need/gap the activity is addressing, what are the desired results of the activity? Said differently, "What is the activity designed to change?"**

**E. Based on the desired results of the activity, what are the objectives of the activity? What should the participant be able to do in practice as a result of attending this activity? Note: Your objectives can support the attainment of the desired result. Refer to the AAFP guide to writing learning objectives.**

**F. Are there AOA, IOM, ACGME or other competencies related to this topic/change? Refer to *List of Desirable Physician Attributes at the end of this document.***

**G. Are there other initiatives within my organization working on this issue? Are there other organizations we could partner with that are working on this issue?**

**H. In what ways could we include these internal or external groups in our CME activity to help us address or remove barriers as identified in question C?**

**I. Are there non-educational strategies that are currently being used that address this issue? If no, what kinds of non-educational strategies could be used to address this issue?**

**J. What type(s) of evaluation method(s) will you use to know if the activity was effective at meeting the need and creating change in knowledge, competence and/or performance? Include a copy of your evaluation tool(s) or utilize the PNWU CME Program Evaluation Form Template.**

**K. Were conflicts of interest identified? YES or NO  
If yes, what were they and how were they resolved? Include a copy of resolution method.**

**L. Based on the physician target audience and the gap that is being addressed, what is the right content to cover? How does the content relate to the scope of practice of the physician target audience? Should the content also relate to specific patient groups? Should it contain content outside the clinical topic?**

**M. Who are the right faculty to cover this content?**

**N. Based on the previous steps, what is the right format to use for the activity? What type of activity will it be (live, enduring material, internet, other)? What will be the educational design of the activity (e.g. presentation, case studies, round table, and simulation)?**

*(Remember to consider adult learning principles and the physician learning and change process.)*

**O. How do the format/methodology and design components support the activities objectives and desired results as outlined in questions D and E?**

**Describe your CME Activity/ or provide an agenda:**

## Examples of Desirable Physician Attributes

Institute of Medicine Core Competencies	AOA/ACGME/ABMS Competencies	ABMS Maintenance of Certification
<p>Provide 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 managements; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.</p> <p>Work in interdisciplinary teams- Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.</p> <p>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.</p> <p>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 in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.</p> <p>Utilize informatics- Communicate, manage knowledge, mitigate error, and support decision making using information technology.</p>	<p>Osteopathic principles and practice (OPP) are integrated into each and every aspect of the evaluation, diagnosis, and care of our patients.</p> <p>Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</p> <p>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.</p> <p>Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.</p> <p>Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.</p> <p>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</p> <p>Systems-based practice, as manifested 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.</p>	<p>Evidence of professional standing, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.</p> <p>Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning.</p> <p>Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues such as ethics and professionalism.</p> <p>Evidence of evaluation of performance in practice, including the medical care provide for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.</p> <hr/> <p><b>Interprofessional Education Collaborative Competencies</b></p> <p>Values/Ethics for Interprofessional Practice</p> <p>Roles/Responsibilities</p> <p>Interprofessional Communication</p> <p>Teams and Teamwork</p>