Mobile Infirmary– Accredited Continuing Education
2024 Activity Planning Worksheet/CME Request

Mobile Infirmary
INFIRMARY HEALTH

DIRECTIONS: CME Activity Request requirements are based on criteria of the ACCME® Accreditation Criteria and the Standards for Integrity and Independence. **Please _complete_ this form and return with a detailed activity outline with _all required documentation_ (indicated within this form) fax to 251-435-3072, email to shauna.labo@infirmaryhealth.org** or mail to Mobile Infirmary, CME Coordinator/Education Department, P.O. Box 2144, Mobile, AL 36652 If questions arise, call 251-435-2578. *(*See Appendix for specific explanations.)*

Proposed Activity
Activity Title Specify:
Activity Description (one-line statement):
Activity Start Date: Click here to enter a date.   **Activity End Date**: Click here to enter a date.
Proposed Activity Times/Specify: Click here to enter text.
Activity Location: Infirmary Health Facility: ☐ Mobile Infirmary   ☐ Thomas Hospital   ☐ North Baldwin
☐ Other—Specify City, State and Zip Code: _____
Activity URL: _____

{Note: CME Fair Market Value (FMV) must be assessed at any locations/venues outside of Mobile Infirmary; see budget section.}

List _all_ individuals assisting with activity planning. **NOTE**: _Each person in a position to control an education activity's planning, approval or content is **required** to complete and submit a "**Disclosure**" form (See additional form). Individuals refusing disclosure will be disqualified from planning and/or implementation. If a relevant financial relations exist upon committee review, mitigation must occur, which may include preview of presentation content for bias and implementing recommendations from review. Relevant disclosures must be made known to participants prior to activity. How will this be done? (Check all that apply):_
          ☐ Verbally   ☐ PowerPoint   ☐ Handout   ☐ Brochure   ☐ Other: _____

Activity *Physician Director/Consultant, **Coordinator AND Presenter(s): (add lines as needed by clicking on "+" left side of chart)

NAME	TITLE / ACTIVITY ROLE	COMPLETE MAILING ADDRESS	WORK PHONE	CELL PHONE *(Used if needed on activity day)*	E-MAIL ADDRESS

*Individual involved in planning, organizing and conducting activity.
**Individual responsible for logistics/paperwork–objectives, outline, rosters, arrangements, etc. of activity.
Submit each speaker's curriculum vitae to validate expertise.

Review these 3 statements below. If you can check **ANY** of these boxes, there is no need to identify, mitigate and disclose relevant financial relationships. If you are **UNABLE** to check any box below, ensure integrity and independence of this education; complete all charts on next page:

☐	Only addresses a non-clinical topic *(e.g., leadership or communication skills training)*
☐	Be for a learner group that is in control of the content *(e.g., spontaneous case conversation among peers)*
☐	Be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted *(e.g., learning from teaching, remediation, or a personal development plan)*

Name of individual *(Note: To add individuals, click on the "+" that appears on the left of the chart between lines.)*	Individual's role(s) *(check all that apply)*						Check here if **no** relevant financial relationships disclosed for **24 mos** prior.	Complete this section if the individual has a relevant financial relationship(s) with an ACCME-defined commercial interest		
	Coordinator/ Director	Reviewer/ CME Comm	Planner	Moderator	Presenter/ Author	Patient/ Other		Name of commercial interest(s)	Nature of relationship (s)	Mechanism(s) implemented to resolve conflict of interest in the activity

Note: The following individuals are members of the **2024 Medical Education Committee**; do not alter any of the information provided in this chart below:									
Hercules Panayiotou, MD	X	X	X	X		X			
Gerhard Boehm, MD		X	X			X			
Cody Bulger, DO		X	X			X			
Amber Gordon, MD	X	X	X				Baxter	Speaker	Attestation on Disclosure
Michael Kleinmann, DO		X	X				Bayer/Otsuka	Consultant	
Sudeep Rao, MD		X	X			X			
Daren Scroggie, MD		X	X			X			
Lawrence Sindel, MD		X	X			X			
Wood, Joann		X	X				Center for CM	Consultant	
William Admire, MD		X	X			X			
Bert Eichold, MD (retired)		X	X			X			
Shauna Labo		X	X			X			
Paul Borrego, RN; Mgr		X	X			X			
Joe Rambo, PharmD		X	X			X			
Tara Miller, RN, Mgr QM		X	X			X			
Nicole Clark, RN, Pt Safety		X	X			X			
Emily Corbin, RN, Pt Safety		X	X			X			
Anna Breland		X	X			X			
Aaron Dramann, MS3, ACOM		X	X			X			
Ahaj Shroff, MS3, ACOM		X	X			X			
Samira Stutman, MS3, ACOM		X	X			X			
Chris Tatman, MS4, ACOM		X	X			X			

Did the table above include an <u>employee(s)</u> or <u>owner(s)</u> of an ACCME-defined commercial interest(s)?	☐ Yes (if yes, complete the section directly below) ☐ No (**if no, go to the next bold section**)
Does their participation meet one of the three specific circumstances permitted by the ACCME? *(C7 SCS 1.1)*	☐ Yes (if yes, select which circumstance(s) was met below and describe how you ensured independence of the activity) ☐ No

☐	Content of the activity is not related to the business lines or products of their employer.
☐	Content is limited to basic science research (e.g., pre-clinical research, drug discovery) or the *processes/methodologies* of research, themselves unrelated to a specific disease or compound/drug. Describe processes implemented to ensure that the individual(s) has no control over the content that is related to clinical applications of the research/discovery or clinical recommendations concerning the business lines or products of their employer.
☐	Participated as technicians that teach the safe and proper use of medical devices. Describe processes implemented to ensure that the individual(s) has no control over the content that is related to clinical recommendations concerning the business lines or products of their employer.

Estimated Attendance: Click here to enter text.

Who can register? Target Audience: ☐ All Providers (*if activity is <u>not</u> for <u>all</u> providers, please select all of the "<u>limited</u>" that apply):*

☐ Primary Care Physicians   ☐ Specialty Physicians   ☐ Pharmacists   ☐ Pharm Techs
☐ Physician Assistants   ☐ Nurses   ☐ Nurse Practitioners   ☐ Managers
☐ Fellows/Residents   ☐ Medical Assistants
☐ Other--Specify: Click here to enter text.

Specialty:
☐ All Specialties   ☐ Oncology   ☐ Psychiatry/Behavioral Health   ☐ Anesthesiology
☐ Emergency Medicine   ☐ Family/Internal Medicine

- ☐ Orthopedics
- ☐ Radiation Oncology
- ☐ Cardiology
- ☐ Other--Specify: <u>Click here to enter text.</u>

- ☐ Neurology
- ☐ Pediatrics
- ☐ Surgery

- ☐ Dermatology
- ☐ OB/GYN
- ☐ Radiology

AMA PRA Category 1 Credit(s)™ <u>requested</u> *(1 credit =1 hr education time; in 15-min increments of <u>total education only</u>, exclusive of activity breaks, etc.)*: <u>Click here to enter text.</u>
(Note: For Regularly Scheduled Series, estimate the maximum needed for a 12-month period.)

Providership *(check <u>one</u> that applies)*
- ☐ Direct *(Mobile Infirmary provides CME credit for Mobile Infirmary)*
- ☐ Joint *(Mobile Infirmary provides CME credit for non-CME entity such as an affiliate hospital, a clinic or another organization)*
        Name of joint-provider: <u>Click here to enter text.</u>

Activity Format *(check <u>all</u> that apply)*
The
- ☐ **Live Course** (an activity where learner participates in real-time at a specific date/time)
    - Delivery Method: In-Person ☐ Yes   ☐ No ⟶ Delivery Method: Live Streamed ☐ Yes   ☐ No
        Will this course occur more than once with the <u>same</u> content? ☐ Yes   ☐ No
            If yes, specify where: City, State and Zip Code: _____
- ☐ **Regularly Scheduled Series** (an activity that is a series of multiple, ongoing sessions, primarily planned by and presented to the organization's professional staff)
    - Delivery Method: In-Person ☐ Yes   ☐ No ⟶ Delivery Method: Live Streamed ☐ Yes   ☐ No
- ☐ **Enduring Material** (an activity where the content is available for the learner to complete at a time and place of the learner's choosing)
    - Delivery Method: Online   ☐ Yes   ☐ No ⟶ Delivery Method: Print/Other   ☐ Yes   ☐ No
- ☐ **Journal CME/CE** (an activity in which the learner reads one or more articles, or adapted formats, from a peer-reviewed professional journal)
- ☐ **Manuscript Review** (activity where a learner participates in the critical review of an assigned journal manuscript during the pre-publication review process of a journal)
- ☐ **Test Item Writing** (learner contributes to developing and reviewing exams or assessment tools by researching, drafting, and defending potential test items)
- ☐ **Committee Learning** (an activity that involves a learner's participation in a committee process)
- ☐ **Performance/Quality Improvement**
        (activity where learners use performance and/or quality measures to assess and improve their own practice or system by implementing identified interventions)
- ☐ **Internet Searching and Learning**
        (activity where learners identify a problem in their practice, and then engage in self-directed, online learning from a vetted database or set of sources)
- ☐ **Learning from Teaching**
        (activity in which the learner engages in a personal learner project related to their role as faculty or related to the content they will be teaching)
- ☐ **Other/Blended Learning**

(C5) Explain why this educational format is appropriate for this activity (maximum 25 words). *Please explain:* <u>Click here to enter text.</u>

(C6) <u>Activity will address these desirable physician attributes/competencies:</u> *(Check <u>all</u> that apply; refer to definitions for more information.)*

ACGME/ABMS
- ☐ Patient Care and Procedural Skills
- ☐ Medical Knowledge
- ☐ Practice-based Learning and Improvement
- ☐ Interpersonal & Communication Skills
- ☐ Professionalism
- ☐ Systems-based Practice

Institute of Medicine
- ☐ Provide patient-centered care
- ☐ Work in interdisciplinary teams
- ☐ Employ evidence-based practice
- ☐ Apply quality improvement
- ☐ Utilize informatics

Interprofessional Education Collaborative
- ☐ Values/Ethics for Interprofessional Practice
- ☐ Roles/Responsibilities
- ☐ Interprofessional Communication
- ☐ Teams and Teamwork

Other Competencies *(different than above)*

Specify:

Should this activity be registered for the following programs?

PROGRAM	YES	NO
MOC (Maintenance of Certification) –ACCME and collaborating certifying boards have aligned their requirements to simplify the process of offering CME that counts for MOC. Collaborations include: American Board of Anesthesiology (ABA); American Board of Internal Medicine (ABIM); American Board of Ophthalmology (ABO); American Board of		√ (see 3/25/22 Med Ed Comm

		Minutes)
Otolaryngology–Head and Neck Surgery (ABOHNS); American Board of Pathology (ABPath); American Board of Pediatrics (ABP); *American Board of Surgery (ABS). Must attest to meeting certain MOC requirements—like self-assessments--and data policies. *By physician permission only, credits are uploaded to ACCME/PARS which ABS can access.		
Accredited CME for ABS Continuous Certification or ABOrthopedicS Maintenance of Certification (began 10/2023)		
MIPS (Merit-based Incentive Payment System) – The Centers for Medicare & Medicaid Services (CMS) include accredited CME as an Improvement Activity in the MIPS of the Quality Payment Program (QPP). To meet the criteria you must implement activities that are longitudinal in nature and address quality or safety gaps and have specific aims, interventions and analysis of performance towards improvement.		√
REMS (Risk Evaluation and Mitigation Strategy) - A Risk Evaluation and Mitigation Strategy (REMS) is a drug safety program that the US Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risks. REMS are designed to reinforce medication use behaviors and actions that support the safe use of that medication. The FDA REMS for opioids leverages accredited CE to address the opioid crisis.		√
CME Passport (Find CME, track CME credits, generate CME transcripts)		

Will this activity address any of the following Criteria for Accreditation with Commendation?

Promotes Team-based Education		YES	NO
Engage Teams	Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly C23)		
Engages Patients/Public	Patient/public representatives are engaged in the planning and delivery of CME. (formerly C24)		
Engages Students	Students of health professions are engaged in the planning and delivery of CME. (formerly C25)		
Addresses Public Health Priorities			
Advanced Data Use	The provider advances the use of health and practice data for healthcare improvement. (formerly C26)		
Addresses Population Health	The provider addresses factors beyond clinical care that affect the health of populations. (formerly C27)		
Collaborates Effectively	The provider collaborates with other organizations to more effectively address population health issues. (formerly C28)		
Enhances Skills			
Engages in Research/Scholarship	The provider engages in CME research and scholarship. (formerly C33)		
Supports CPD for CME Team	The provider supports the continuous professional development of its CME team. (formerly C34)		
Demonstrates Creativity/Innovation	The provider demonstrates creativity and innovation in the evolution of its CME program. (formerly C35)		
Achieves Outcomes			
Improves Performance	The provider demonstrates improvement in the performance of learners. (formerly C36)		
Improves Healthcare Quality	The provider demonstrates healthcare quality improvement (evidenced by data). (formerly C37)		
Improves Patient/Community Health	The provider demonstrates the impact of the CME program on patients or their communities. (formerly C38)		

B. Commercial Support/Activity Funding

*(Note: An Income/Expense statement detailing all receipts and all expenditures is **required** at activity completion. Disclosure of commercial support must be made to learners prior to activity.)*   **Is there a fee for learners?**   ☐Yes   ☐ No

Note: If activity is conducted off-site, physicians are charged FMV of CME (~$25/hr in 2023)-OR-allocate FMV to physicians under non-monetary compensation policy and track thru medical staff office.

Income Estimate	Amount	Expenses Estimate	Amount
*Commercial Monetary Support (add lines here to list names of supporters)		Advertisement	
In-Kind Donation		AV	
Advertisement		Badges	
Departmental Funds		Catering (modest meals, snacks)	
In-kind Donation		Venue/Room	
Participant physician fees		Honorarium	
Participant non-physician fees		Hotel Expense	
		Notebooks/Handouts, etc.	
TOTAL		TOTAL	

*Funds received **must** be in the form of an **educational grant payable to Mobile Infirmary**.
*Terms, conditions, and purposes of the educational grant are documented in a signed Letter of Agreement between Mobile Infirmary and each supporter (see Appendix Exhibit E);
*Honoraria and expenses are reasonable; paid incompliance with provider policies
*No other funds are paid by the proprietary company to the director of the activity, faculty, or others involved with the supported activity.

C. Needs Assessment

(C2) 1. **State the professional practice gap(s)** of learners for which the activity is based *(select <u>all</u> that apply).*
Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students
Click here to enter text.

2. State educational need(s) that determine **the cause of the professional practice gap**(s). What is/are the reason(s) for the gap? How are learners involved? What is the *difference between health care **processes or outcomes** observed in practice, and those **potentially achievable** on the basis of current professional knowledge?* Examples: We need strategies to discuss difficult topics with family members; Don't know best ways to improve team collaboration
Click here to enter text.

☐ **knowledge** – *activity should provide <u>evidence of new knowledge gained</u> after activity that wasn't known before*
Please explain measurement:
    objective? (e.g., observation or tests) ☐Yes   ☐ No   *subjective?* (e.g., self-reported change) ☐Yes   ☐ No

☐ **learner competence** (ability or skill) – *activity should provide <u>evidence of strategy possessed</u> after activity that wasn't there before*
Please explain measurement to implement:
    objective? (e.g., observation or tests) ☐Yes   ☐ No   *subjective?* (e.g., self-reported change) ☐Yes   ☐ No

☐ **learner performance** (practice or on job)- *provide <u>performance data</u> or <u>behavior change comparison of before/after</u> activity*
Please explain measurement to implement:
    objective? (e.g., observation or tests) ☐Yes   ☐ No   *subjective?* (e.g., self-reported change) ☐Yes   ☐ No

☐ **patient health outcomes** (***requires** <u>measures from patients</u>*—*e.g. satisfaction, receipt of care, etc.*)
Please explain measurement to implement:
    objective? (e.g., observation or tests) ☐Yes   ☐ No   *subjective?* (e.g., self-reported change) ☐Yes   ☐ No

☐ **community/population health outcomes** (***requires** <u>measures</u>*—*e.g. satisfaction, receipt of care, etc.*)
Please explain measurement to implement:
    objective? (e.g., observation or tests) ☐Yes   ☐ No   *subjective?* (e.g., self-reported change) ☐Yes   ☐ No

What confirms that this is an educational issue? (***attach** evidence*)
☐ Surveys of Physicians   ☐ Quality Initiatives/Data   ☐ Activity Evaluation Feedback
☐ Chart Audits   ☐ Regulatory Board Requirements   ☐ Other (describe): Click here to enter text.
☐ Committee Requests   ☐ State/National Trends   ☐ Website: Click here to enter text.

Will this activity integrate CME into the process of improving physicians' professional practice?   ☐Yes ☐ No

(C3) State **what this CME activity is designed to change** in terms of <u>competence</u>, <u>performance</u> or <u>patient outcomes</u>: *(**Why** is this activity necessary, what needs to change? **How will it improve COMPETENCE? How will it change PERFORMANCE? How will it impact PATIENT OUTCOMES?**)* Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students. *Please explain:* Click here to enter text.

What are potential or real <u>barriers</u> –*Why are participants doing things differently than what is desired-- why are they not able to translate new knowledge/competence into new performance/patient outcomes?* What is facing physicians if this need (gap) is addressed? *(e.g. lack of funding, need new equipment, poor client communication, lack required training):* Click here to enter text.

What strategy can be implemented to remove, overcome or address the barrier to physician change? Click here to enter text.

In terms of effects on patients, safety or systems, what is activity designed to change (desired result)? Click here to enter text.

D. Attach Educational Objectives: *(Attach additional sheet, if necessary, with activity goals stated on it.)*
What are desired results of the activity? (Objectives support the attainment of desired result.)
*Fill in the blanks: As a result of attending the activity, a participant will be able to ___, to ___, and to ___. <u>Avoid verbs like understand, appreciate, believe, know and learn as these are not measurable.</u> Some acceptable verbs indicative of critical thinking include: **state, list** (for knowledge); **describe, discuss, explain** (for comprehension); **apply, practice** (for application); **analyze, compare** (for analysis); **design, plan** (for synthesis); and **assess, compare, measure** (for evaluation).*
  • Click here to enter text.

Collaboration and cooperation with other stakeholders *(organizations/groups sharing same interests)*:

What other groups <u>within</u> Mobile Infirmary are you working with on this issue? Click here to enter text.

Does activity address working <u>within</u> our system framework for quality improvement? ☐ Yes ☐ No

If yes, describe how: Click here to enter text.

Which <u>outside</u> organizations are working on this issue that could be partnered with? Click here to enter text.

What ways could these groups help address or remove barriers identified in "needs assessment" above Click here to enter text.

What non-educational ways can issue be addressed? -- *A non-educational strategy to enhance or facilitate change as an adjunct to activities or educational interventions could be 1) sending reminders to participants following CME activities (e.g., "Don't forget to…" or "Have you incorporated…?"), or 2) working with others to facilitate a peer to peer feedback system to reinforce new practices, or 3) incorporating new questions about the new practices into patient satisfaction questionnaires.* Click here to enter text.

What outside factors impact patient outcomes that cannot be controlled? Click here to enter text.

E. Activity Content

Attach a copy of a proposed activity outline *(e.g. <u>detailed</u> outline of content to be presented or <u>entire</u> PowerPoint)* designed to meet the objectives. Include exact times for each presentation or activity.

What is the proposed format that is appropriate to objectives and desired results? *(Check all that apply)*

☐ Presentation ☐ Case Study ☐ Round Table ☐ Simulation

☐ Other (describe) Click here to enter text.

F. Compliance Assessment: To consider credit for this activity, the following <u>must be complete</u> for compliance purposes:

1. Will the CME Activity primarily address issues which concern the hospital and/or the hospital's patients, for example, training on the prevention of nosocomial infection, surgical techniques, or a case conference? No ☐ Yes ☐

2. Will the proposed CME Activity primarily address compliance training, for example, requirements of Federal and State health care activities, such as billing, coding, reasonable and necessary services, documentation or unlawful referral arrangements?
   No ☐ Yes ☐

3. Will the proposed CME Activity primarily address the requirements of Federal, State or local laws, regulations, or rules which govern the conduct of the physician attendees? No ☐ Yes ☐

4. Set forth, in specific detail, the <u>subject</u> matter the CME activity will address, if not obvious from title and learning objectives Click here to enter text.

G. Activity Evaluation

What types of evaluation method(s) will be used to know if the activity met the need and created a change in competence, performance, or patient outcomes? *(Check all that apply)*

☐ Pre- and Post-Activity Quiz ☐ Audience Response System ☐ Objective measures (observation, tested)
☐ Chart Audits ☐ Patient Feedback/Surveys ☐ Subjective measures (e.g., self-reported)
☐ Post-activity outcome survey(s) ☐ Other (describe): Click here to enter text.

H. Acknowledgements

If activity is approved for *AMA PRA Category 1 Credit™*, I acknowledge the following:

☐ Yes ☐ No I have read and agree to abide by the Standards for Integrity and Independence in Accredited Continuing Education.

☐ Yes ☐ No I will provide information in a timely manner, as requested by the CME staff.

☐ Yes ☐ No I will obtain approval of all advertisements/brochures/marketing materials by CME staff before use.

☐ Yes ☐ No I understand that all content will be reviewed by the Medical Education Committee prior to activity.

☐ Yes ☐ No I understand a CME staff member/ medical education committee member will attend CME activity.

Signature of **Activity Director/Consultant**	Date	
Signature of **Activity Coordinator**	Date	

CME/EDUCATION DEPARTMENT USE ONLY

Signature of **Medical Education Committee Chair**   Date

Date Rec'd:_____ CME Committee Date: Click here to enter text. Approved: _____ # Credits: Click here to enter text.
Deferred until:

Appendix to CME Activity Planning Worksheet – Mobile Infirmary

Activity: An educational event for physicians, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met.

Program of CME: The CME activities and functions of the provider taken as a whole.

AMA PRA ACTIVITY FORMAT DEFINITIONS:
Live activity is an activity that occurs at a specific time as scheduled; may be offered by a variety of mechanisms such as conferences, workshops, seminars, regularly scheduled series (RSS), journal clubs, simulation workshops, structured learning activities during a committee meeting and live Internet webinars.

Enduring Material is activity that endures over a specified time. It can include print, audio, video and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities. It must include learner instructions on how to complete the activity. It must include an assessment of learner that measures achievement of the educational purpose and/or objectives with an established minimum performance level. It must include bibliographic sources to allow for further study.

Journal-based CME is an activity that is planned and presented by an accredited provider and in which the learner reads one or more articles (or adapted formats for special needs) from a peer-reviewed, professional journal. An assessment of the learner that measures achievement of educational purpose and/or objectives must be provided with an established minimum performance level. This may include patient-management case studies, a post-test and/or application of new concepts in response to simulated problems.

Test-item writing is an activity wherein physicians learn through their contribution to the development of examinations or certain peer-reviewed self-assessment activities, by researching, drafting and defending potential test items.

Manuscript review is an activity in which the learner participates in the critical review of an assigned journal manuscript during the pre-publication review process of a journal.

Performance Improvement Continuing Medical Education (PI CME) is an activity structured as a three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.
- ➢ Have an oversight mechanism that assures content integrity of the selected performance measures. If appropriated, these measure should be evidence-based and well designed.
- ➢ Provide clear instruction to the physicians that defines the educational process of the activity (documentation, timeline).
- ➢ Provide adequate background information so that physicians can identify and understand the performance measures that will guide their activity and the evidence behind those measures (if applicable).
- ➢ Validate the depth of physician participation by a review of submitted PI CME activity documentation.
- ➢ Consist of the following three stages:
  - ○ Stage A – learning from current practice performance assessment. Assess current practice using the identified performance measure, either through chart reviews or some other appropriate mechanism.
  - ○ Stage B – learning from the application of PI to patient care. Implement the interventions) based on the result of the analysis, using suitable tracking tools. Participating physicians should receive guidance on appropriate parameters for applying the intervention(s).
  - ○ Stage C – learning from teh evaluation of the PI CME effort. Reassess and reflect on performance-in-practice measured after the implementation of the intervention(s), by comparing to the original assessment and using the same performance measures. Summarize any practice, process and/or outcome changes that resulted from conducting the PIC CME activity.

Internet point-of-care (PoC) is an activity in which physician engages in self-directed, online learning on topics relevant to their clinical practice from a database whose content has been vetted by an accredited CME provider.

It must have a process to oversee content integrity, including appropriate selection and use of professional, peer-reviewed literature, and ensuring that search algorithms are unbiased. It must provide clear instructions on how to access the portal/database. Participation must be verified by tracking topics and sources searched. This activity requires completion and documentation of a three-step cycle: 1) review/document clinical question, 2) identify relevant sources among consultants, and 3) describe application to practice and the change in knowledge, competence or performance as measured by physician practice application or patient health status improvement. Each structured Internet PoC cycle should be designated for one-half (0.5) *AMA PRA Category 1 Credit*™.

ACCME ACCREDITATION CRITERIA TERMS AND DEFINITIONS:
Competence is the simultaneous integration of knowledge, skills and attitudes required for performance in a designated role and setting. Is knowing how to do something...a combination of knowledge, skills and performance...the ability to apply knowledge, skills and judgment in practice.

Competency is an underlying characteristic... causally related to effective or superior performance in a job.
Patient Care and Procedural Skills – Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

ACGME Core Competencies

Medical Knowledge - Established and evolving biomedical, clinical and cognate (e.g. epidemiological and social behavioral) sciences and the application of knowledge to patient care.

Practice-based Learning and Improvement - Involves investigation and evaluation of one's own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. *Additional documentation is required to be awarded AMA PRA Category 1 Credit™ for this ACGME core competency.*

Interpersonal & Communication Skills - That result in effective information exchange and teaming with patients, their families and other health professionals.

Professionalism - Commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

Systems-based Practice - Actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.

Joint Providership - The ACCME defines joint providership as the providership of a CME activity by one accredited and one nonaccredited organization. Therefore, ACCME accredited providers that plan and present one or more activities with non-ACCME accredited providers are engaging in joint providership. The accredited provider must take responsibility for a CME activity when it is presented in cooperation with a nonaccredited organization and must use the appropriate accreditation statement to inform the learner of the joint providership relationship. All printed materials for jointly provided activities must carry the appropriate accreditation statement. "This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Association of the State of Alabama through the joint providership of (name of accredited provider) and (name of nonaccredited provider). The (name of accredited provider) is accredited by the ACCME to provide continuing medical education for physicians."

Mitigation – A strategy to **implement** for each person who has a relevant financial relationship before the person assumes their role. It can include at least one of the following:
- **Divest** the financial relationship
- **Recusal** from controlling aspect of planning and content with which there is a financial relationship
- **Peer review** of planning decisions and/or content by persons without relevant financial relationships.
- **Attest** that clinical recommendations are **evidence-based and free of commercial bias** (e.g. peer-reviewed literature, adhering to evidence-based practice (guidelines).

Performance is what one actually does, in practice. Performance is based on one's competence but is modified by system factors and the circumstances.

Professional Practice Gap is the difference between actual and ideal performance and/or patient outcomes. In patient care, the quality gap is "the difference between present treatment success rates and those thought to be achievable using best practice guidelines." It can go beyond patient care, for example, systems' base practice, informatics, leadership and administration.

Relevant Financial Relationship is when the following three conditions are met for the prospective person who will control content of the education:
- A financial relationship, in **any amount**, exists between the person in control of content and an ineligible company.
- The financial relationship existed during the past **24 months**.
- The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.

Regularly Scheduled Series (RSS) is defined as an activity that is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and 3) are primarily planned by and presented to the accredited organization's professional staff. RSS activities must: (a) implement monitoring systems that demonstrate their RSS meet the ACCME's Updated Criteria, and (b) provided evidence (e.g., reports) of their monitoring system(s) that meet the following expectations:
- meet ACCME's Updated Criteria and be in compliance with ACCME Policies4. Providers' monitoring systems **must** incorporate, measure and document compliance with Criteria 2 - 11 and applicable ACCME Policies.
- must collect data and information from all series as a part of its monitoring system.
- data may be derived from either (1) a sample of a provider's sessions or (2) from all sessions. However, if sampling is used, it must be applied consistently for 10% to 25% of the sessions within each series across the whole accreditation term.
- must analyze the data and information and determine if the RSS has met ACCME's Criteria and the applicable ACCME Policies.

If monitoring system data indicate that performance within the sampled series or sessions did not meet one of Criterion 2 - 10 or an applicable ACCME Policy, then the provider must:
> a) identify the problem and describe it in **VIII-F** of the self study outline (related to C13),
> b) describe the implemented improvements in **VIII-G** of the self study outline (related to C14), and
> c) describe the impact of the implemented improvements in **VIII-I** of the self study outline (related to C15).

Scope of Practice is the range or breadth of a physician's actions, procedures, and processes. Health care services a physician or other healthcare practitioner is authorized to perform by virtue of professional license, registration or certification. "It is the definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner, with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability."