

**RSS (Regularly Scheduled Series)  
 CME Application and Renewal Process**

**Please Note:**

- ACCME Criteria: The Carver College of Medicine is nationally accredited by the Accreditation Council for Continuing Medical Education ([ACCME](#)). It is the responsibility of the CME Division to document compliance with ACCME criteria before approving educational programs for CME credit. ACCME criteria are referenced with application questions as appropriate.
- Course Director and/or Department Contacts: If you would like to meet with the RSS Coordinator from the CME Division to review the application requirements, please contact Katie Coleman at 335-8600 or [Kathleen-coleman@uiowa.edu](mailto:Kathleen-coleman@uiowa.edu). CME fax is: 319335-8327. Additional forms and information may be found by visiting our web site at <http://www.medicine.uiowa.edu/cme/>
- Application: An application must be submitted for your program to be considered for CME credit. Submission of an application does not constitute approval. Approvals for RSS programs are awarded for the CME academic year (July 1<sup>st</sup> through June 30<sup>th</sup>). Partial year applications are approved for the period starting January 1<sup>st</sup> through June 30<sup>th</sup>. Applications must be submitted two months prior to the intended start date in order for CME Committee review and approval.

**APPLICATION FOR AMA PRA Category I™ (CME) CREDIT**

**Date of Application:** \_\_\_\_\_

**UI Department/Division:** \_\_\_\_\_

**Title of Series:** \_\_\_\_\_

**Days and Times of Sessions:** \_\_\_\_\_

**Location of Series (Building & Room #)** \_\_\_\_\_

**Faculty Series Director (Include name, phone, office address, email address):**  
 \_\_\_\_\_

**Contact Person (Name, Phone, Email):** \_\_\_\_\_

**Attendance Taker: (Name, Phone, Email):** \_\_\_\_\_

**Planning Committee Members (Names, Email or Phone Numbers):**  
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**ACCME Criteria 4: Content is developed to meet the scope and practice of the target audience.**

**1. Please identify the target audience: (Check all that apply);**

Physicians      Physician Assistants      Nurses      Social Workers      Psychologists

Physical Therapists      Athletic Trainers      Health Administrators

Emergency Medical Staff      Respiratory Therapists      Occupational Therapists

Substance Abuse Personnel      Radiation Therapists      Radiology Technologists

Certified Registered Nurse Anesthetists

Other (Specify): \_\_\_\_\_

**2. Identify specific learner types (scope and practice) of the target audience. (Check all that apply.)**

Types:

Family Care Physicians

Physician Specialists (list specialties):

\_\_\_\_\_

\_\_\_\_\_

Physician extenders and allied health providers (list professions and/or specialties):

\_\_\_\_\_

\_\_\_\_\_

Residents

Medical Students

Other (specify):

\_\_\_\_\_

Demographics (Check all that apply)

Internal, University of Iowa Health Care Providers

External, Iowa's community providers

Other (Specify)

\_\_\_\_\_

**ACCME Criteria 2: The activity is developed to address the educational needs (knowledge, competence, performance) that underlie the professional practice gaps of their own learners.**

**3. What is (are) the educational gap(s) of the target audience that will be addressed with this activity? An educational gap is the difference between current practice and ideal practice. This information may be culled from previous attendee evaluations or from a number of other resources as in the example below.**

*For example: The annual in-training exam results demonstrate a gap in medical knowledge, especially among PGY-1 residents. This gap is distributed broadly across all subject matter in the Model of Clinical Practice as established by SAEM (Society of Academic Emergency Medicine) and CORD (Council of Residency Directors in Emergency Medicine). Examples of areas that may be defined within the Model of Clinical Practice are Otolaryngology, Geriatrics and Dermatology related to evaluation, diagnosis and treatment.*

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**4. How does the content of this activity relate specifically to the current scope and practice of your learners?**

*For example: Our target audience includes University of Iowa physicians, community physicians, and physician extenders who are currently involved in the diagnosis and treatment of patients presenting for emergency services.*

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**5. This activity was designed to address gaps in ... (Check all that apply.)**

Physician knowledge – (awareness and understanding)

Physician competence – (ability to apply knowledge, skills, and judgment)

Physician performance – (what is actually being done in professional practice)

**ACCME Criteria 2 (continued): The activity is developed to address the educational needs (knowledge, competence, performance) that underlie the professional practice gaps of their own learners.**

**6. What resources (needs assessment data) did you consult and analyze to determine the professional practice gaps of your target audience? Documentation from at least two data sources must be included with this application.** *For example: Notes from planning committee members; relevant data from previous evaluations; data provided by the Society of Academic Emergency Medicine Council of Residency Directors in Emergency Medicine.*

**Expert Opinion**

- Iowa Specialty Society Guidelines (Specify)
- State or National Health Guidelines (Specify)
- Planning Committee Members (Provide meeting notes or summary)
- Course Faculty Recommendations (Provide notes or summary)
- Peer-reviewed literature (Attach articles relevant to your target audience.)
- Research results (Provide summary)
- Consensus of experts (Provide Summary.)

**Target Audience**

- Relevant data from previous evaluations (Attach evaluation summary with relevant data highlighted.)
- Focus Groups/Interviews (Provide summary of results)
- Pre-program survey of Target Audience (Attach summary or description.)
- Other Physician requests (Provide explanation or summary)
- Quality Improvement metrics
- Process Improvement metrics

**Health Data Analysis**

- Review of referral patterns (Summarize data)
- Chart Reviews (Provide summary)
- Health Indicators ([CMS](#), [AHRQ](#), [CDC](#), [HEDIS](#), etc. (Attach relevant data.)
- Iowa Public Health Data (Attach from [Iowa Health Fact Book](#) or other resources.)
- Database Analysis (Attach summary report)

**Other Resources, Health Data, or Information consulted in the planning of this CME activity.** (Specify and attach explanation or documentation):

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**ACCME Criteria 5: Educational formats are appropriate for the setting, the objectives, and the desired results of the activity.**

**7. Based on the professional practice gaps of the intended audience, list the educational objectives you are proposing for this activity.**

*Upon completion of this program, learners should be able to: (Please use measurable terms such as: Explain, Analyze, Describe, Choose, Discuss, Review, Disclose, List, Compare, Assess, Measure). Take as much room as you need to type in your objectives. Add an extra sheet at the end if necessary.*

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**8. What educational methods/formats will you use to facilitate improvements in competence, performance, or patient outcomes for our learners? (Check all that apply)**

Abstracts/Poster Sessions

Case-based presentations including Q and A with attendees

Pre- and Post-Testing (Audience response systems available upon request.)

Panel Discussion with audience participation

Take-away messages: summaries, 'pearls,' best practices, reminders (print or non-print)

Hands-on workshop in a laboratory or other clinical teaching area

Open Q and A and discussion with instructors and attendees (for example, 'Lunch with the Professors'.)

Patient Simulations

Facilitated small group discussions (breakouts)

Literature Review

Didactic Lectures

Observing a procedure

Other (Specify): \_\_\_\_\_

**ACCME Criteria 6: Educational interventions are developed in the context of desirable physician attributes and competencies.**

**9. Which of the following competencies developed by ABMS, IOM, ACGME, or other professional groups is your educational activity designed to improve? (Check all that apply and add other competencies as appropriate.)**

Patient-centered care: improving the effectiveness of care; respecting diversity, providing compassionate care, sharing informed decision-making; serving as a patient advocate. (IOM, ACGME)

Professionalism: showing and promoting compassion, integrity, and respect for others, being accountable to patients and the profession. (ABMS, ACGME)

Interdisciplinary teams: facilitating collaboration with other members of the health care team to ensure that care is coordinated, continuous, and reliable. (IOM)

Interpersonal & Communication Skills: Facilitate the effective exchange of information and collaboration with patients, their families, and other health professionals. (ABMS, ACGME)

Evidence Based Practice: integrating research with clinical expertise and patient values for optimum patient care. (IOM)

Quality Improvement: identifying medical errors and hazards in patient care; using this information to change processes and systems of care, with the objective of improving quality of care (ABMS, IOM)

Practice Based Learning & Improvement: presenting information and education that emphasizes constant self-evaluation and life-long learning; incorporating formative evaluation feedback into daily practice. (ABMS, ACGME)

Informatics. Utilizing information technology to improve communication and support decision-making systems. (IOM, ACGME)

Systems Based Practice: Demonstrating an awareness of and respect for the larger context and system of health care. (ABMS, ACGME)

Medical Knowledge: helping learners become aware of established or evolving clinical and research data and explaining how this information can be applied to the improvement of patient care. (ABMS, ACGME).

Patient Safety. (ABMS)

Other Specialty Board Competencies: *Specify*:

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**ACCME Criteria 1 and 3: The provider has a CME mission statement that includes educational components with expected results articulated in terms of changes in competence, performance, or patient outcomes.**

**CME Mission Statement:** The mission of the Carver College of Medicine CME Division is achieved through a continuous process that involves: developing educational content that is valid, reliable, and free of commercial bias; creating educational objectives in response to ongoing needs assessments; implementing program evaluations that help determine the impact of educational programs on physician performance; and refining and improving CME programs to better reflect the needs of physicians and their patients.

**10. As noted above, the mission of the CME Division is to improve physician performance with the ultimate goal of improving patient outcomes. Please describe how this program is intended to improve physician performance – (i.e. “What one actually does in practice: skills, abilities, and strategies implemented in practice?”).**

*Example: Emergency Medicine providers are expected to be competent in the management of a wide range of disease conditions, as specified in the Model Curriculum of Emergency Medicine, written by the Society of Academic Emergency Medicine and the Council of Residency Directors in Emergency Medicine. This program will improve the medical knowledge, patient care, interpersonal communications and systems based practice of emergency medicine providers. The improvement in performance can be measured by increased patient satisfaction on Press-Gainey scores, increased in-training exam scores and adherence to CMS core measures.*

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**ACCME Criteria 11: The provider analyzes changes in learners achieved as a result of the program's overall activities and educational interventions.**

**11. Evaluations are used to determine if the intended result for learners has actually been achieved. Please describe how changes in learner's competence, performance, or patient outcomes will be evaluated, analyzed, and used to develop future programs.**

**(Required.)** Physician surveys to determine self-reported improvements in competence or performance.

**(Required)** Post-program evaluation questions must be added to the last evaluation given to participants at the end of the series. These questions are intended to identify what practice changes and improvements attendees made as a result of attending the educational series. The resulting analysis will be provided to course directors to plan future programs.

*Sample questions for final evaluation: 1. Please note any changes or improvements in the care of your patients that you made as a result of attending this educational activity 2. Please identify any barriers that may have inhibited your ability to implement these changes (select all that apply).*

Cost

Lack of time to assess/counsel patients

Insurance/reimbursement issues

Patient Compliance

Not applicable to my practice

Other (please explain)

Knowledge/Skills Assessment (describe):

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**ACCME Criteria 7-10: Activities are independent of commercial interests. Providers manage commercial support appropriately, ensure separation of promotion and education, and promote improvements in healthcare, NOT proprietary interests of commercial companies.**

**12. Indicate all anticipated sources of program revenue. (Check all that apply).**

No revenue requested or anticipated

Commercial Company - Exhibit Fees

Commercial Company – Educational Grants (must be accompanied by a Letter of Agreement.)

Registration Fees – Attendees

Federal or State Grant funding

Not-for-profit organization support (March of Dimes, etc)

Departmental or institutional support

Other (Specify): \_\_\_\_\_

**ACCME Criteria 7-10 (continued): Activities are independent of commercial interests. Providers manage commercial support appropriately, ensure separation of promotion and education, and promote improvements in healthcare, NOT proprietary interests of commercial companies.**

**13. Requirements to ensure commercially unbiased educational programming.**

- Planning and delivery of CME content must be completely free of commercial interests and commercial bias.
- Speakers, instructors, planners and other participants who have any input into content of this CME program must disclose their interests in commercial companies AND be reviewed for conflict of interest prior to the delivery of the program. All conflicts must be resolved prior to the event.
- Anyone who does not disclose or whose conflicts cannot be resolved will not be able to participate in the planning or delivery of this educational activity.
- Disclosures of all planners and speakers must be made to the audience. (For example: verbally, in a slide, or in a handout.)
- All commercial support must be disclosed to the audience and payments from commercial companies must be made payable to the sponsor. (For example, the Carver College of Medicine, the CME Division, or your Department/Division.) No payments, either for honoraria or reimbursement of expenses, may be made directly to speakers, instructors, or other individuals involved in content development.
- A *Written Agreement for Commercial Support* must be completed for each commercial grant. Email [susan-zollo@uiowa.edu](mailto:susan-zollo@uiowa.edu) for a copy of the Agreement or visit <http://www.medicine.uiowa.edu/cme/planning/basic.html>
- The maximum honorarium for College-sponsored programs is \$1500 per presentation. Contact the CME office at 319/335-8597 if you have questions about CME policies including those for disclosures, honoraria, conflict of interest, or management of commercial support.

**14. I understand and will comply with all the above statements regarding commercially unbiased content of this educational activity.**

\_\_\_\_\_  
Person responsible for this application (Print or Type)

\_\_\_\_\_  
Date

**For Office Use Only:**

This Regularly Scheduled Series(RSS) has been reviewed and approved for *AMA PRA Category 1 Credit™*  
**Approval Period: July 1, 2009 – June 30, 2010**

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Peter Densen, Executive Dean, Carver College of Medicine

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Date