



Phoenix Children's Hospital (PCH) Department of Continuing Medical Education (CME)

Application for *AMA PRA Category 1 Credit™*

At Phoenix Children's Hospital, we are guided by a compassionate mission, a clear vision, and consistent values.

Our Mission

We provide Hope, Healing and the best Healthcare for children and their families.

Our Vision

To be recognized as Arizona's source for superior care of sick or injured children; for advanced education for child health providers; and for innovation, information, and influence in the promotion of child health.

PCH CME activities comply with the AMA Definition of CME: *CME consists of educational activities that maintain, develop or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public, or the profession. 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.*

CME Contact Information

This application is designed to guide your planning process to ensure AMA-PRA Category 1 Credit™ requirements are met. Please communicate with the PCH Department of CME early in the planning process (allow not less than 12 weeks for approval of your completed application).

For assistance, please contact the Department of CME:
JoAnn Cunningham (602)933-0766 or Sharon Kerr ((602)933-0761
Email: jcunnin@phoenixchildrens.com or skerr@phoenixchildrens.com

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Proposed Activity

Date Submitted:

Title of Activity:

Date/Frequency:

- Type of Activity: Single (conference, lecture)
 Regularly Scheduled Series (Grand Rounds)
 Series 2-4 times annually
 Other

Number of credits requested:

Planning Organization: _____

For PCH CME Department Use

- Directly Provided
 Joint-Providership

Provider Fee:

Date Reviewed by CME Subcommittee: _____ or Ad Hoc Group:

Ad Hoc Reviewer/s:

- Approved – Activity meets the criteria for ___ credits in Category 1 of the AMA Physician’s Recognition Award.

Comments: _____

Additional Information Required: _____

RSS or Series Expiration Date: _____

- Denial/Comments: _____

CME Director, Manager or Designated Representative

Date

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Has this activity been offered previously or is it an annual event?

Yes No

If yes, please attach a summary of the previous evaluation data.

Date and time this activity has been scheduled to occur: _____

(if over 2 hours, please attach a schedule)

Location of the activity: _____

Activity Director's Name and Title: _____

Activity Director's Organization, Contact Information, Phone and Email:

Activity Director – Affirmation Statement (please review and sign)

- I will abide by the ACCME Essential Areas, Policies and Standards and PCH Policies that apply to Continuing Medical Education.
- I have reviewed and attest to the accuracy of this proposal. Any changes will be conveyed to the PCH Department of CME.
- I accept responsibility, with PCH, for maintaining the quality and scientific integrity of this activity.
- I affirm that the disclosure information provided by faculty and activity planning members will be communicated to participants prior to the beginning of the educational activity as described in this application.
- I will maintain accountability for funding related to the activity and will provide an accurate income/expense statement to the PCH Department of CME, at the completion of the conference.

Activity Director Signature: _____ Date: _____

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Person responsible for coordination and records administration:

Contact information, Phone and Email:

List the Activity Planning Members (anyone who has influence on the content or speaker selection):

Submit a completed PCH Disclosure Form for each.

Activity Planning Process

1. Describe why this activity is being planned. What professional practice gap was identified? *(see Clarification of Required Documentation, page 8)*
2. Based on the professional practice gap, describe the underlying need. *(see Clarification of Required Documentation, page 8)*

Is it a need in knowledge, competence or performance?

3. Are there initiatives within your department or institution working on this issue?

Yes No If so, please elaborate.

4. Define the target audience, i.e., physician specialties, others.

Total # expected: % of physicians:

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- 5. Explain how the content will be determined to ensure it is relevant to the scope of practice and specific needs of the target audience.
- 6. Which physician competency(ies), developed by the Institute of Medicine, does this education apply to?

- Patient Centered Care
- Evidence-based Practice
- Utilization of Informatics
- Interdisciplinary Teamwork
- Quality Improvement Practice

- 7. Describe the goal of this education – what is the desired result?

Please list or attach the objective/s of this activity:

If this is a regularly scheduled series (RSS), provide general objectives for the series.

- 8. Objectives must be conveyed to the participants. How will this be done?

- Flyer, Brochure
- Other – Please Describe: _____

Faculty

- 9. List all faculty and describe how they were selected.

Submit a CV or bio and completed PCH Disclosure Form for each.

- 10. How was the activity goal conveyed to the faculty?

- Letter, Email (*submit copies*)
- Verbal
(*please provide an account of who, when and what was discussed*)

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Format

11. Indicate or describe all components of the learning format.

Lecture with Q&A Roundtable Discussion Panel

Case-based Format

How are these cases selected? By physicians

Enduring/Internet Enduring

Other _____

12. Why was this type of format selected?

The case-based format is the main reason for patient treatment discussion. Lecture with question and answer is to provide additional education.

13. Did the activity design promote changes in:

competence, performance, *or* patient outcomes?

Evaluation

14. What evaluation methods will be used to determine if this education has *encouraged a change in practice*?

Participant Questionnaire - Required

(please attach a sample of your evaluation instrument)

Impact Survey Instructor Evaluation

Pre-test/Post-test Pre and Post Comparison of Performance Data

Other, describe: _____

15. A regularly scheduled series (RSS) must be evaluated at least annually for improvement. How and when will that be done? The annual summary will be based on evaluations completed after each activity.

Disclosure

16. Disclosure information reported by faculty and planning members must be provided to the audience prior to the beginning of the activity. How will that be done?

On flyers, promotional materials (*attach a draft*)

In the syllabus, meeting materials (*attach an example*)

Other, describe: _____

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Funding/Projected Income and Expense

17. How will this activity be funded? **NA**

Registration Fees \$ _____

Budgeted Funds Commercial Grants

Commercial Exhibits

(Important – If commercial support is used, see PCH policy)

18. Submit a complete Income and Expense report. If no income and minimal expenses, please provide an estimate.

(Actual income and expense must be submitted after the activity)



CME Application – General Information

Required Content for the Primary Promotional Material

The primary promotional piece must contain the following information:

- a. general information – date, time and location
- b. speaker information – name, degree and professional title
- c. sponsorship by PCH and the PCH logo
- d. educational objectives
- e. target audience and any prerequisites
- f. CME Accreditation and Designation Statements

If credit is approved, the accreditation and designation statements must be on the primary promotional piece.

Accreditation Statement

Phoenix Children's Hospital is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Designation Statement

Phoenix Children's Hospital designates this _____ (*learning format**) for a maximum of _____ (*number**) *AMA PRA Category 1 Credit/sTM*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Joint Providership – Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Phoenix Children's Hospital and _____ (*name of the non-accredited provider*). Phoenix Children's Hospital is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Designation Statement

Phoenix Children's Hospital designates this _____ (*learning format**) for a maximum of _____ (*number**) *AMA PRA Category 1 Credit/sTM*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Accreditation and Designation Statements must be written without paraphrasing and listed in two separate paragraphs as shown.

***The learning format listed in the Designation Statement must be one of the following AMA approved learning formats:**

- 1) Live activity; 2) Enduring Material; 3) Journal-based CME activity;
- 4) Test-item Writing activity; 5) Manuscript Review activity; 6) PI CME activity;
- or 7) Internet Point-of-Care activity

***The number of Category 1 Credit Hours to be awarded for attendance is determined by the PCH Office of CME.**

The final draft of promotional pieces *must* be approved through the Department of CME prior to distribution.

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Post-Activity Procedure

Single Activities

Submit the following paperwork to the Department of CME:

- a. original sign-in sheets
- b. summary of evaluation responses and data or information from any other evaluation method
- c. all handout material distributed during the activity
- d. final income and expense report

Regularly Scheduled Series (RSS)

Paperwork for each session must be submitted to the Department of CME on a regular basis (*to be determined by the Department of CME and the RSS coordinator*).

Required documentation for each session includes:

- a. flyer, promotional material
- b. faculty information
 - CV or bio
 - communication
 - completed disclosure **form (if a conflict of interest is reported, please contact the Department of CME for instructions)**
 - summary of evaluation form responses
 - legible attendance record/sign-in sheet

Attendance Reports and Certificates

Certificates can be distributed at the end of the conference. Please make arrangements with the Department of CME, in advance. Certificates intended to award AMA PRA Category 1 Credit must be approved by the Department of CME prior to distribution.

Letters of attendance may be distributed to non-physician participants. Discuss options with the Department of CME.

Reports for regularly scheduled series may be available to physicians through the Department of CME.