

CME PLANNING REQUEST

FOR

ONE (1) TIME ACTIVITY

SAMPLE



VMC CME APPLICATION CHECKLIST

Type of Activity: Live/One Time Course RSS (new) RSS (renewal) Other
This activity is: Directly (VMC) Sponsored Activity Jointly Sponsored Activity

- CME Planning Activity Request form Completed
- Request is reviewed and signed by activity chairs, department chairs, department CME representative
- The educational needs (knowledge, competence, or performance) that underlie the Professional Practice Gaps of the learners C2- (performance indicators, quality measures e.g., minutes of planning committee meeting, QI/QA minutes, relevant literature) is incorporated
- Activity program/schedule (Include a draft of the brochure, if available)
- For Repeat Activity – For previous year, the Analysis of Changes in Learners as a result of the activity – (C 11)
- Projected budget showing Income and Expenses (cannot be zero)
- For a repeat activity(course) – Submit the prior year’s financial statement/Final budget (closeout)
- Completed and signed disclosure forms for all planning committee members and speakers (all must be included at time of the submission of the application)

Will there be commercial Support? NO YES (will require the below)

Will there be Exhibits and Advertisements? NO YES (will require the below)

- For commercial support complete attachment A of SCVMC Policy 154.02- Commercial Support Agreement
- For any exhibiting at the CME activity, complete attachment B of SCVMC Policy 154.02 Exhibitor Form
- Include the CME Application Fee (when applicable) Make Check Payable to:

Medical Executive Committee, Inc.

[Handwritten signature]
5/6/16

Note: In compliance with California law, relevant Cultural and Linguistic disparities need to be addressed in one or more sessions within a Regularly Scheduled Series.

AFTER DEPARTMENT REVIEW AND APPROVAL, SUBMIT the COMPLETED APPLICATION TO:
Cynthia Lopez, Medical Staff/CME Coordinator, 751 S. Bascom, Ave., 7th Floor Old Main, 7C081, 408/885-5109



CME Activity Planning Request

Request for Continuing Medical Education (CME) Credit
To be completed by CME Planner(s)

Return the completed form and supporting documentation at least 90 days prior to the conference.

| | |
|--|------------------------|
| Date: | Date Submitted: |
| Activity Title: 26 th Annual Trauma and Critical Care Symposium | |
| Type of Activity: <input checked="" type="checkbox"/> One Time Activity <input type="checkbox"/> Repeat Activity <input type="checkbox"/> Other _____ | |
| Speaker(s): | |
| Activity Date(s): August 18-19, 2016 | |
| Contact/Planner Name: John Sherck | Phone: 56072 |

Total **AMA PRA Category 1 Credit™** Requested: 9.25

FINANCIAL INFORMATION/COMMERCIAL SUPPORT (Criteria 8-10)

- Directly Sponsored Activity (VMC)**
If planning on conducting this activity in conjunction with other organizations, indicate type below:
- Joint Providership Activity (activity between VMC and one non-accredited organization)**
VMC is responsible for compliance with all criteria and policies. NAME: _____
- Documentation of revenue and expenses. (attached to Planning Request)**

Commercial Support is financial, or in-kind, contributions given by a commercial interest which is used to pay all or part of the costs of a CME activity. When there is commercial support there must be a written agreement that is signed by the commercial interest and the accredited provider prior to the activity taking place. Attach the signed agreement when submitting this request.

Will this activity receive commercial support?

- NO** **Yes, Name of company for unrestricted grant: _____**

NOTE: Arrangement for commercial support or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

Commercial Exhibits and Advertisements: Commercial exhibits and advertisements are promotional activities and not continuing medical education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered to be commercial support. However, accredited providers are expected to fulfill the requirements of SCS 4 and to use sound fiscal and business practices with respect to promotional activities. A signed agreement is required.

Will this activity receive Commercial Exhibit and Advertisement Income?

- NO** **YES** if yes, NAME: Multiple, to be determined AMOUNT: \$ @ \$1000 each



Program Review and Approval

This series is submitted for CME credit review by the Department of SCVMC, for review and full compliance with the IMQ/CMA accreditation requirements, SCVMC policies.

[Signature]
John Sherck, MD
Surgery (Trauma)
5/4/16
 Activity Chair Signature Department Date

[Signature]
Jennifer Abadari, MD
Surgery (Urology)
Date
 Department CME Member Representative Signature:

[Signature]
Gregg Adams, MD
(Chair, Surgery)
5/5/16
 SCVMC Chair or Division Chief Date

CME Committee Chair Approval: Anita Sit, M.D. MPH Committee Date

| | | |
|---------------------------|--|--|
| CME Dept. Use Only | | Date Completed Request Submitted: |
|---------------------------|--|--|

Disclosure (Criterion 7)

*A completed and signed disclosure form is required for each planner and each presenter, author or other person who can influence the content of the activity. The results of this process must be disclosed to the learner prior to or at the start of the activity. **Include the attached individual completed and signed disclosures for each.***

| Planner Multiple- -see separate table | County Employee? *YES ____ NO ____ | Date Disclosure Received/ Reviewed | Any Financial Relation with Comm Interest? NO ____ YES ____ | Any Potential Conflict of Interest? (COI) NO ____ YES ____ | If Yes, describe COI and How it Was Resolved on the disclosure form |
|--|--|------------------------------------|---|--|---|
| Honorarium Received? | *YES ____ NO ____ | *Amount \$ _____ | | | |
| Presenter Multiple- -see separate table | County Employee? *YES ____ NO ____ | Date Disclosure Received/ Reviewed | Any Financial Relation with Commercial Interest? | Any Potential Conflict of Interest? (COI) | If Yes, describe COI and How it Was Resolved on the disclosure form |
| Honorarium Received? | *YES ____ NO ____ | *Amount: \$ _____ | | | |

***Refer to Policy VMC #154.03** Note: A Santa Clara County employee may **NOT** be paid honoraria, travel, lodging, registration fees or personal expenses from Commercial Support sources, Commercial Interests, the VMC Foundation, or any other third party. Any outside speakers receiving honorarium exceeding \$1,000.00 will require SCVMC CME Committee and approval by the MS President.



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| Disclosure to the Audience | |
| Describe the method to be used to disclose to audience, if any, and attach the documentation of disclosure. (e.g., slides at beginning, flyers, brochures) Disclosures will be presented to the audience in a slide at the beginning of the meeting and in a printed document as part of the symposium packet. | |
| Who Identified the Speaker(s) and Topic(s) The CME planning committee, see minutes. | |
| What Criteria were used in the selection of speaker(s): <input checked="" type="checkbox"/> Subject Matter Expert <input checked="" type="checkbox"/> Excellent Teaching Skills/Effective Communicator <input type="checkbox"/> Other, Please Specify: | |
| Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speaker(s) and/or topic(s): <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, please explain: | |
| Activity Planning: (Criterion 2 - 5) | IMQ/CMA Updated Criteria |
| <p>For this CME activity, state the overall expected improvement or change in the learner's competence or performance, or in patient outcome, that will occur by successfully completing or participating in this activity.</p> <p>What is the professional practice gap (PPG) identified by the planner(s) for the learners? NOTE: A GAP is defined as the difference between actual (what is) and ideal (what should be) in regard to physician competence, performance, and/or to patient outcomes.</p> <p>a. Gap in knowledge of trauma in the elderly: VMC trauma P/I Issues with management of elderly trauma patients-admitted to medicine with subsequent complications. Recent publications (J Trauma) on "frailty index" to evaluate risks after surgery or trauma, of which most surgeons not yet aware. Elderly head trauma patients on anticoagulants remains an outcome problem, demonstrated by case reports from VMC and Stanford. Elderly falls are increasing proportion of trauma patients. Decision by committee to focus on competency in mgt of elderly trauma pt.</p> <p>b. Neither VMC nor Stanford have any organized program to evaluate and treat Post Traumatic Stress Disorder (PTSD) in admitted trauma patients, though this is now recommended by American College of Surgeons. VMC is participating in a study, but trauma surgeons are unaware of screening or referral processes. Decision by committee to focus on PTSD.</p> | <p>C-2 Identify the gaps between current practice or outcomes and desirable or achievable practice or outcomes (i.e., professional practice gaps. The key for compliance is to be able to show that planning included the identification of a professional practice gap from which needs were identified. *E.g., through review of new practice guidelines, national data, professional society, study published in the journal of "?", pre-activity survey to define the learner(s) practice gaps.</p> |



- c. The ACS has recommended increased and documented competencies in pediatric trauma. New requirement for continuing education for all physicians (including trauma, ortho, neuro, and ED)who provide care to Injured children. Recent publications concerning overuse of x-rays in children and PECARN recommendations for limited head CT usage. At VMC, despite a major effort resulting in 23% reduction in unneeded imaging in children, still too many unnecessary images are being obtained. Decision by committee to provide education concerning pediatric trauma and specifically continue to reinforce limited x-ray imaging in children.

***List the sources used to identify the PPG(s) (data/information used):**

1. Prior years' evaluations and topic requests. 2. VMC and Stanford trauma registries and complications screens/audits. 3. National TQIP (Trauma quality improvement project) data for VMC and Stanford compared to other centers. 4. Changes to regulatory agency (ACS) requirements (PTSD, pediatric trauma/imaging). Recent literature (eg frailty in elderly)

***Educational Need(s): (Criterion 2) For each gap, identify one or more underlying learning need or cause that, if met, would help close the gap.**

- a) Elderly trauma: knowledge in management of elderly trauma patient-assessing for frailty, medication issues.
- b) PTSD: Knowledge in screening and initial treatment of PTSD in various populations.
- c) Pediatric Trauma: Knowledge and performance (reduced ordering) of risks and need to reduce radiographic imaging in injured children.

Type of Need. Identify the specific needs, (knowledge, competence, performance) (Click all that apply below and describe how the educational needs were identified, measured and/or determined)

- Knowledge, Explain: (elderly trauma and PTSD)
- Competence, Explain:
- Performance, Explain: reduce ordering of x-ray imaging in children.

C2
Knowledge = Facts & Information acquired through experience/education

Competence = applies knowledge to knowing how to do something (ability, skills, strategies);

Performance = what one actually does in practice with skills, abilities, strategies



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| <p>Based on each identified educational need, specify what is essential for the learner to do or achieve as a result of successful participation in this activity. What are the desired results of this activity? Or, what is your activity designed to change?</p> <p><input type="checkbox"/> Competence (to give the physicians new abilities/skills/strategies)</p> <p><input checked="" type="checkbox"/> Performance (to help physicians modify their practice) Must provide data</p> <p>Explain: Reduce physician ordering of x-ray imaging in children. This is monitored within trauma registry and performance improvement audits.</p> <p><input type="checkbox"/> Patient care outcomes (to help improve patient outcomes) Must provide Data</p> | <p>C3</p> <p>This criterion is the implementation of Criterion 2 in the provider's overall program of CME. In the planning of its program of CME activities, the provider must attempt to change physicians' competence, performance, or patient outcomes, based on what was identified as needs (that underlie a PPG)</p> |
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| <p>Based on the desired outcome results of the activity, list at least three (3) measurable objectives designed to change competence, performance or patient care outcome.</p> <p><i>At the completion of this activities, the learner will be able to:</i></p> <ol style="list-style-type: none"> List at least 4 reasons elderly patients may have worse outcomes after injury. Name at least 5 groups of injured people at high risk for Post-Traumatic Stress Disorder. Describe several special considerations in radiologic imaging of injured children. | <p>C3</p> <p>Identify how these activities contribute to the overall program's efforts to change learner's competence, or performance, or patient outcomes</p> |
| <p>Instructional Format: Check what may be appropriate for the setting, objectives and desired results of the activity.</p> <p><input checked="" type="checkbox"/> Lecture <input type="checkbox"/> Seminar <input type="checkbox"/> Workshop <input checked="" type="checkbox"/> Case Presentation</p> <p><input type="checkbox"/> Enduring Materials <input type="checkbox"/> Moderated AV Presentation <input type="checkbox"/> Other</p> | <p>C5</p> <p>The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity</p> |
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Desirable Physician Attributes/Core Competencies (Criterion 6)
CME activities should be developed in the context of desirable physician attributes. Please indicate which American Board of Medical Specialties/Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies will be addressed in this activity

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Patient Care or Patient-Centered Care <input checked="" type="checkbox"/> Medical Knowledge <input type="checkbox"/> Works Effectively in Interdisciplinary teams <input checked="" type="checkbox"/> Employ Evidence-Based Practice <input type="checkbox"/> Interpersonal and Communication Skills | <input type="checkbox"/> Utilizes Informatics <input type="checkbox"/> Professionalism <input type="checkbox"/> Practice Based Learning and Improvement <input type="checkbox"/> Applies Quality Improvement <input type="checkbox"/> System Based Practice | <p>C6 The provider develops activities/educational interventions in the context of desirable physician attributes or core competencies, such as those developed by the Institute of Medicine (IOM, Accreditation Council for Graduate Medical Education (ACGME), American Board of Medical Specialties (ABMS), or by medical boards relevant to your target audience.</p> |
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Describe how the selected desirable physician attribute(s)/Core Competencies will be integrated into this activity: Patient care will be effected by improved knowledge of the frailty and medication usage in the elderly, effective recognition and assessment of PTSD in injured patients, and reduced x-ray ordering in injured children. Evidence based practice will follow adherence to decreased imaging ordering in children.

Clinical Content Validation (Criterion 10)

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| <p>List each presentation or material with clinical content.</p> <p>a) <u>See attached draft agenda.</u></p> <p>b) _____</p> <p>a) _____</p> <p>b) _____</p> | <p>C10</p> <p>The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest. Providers are expected to ensure that their</p> |
|--|---|



*Describe your mechanism to resolve conflict of interest and ensure your presentation is commercial bias free. **For any speaker who reports a conflict of interest, the talk slides will be reviewed prior to the meeting for biased content.**

Identify the physician reviewer validating content: ___John Sherck, MD

CME program and activities advance the public interest without bias that would influence overuse or misuse of products or services of a commercial interest.

Evaluation and Outcomes (Criterion 11)

What types of evaluation methods will you use to know if your activity was effective at meeting the change in competence, performance, or patient care outcome?

Competence

- Post-Program Evaluation - intent to change behavior or practice based on the content of activity
- Customized post-test/activity (Conducted 3-6 months after activity)
- Audience Response System (ARS) tests learning before, during and after activity (Knowledge/Competence).
- Case-based studies (learner must make decisions)
- Other, specify; _____

Performance

- Customized follow-up surveys/focus groups about actual changes in practice.
- Customized post-test/activity (Conducted 3-6 months after activity)
- Measurement of adherence to best practices/guidelines **(based on trauma registry, performance improvement audits)**
- Other, specify; _____

Patient Outcomes *

- Observed changes in health status measures
 - Changes in hospital/department/practice quality and patient safety related measures, registry data, etc.
- Customized post-test/activity (Conducted 3-6 months after activity)
- Other, Specify: _____

C11

The provider analyzes the overall changes in the learners' competence, performance, or patient outcomes achieved as a result of the overall program's activities/educational interventions.

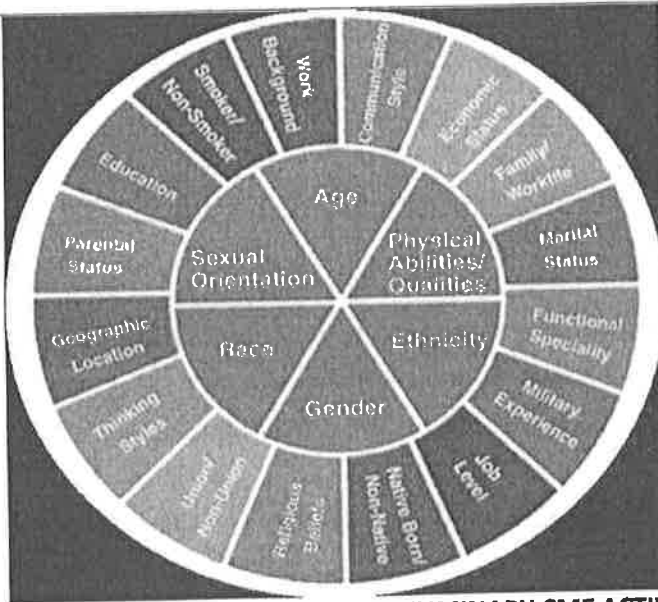
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Cultural and Linguistic Competence (CLC) AB1195

If this activity addresses clinical patient care, it is required to list any identified cultural and/or linguistic disparities that were determined to be relevant to this activity. Describe below how the disparity will be addressed in the activity (see graph below from various topics of CLC)

Cultural and linguistic competence will be specifically addressed on a slide at the beginning of the meeting. The slide provides web site for further information. In addition, one of the talks, concerning PTSD in Israel will address a specific ethnic population and interaction with other ethnic populations.

NOTE: It is the responsibility of the VMC planner to identify, as part of the planning process, at least one linguistic or cultural health disparity that is related to the identified professional practice gap. If no CLC or disparity is identified, document that not relevant.



PRELIMINARY CME ACTIVITY BUDGET

SCVMC CME COMMITTEE

(To be used for One Time and RSS Course Submissions)

INCOME SEE SEPARATE BUDGET ATTACHED

Registration Fee Anticipated (if any): \$ _____

Total Income from registration fee (if any): \$ _____

*Honorarium (if any) \$ _____



Administrative Support \$ _____
Activity Planner(s) Support \$ _____
**Commercial Exhibit Income \$ _____
Other : _____ \$ _____
TOTAL INCOME (cannot be zero): \$ _____

EXPENSES

*Honorarium (if any): \$ _____
Brochure & Printing cost : \$ _____
Venues/ Audio Visual Cost : \$ _____
Meal Expense: \$ _____
Administrative Support \$ _____
Activity Planner(s) Support \$ _____
**Commercial Exhibit Expenses (if any) \$ _____
Other : _____ \$ _____
TOTAL EXPENDITURE (cannot be zero) \$ _____

NOTE: Expenditure cannot be higher than income

*Refer to Policy VMC #154.03 - Note: No Santa Clara County employee may be paid honoraria, travel, lodging, registration fees or personal expenses from Commercial Support sources, Commercial Interests, the VMC Foundation, or any other third party. Honorarium exceeding \$1,000.00 will require SCMVC CME Committee and approval by the MS President

** Exhibit Agreement completed and submitted at time of CME planning request

26th Annual Trauma and Critical Care Symposium
Stanford Healthcare and Santa Clara Valley Medical Center
CME

Symposium Objectives

This symposium intended for physicians, nurses and pre-hospital providers.

After attending, participants will be able to:

1. List at least 4 reasons elderly patients may have worse outcomes after injury.
2. Name at least 5 groups of injured people at high risk for Post-Traumatic Stress Disorder.
3. Describe several special considerations in radiologic imaging of injured children.

26th Annual Trauma and Critical Care Symposium, August 18-19, 2016
Stanford Healthcare and Santa Clara Valley Medical Center

CME – Disclosures of Conflict of Interest

Statement on conflict of interest or personal *commercial interest* in any entity producing, marketing, re-selling, or distributing health care goods or service consumed by, or used on, patients in the last 12 months for all the following speakers AND planners in relation to this activity:

Speakers/ Moderators

| | |
|-----------------------|------|
| Jerry Jurkovich , MD | none |
| Zara Cooper, MD | none |
| Michaela Esquivel, MD | none |
| Linda Diaz, RN | none |
| Marco Lee , MD | none |
| Graeme Rosenberg , MD | none |
| Kim Shepard , MD | none |
| Ron Jou , MD | none |
| Clifford Pereira, MD | none |
| Anne Fisher, MD | none |
| Jim Byrne, MD | none |

Planners /Speakers/Moderators

| | |
|----------------------------|------|
| David Spain, MD | none |
| Michelle Woodfall, RN, CEN | none |
| Adella Garland, MD | none |
| Eileen Hoover, RN, MSN | none |
| Julie Fuchs, MD | none |
| Bonnie Nguyen | none |
| John Sherck, MD | none |

*All commercial support is managed in accordance with
IMQ/CMA Guidelines for commercial support*

26th Annual Trauma and Critical Care Symposium
Stanford Healthcare and Santa Clara Valley Medical Center
CME

Cultural and Linguistic Competency

CALIFORNIA ASSEMBLY BILL 1195- CONTINUING EDUCATION
CULTURAL AND LINGUISTIC COMPETENCY went into effect 7/1/06.
All continuing medical education courses must contain
curriculum that includes cultural and linguistic competency in
the practice of medicine.

The CME planning committee acknowledges the importance of
culture and communication for delivering effective health care
and are committed to educate physicians to deliver culturally
and linguistically appropriate care.

This symposium will meet the cultural and linguistic obligations of AB 1195 by:
Incorporating cultural and linguistic discussion in every topic for which it may pertain,
including all panel discussions and case presentations.

More questions? **Addressing Language and Culture:
A Practice Assessment for Health Care Professionals,**
www.familydocs.org/system/files/AddressingLanguageandCulture.pdf