

CME Application, Disclosure/Mitigation and Content Validity Form

Section 1: CME Application

This document is designed to assist planners and faculty in providing the information that Roper St. Francis Healthcare Department of Continuing Medical Education (RSFH CME) requires in order to evaluate a program to qualify for accredited education. The CME program at RSFH strives to provide educational activities designed to enhance clinical competence, performance and/or improve patient outcomes. RSFH requires a completed CME Disclosure form for all course directors, planners, and faculty, upon completion and approval of the activity planning document. Please complete and return the application form at least **8 weeks prior to a program**.

RSFH is accredited through the Medical Association of Georgia (MAG) to provide accredited continuing education for physicians and other allied health. In order to be compliant with MAG and the ACCME (Accreditation Council for Continuing Medical Education), RSFH must adhere to the accreditation standards. To ensure valid clinical content in a program, this application and the presentations will be reviewed by persons with appropriate clinical expertise and no relevant financial relationships to ineligible companies. An ineligible company is defined by ACCME as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

What is the applicants name and email?	Name: Email:
Who will be the physician course director for the program?	Name: Email:
What is the name of the program?	
When will the education take place?	Date:
What type of educational activity are you planning?	<input type="checkbox"/> Live Activity <input type="checkbox"/> Regular Scheduled Series (RSS) <input type="checkbox"/> Enduring/Learner-directed <input type="checkbox"/> Other (Combination of activity types – Please detail the type of activity:
Identify your target audience for the education. How many participants anticipated?	<input type="checkbox"/> Physicians <input type="checkbox"/> Other members of the healthcare team: please list:
What is the title and brief description of the education?	Title/Brief Description:
Are you requesting commercial support for the program?	<input type="checkbox"/> Yes (See next question) <input type="checkbox"/> No
What type of commercial support are you requesting? (The CME Office will send the appropriate commercial support forms)	<input type="checkbox"/> Commercial support/educational grant (Monetary or In-kind support) <input type="checkbox"/> Exhibitor Support
What practice-based problem (gap) will this education address?	Practice-based problem (gap): <input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance Improvement <input type="checkbox"/> Patient Outcomes

CME Application, Disclosure/Mitigation and Content Validity Form

What is the reason(s) for the gap(s)/how was the gap(s) identified?	Reason(s) for the gap(s):			
What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?	Desired change(s) in strategy, performance, or patient care:			
What are the learning objectives for the program?	The learning objectives can come from the program’s physician course director or the faculty/speakers. Please provide the learning objectives 30 days before the program.			
In order to award CME credit, please indicate the duration of the program.	Education duration: Hours: _____ Minutes: _____ <i>Please report time in 15-minute increments.</i>			
Please list all the program planners and the faculty/speakers for the program.	List of planners and faculty/speakers:			
Discuss what the learners intend changes are to make their strategies, performance, or patient care that will result from this activity and list that information to the right.	Changes learners intend to make to strategies, performance, or patient care:			
What evaluation tool will you use for the program?	<input type="checkbox"/> Post Program Survey (Minimum Requirement) <input type="checkbox"/> Audience Response System <input type="checkbox"/> Pre and Post Tests <input type="checkbox"/> Other: Please identify			
Indicate the desirable attribute(s) of the healthcare team this activity addresses: <table border="0" style="width:100%"> <tr> <td style="width:33%"> Core Competencies for Institute of Medicine Competencies ___ Provide patient-centered care ___ Work in interdisciplinary teams ___ Employ evidence-based practice ___ Apply quality improvement ___ Utilize informatics ___ Systems-based Practice </td> <td style="width:33%"> Interprofessional Collaborative Practice ___ Values/Ethics for Interprofessional Practice ___ Roles/Responsibilities ___ Interprofessional Communication ___ Teams and Teamwork ___ Professionalism </td> <td style="width:33%"> ACGME/ABMS Competencies ___ Patient Care and Procedural Skills ___ Medical Knowledge ___ Practice-based Learning and Improvement ___ Interpersonal and Communication Skills </td> </tr> </table>		Core Competencies for Institute of Medicine Competencies ___ Provide patient-centered care ___ Work in interdisciplinary teams ___ Employ evidence-based practice ___ Apply quality improvement ___ Utilize informatics ___ Systems-based Practice	Interprofessional Collaborative Practice ___ Values/Ethics for Interprofessional Practice ___ Roles/Responsibilities ___ Interprofessional Communication ___ Teams and Teamwork ___ Professionalism	ACGME/ABMS Competencies ___ Patient Care and Procedural Skills ___ Medical Knowledge ___ Practice-based Learning and Improvement ___ Interpersonal and Communication Skills
Core Competencies for Institute of Medicine Competencies ___ Provide patient-centered care ___ Work in interdisciplinary teams ___ Employ evidence-based practice ___ Apply quality improvement ___ Utilize informatics ___ Systems-based Practice	Interprofessional Collaborative Practice ___ Values/Ethics for Interprofessional Practice ___ Roles/Responsibilities ___ Interprofessional Communication ___ Teams and Teamwork ___ Professionalism	ACGME/ABMS Competencies ___ Patient Care and Procedural Skills ___ Medical Knowledge ___ Practice-based Learning and Improvement ___ Interpersonal and Communication Skills		
After the program, please collect the attendance roster and learner change information for the activity and send it to the CME Office for credit to be awarded. Thank you.				
If any of the following statements apply to the educational activity you are planning, then there is no need to identify, mitigate or disclose relevant financial relationships for this accredited continuing education. Please check if this is the case for your program. Otherwise all planners and faculty must complete the attached disclosure form.	The education will.... (Check all that apply) <ol style="list-style-type: none"> 1. <input type="checkbox"/> The educational program will only address a non-clinical topic (e.g., leadership or communication skills). 2. <input type="checkbox"/> The educational program is for a learner group that is in control of the content entirely (e.g., spontaneous case conversation among peers- not a regular scheduled series RSS) 3. <input type="checkbox"/> The educational program is 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). This source of information must not be from an ineligible company. 			

CME Application, Disclosure/Mitigation and Content Validity Form

CME Disclosure Form

Please complete the disclosure and content validity form for EACH planner, faculty/speaker.

We are looking forward to having the opportunity to include you as a potential planner and/or faculty/speaker, in the accredited continuing education program.

We appreciate your help in partnering with us to follow accreditation guidelines and to help create a high-quality education that is independent of industry influence. In order to participate as a person who will be able to control the educational content of this accredited CME activity, we ask that you disclose all financial relationships with any ineligible companies that you have had over the past twenty-four (24) months. We define ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education to be provided. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit acme.org/standards.

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete this form and return to the CME Office. Accredited education must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing medical education.

If you have any questions about these expectations please contact the CME Coordinator at Kara.Melin@RSFH.com. Thank you.

Section 1 – Disclosure Information

Name of Individual:	Title of Continuing Education:
Date and Location of Education:	Individual prospective role(s) in education – choose all that apply <input type="checkbox"/> Planner <input type="checkbox"/> Teacher, Instructor, Faculty <input type="checkbox"/> Other: _____
<input type="checkbox"/> In the past 24 months, I have not had any financial relationships with any ineligible companies. Please go to section 4.	
<input type="checkbox"/> In the past 24 months, I have had financial relationships with any ineligible company. Please go to sections 2, 3 and 4.	

CME Application, Disclosure/Mitigation and Content Validity Form

Section 2 – Financial Relationships

To be completed by Planner, Faculty, or Others Who May Control Education Content		
Please disclose all financial relationships that you may have had in the past twenty-four (24) months with ineligible companies. For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.		
Print the Name of Ineligible Company An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit acme.org/standards	Enter the Nature of the Financial Relationship Examples of financial relationships include employee, researchers, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution received the research grant and manages the funds.	Has the Relationship Ended? If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help education staff to determine if any mitigation steps need to be taken.
Ex: Company Name	Nature of Conflict	X

(Additional lines may be added)

Section 3 - Mitigation of Conflict of Interest

If you have relevant financial relationships as indicated in Section 2, please choose one of the following ways you choose to mitigate any potential conflict of interest in the educational program. If these options don’t meet your needs, please reach out to the CME Office. The CME Office will review and contact you if further information is required. ***All relevant financial relationships are shared with learnings prior to the educational program.***

<u>Planners with Relevant Financial Relationships</u>	<u>Faculty/Speaker/Other with Relevant Financial Relationships</u>
<input type="checkbox"/> As a planner I will ensure the absence of commercial bias in the planning process. My input will be peer reviewed by other peer planners with no relevant financial relationships.	<input type="checkbox"/> As a faculty/speaker, my presentation will be peer reviewed to ensure evidence-based content and absence of commercial bias prior to the program.
<input type="checkbox"/> As a planner, I have recused myself from controlling aspects of planning and program content for which I have a conflict of interest.	<input type="checkbox"/> I agree to refrain from making recommendations regarding products or services and limit my presentation to pathophysiology, diagnosis, and/or research findings.

CME Application, Disclosure/Mitigation and Content Validity Form

<input type="checkbox"/> My financial relationship(s) do not relate to the educational content.	<input type="checkbox"/> My role has been changed and I will no longer be speaking about issues relevant to the product or services of my commercial interests.
---	---

Section 4 - Guidance for Planners, Authors, and Faculty: Ensuring that Clinical Content is Valid

As an important contributor to our accredited education, we would like to enlist your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, and effective patient care. This includes the expectations that:

1. All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
2. All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
3. Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
4. Content cannot be included in accredited if it advocates for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Please check the box below to acknowledge the understanding of clinical content validation.

As a planner, author and/or faculty member to the program, I will ensure the clinical content is valid for the educational activity.

I attest that the above information is correct as of the date of submission:	
Signature:	Date:

Thank you for your help. Please return to the CME Office at Kara.Melin@RSFH.com