

**Check one:** Chicago  Peoria  Rockford  Urbana

**CONTINUING MEDICAL EDUCATION ACTIVITY PROPOSAL**

Attachments should indicate the referable section. (e.g., C. Marketing).

**ACTIVITY TITLE:**

**EPISODIC** \_\_\_ *Short duration (e.g., 1 day); may be repeated more than once during the approval period*  
**ONGOING** \_\_\_ *Series, (eg., Grand Rounds, M&M)*

New \_\_\_ **OR**  
Renewal \_\_\_ **Must include evaluation and outcomes summaries from the last activity.**

**SPONSORING DEPARTMENT(S):**

*If another institution or organization is co- or joint sponsoring this activity, list below. Attach a letter of agreement documenting the responsibilities of each organization. (Sample letters of agreement are available from the CME Office.)*

**Joint or Co-Sponsor:**

**ACTIVITY DIRECTOR:** (The faculty member responsible for the activity.)

Name and faculty rank

Department

Campus Address

Telephone

Fax \_\_\_\_\_ Email \_\_\_\_\_

Please name below the person responsible for revisions:

Administrative Contact

Phone \_\_\_\_\_ Email \_\_\_\_\_

# LOGISTICS:

**DURATION/ DATES OF ACTIVITY:** (e.g. Ongoing: Mondays 2-3 p.m. for 48 weeks. OR Episodic: May 3, 2005)

**LOCATION AND FACILITIES TO BE USED:**

## CREDITS:

**Total number of hours an individual can earn if s/he attends all sessions**

**For ongoing activities, indicate the number of hours per session.**

## A. RATIONALE

- 1. PARTICIPANT NEEDS:** *A needs assessment is required for all CME activities. This needs assessment identifies the rationale for developing this specific program. How did you identify that there was a physician need or interest for having this activity? A SUMMARY OF THE PROCESS, A COPY OF ANY SURVEY INSTRUMENT, AND THE RESULTS SHOULD BE ATTACHED, MARKED "PARTICIPANT NEEDS."*

**CHECK APPLICABLE BOXES:** (EXAMPLES AVAILABLE IN CME OFFICE)

- Evaluation of previous CME activity identified a need for further information.
- There was a formal request from Committee/Department /Outside Institution.
- A new activity/technique/medical issue has been identified about which members should be educated.
- A need was identified through a survey of the prospective audience. (Questionnaires, interviews, etc...) If you check this box, please provide a copy of the survey instrument.
- Quality Assurance/Utilization Review/Morbidity & Mortality data indicated a need for this activity.
- Informal discussions/perceived need/opinions expressed indicated a need for this activity within dept.
- Other (Please specify)

- 2. ACTIVITY PURPOSE:** *This brief statement should reflect the results of your needs assessment for the intended audience. Indicate such things as the activity's anticipated impact on patient care, recent techniques and advances in health care, and other factors that contribute to understanding the purpose of the activity. This exact statement should be included on the flyer or brochure.*

3. **PLANNING:** *Attach a description of your planning process. Include how the need for your activity was determined, and how topics and speakers were chosen. Planning should reflect the direct impact of your evaluation summary from the previous year, where applicable. Include members of planning committee and the number of times your committee met. Attach minutes if available.*

## ***B. PARTICIPANTS***

1. **INTENDED PHYSICIAN PARTICIPANTS:** *(e.g., Primary Care Physicians)*

2. **OTHER ANTICIPATED PARTICIPANTS/ATTENDEES:** *(Please check all that apply)*

<input type="checkbox"/>	Other Health Professionals <i>(Specify)</i>	
<input type="checkbox"/>	Students <i>(Specify)</i>	
<input type="checkbox"/>		

Indicate the number of participants the course is designed for:

anticipated attendance

minimum

maximum

## ***C. MARKETING***

1. **PLAN** - *Please describe the marketing plan for the activity; how and to whom you will publicize it.*

2. **ANNOUNCEMENT/BROCHURE** - *Include a copy of all proposed promotional information, brochures, flyers, or advertisements. (Note: all material must show UIC sponsorship, target audience, specific activity objectives, and acknowledge commercial support. Please consult the Brochure Guidelines.) THE FINAL BROCHURE MUST BE APPROVED BY THE CME OFFICE. THE AGENDA MUST BE ATTACHED.*

Do you want your activity publicized on the CME website? YES  NO

If yes, please list keywords or topics below (eg., medicine, gastroenterology, colonoscopy):

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## ***D. CURRICULUM***

*Complete either ONGOING on page 4 or EPISODIC on page 6. See definitions below:*

**ONGOING** - Multiple session series e.g., Grand Rounds, Tumor Boards, Morbidity/Mortality, etc.

**EPISODIC** - A single activity designed for one date or repeated dates

### ***1. ONGOING***

*Since most ongoing programs do not have topics planned for the whole year, it is essential for the framework of the program to be well described. To accomplish this, the overall objectives of the activity should be defined. The overall objectives must include three components: Time, Scope and Objectives. (See example below).*

**Time**            *e.g. “Over the next twelve months,”*

**Scope**            *e.g. “Patients presenting with uncommon symptoms or presentations of common problems encountered by a specified category of physician, and*

**Objectives**    *e.g. “For the topics to be covered the participant will be able to:*

- 1. Correlate clinical diagnosis with pathologic, radiological, and surgical findings,*
- 2. Discuss the staging and grading of the specific presented tumors,*
- 3. List the treatment options for specific presented problems, and*
- 4. Identify the psychosocial aspects, and how they affect treatment.*

*Topic-specific objectives for each session do not need to be provided here. However, they do need to be developed as each session is planned. These session objectives should appear on all posted announcements.*

*For your activity list time, scope, objectives and the relation to teaching methods.*

**A. TIME:**

**B. SCOPE:**

**C. LEARNING OBJECTIVES:** *Please list the learning objectives on the lines below. State the activity's objectives in behavioral terms. A list of active verbs is available from the CME office.*

Upon completion of the activity, participants should be able to:

1. 2. 3. 4.
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**D. RELATE PROGRAM'S ACTIVITIES TO THE LEARNING OBJECTIVES**

*Please fill out the grid below. For each educational objective, identify the teaching/learning activity which addresses the objective. Use the number of each objective listed above.*

<b>OBJECTIVES – use exactly as stated in Section C above</b>	<b>TEACHING METHOD</b>	<b>TIME</b>
<i>EXAMPLE - 1. Discuss the staging and grading of the specific presented tumors</i>	<i>EXAMPLE - Case presentation Expert discussion</i>	<i>EXAMPLE - Entire session</i>

## **2. EPISODIC/ COURSE**

**A. LEARNING OBJECTIVES:** *Please list the learning objectives in the box below. State the activity's objectives in behavioral terms. (See example in grid below) A list of active verbs is available from the CME office.*

Upon completion of the activity, participants should be able to:

1.	
2.	
3.	
4.	

**B. RELATE PROGRAM'S ACTIVITIES (Content and Format) TO THE LEARNING OBJECTIVES**  
*Please fill out the grid below. For each educational objective, identify the teaching/learning activity which addresses the objective. Use the number of each objective listed above.*

<b>OBJECTIVES—use numbers above</b>	<b>TEACHING METHODS</b>	<b>SESSION NAME</b>
<i>EXAMPLE - 1. Explain advances in GI pathophysiology and disease.</i>	<i>EXAMPLE - Panel discussion Lecture</i>	<i>EXAMPLE - Tuesday morning session Wednesday afternoon session</i>

**C. PROGRAM**

*Enclose an outline, draft or final copy of the agenda including dates, times, types of presentations, (e.g. keynote address, panel discussion, small group, etc.) and names of presenters.*

**FOR ALL ACTIVITIES, CONTINUE UNTIL THE END**

## ***E. EDUCATIONAL METHODS:***

Which educational methods will be used?

- Lecture or Lecture/Question**  
*Formal prepared presentation or extemporaneous talk by one individual*
- Lecture/Discussion**  
*Short lecture 15-30 minutes with active discussion by those present.*
- Case Presentation/Discussion**  
*Short presentation of one or more cases followed by extended discussion with participants.*
- Workshop**  
*Small group sessions with interactive groups of 8-12 with specific charges to be accomplished. May include short case presentations. May include performance of manipulative skills under supervision.*
- Panel Discussion**  
*2 or more experts addressing individual issues, either with questions from floor or short topics presented by a Moderator.*
- Demonstration**  
*Demonstration of procedure, including use of film, videotape, closed circuit television, and other mechanical aids.*
- Bedside rounds, simulated patients or similar observation and discussion of patients.**  
**Individual study assignments**  
*e.g. research and/or patient records on a specific diagnostic or problem category, and subsequent report to larger group for its consideration and discussion.*
- Other methods**

## ***F. FACULTY:***

*List or attach activity faculty. Include professional degree, institutional affiliation, and present position.*

*All speakers must provide Disclosure of Interest forms. Disclosure of financial interest must be made to the participants for ALL speakers before their presentations, regardless of whether or not they have anything to disclose.*

***ACTIVITY DIRECTOR IS RESPONSIBLE FOR REVIEWING DISCLOSURE FORMS TO DETERMINE WHETHER THERE IS CONFLICT OF INTEREST. ALL CONFLICTS MUST BE RESOLVED PRIOR TO THE ACTIVITY AS DESCRIBED IN THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) STANDARDS FOR COMMERCIAL SUPPORT (<http://accme.org> Documents and Forms). DIRECT QUESTIONS TO THE CME OFFICE.***

## G. BUDGET AND FEES

*Please attach any information that will help the CME Committee to understand the budget.*

INCOME				EXPENSES	
Registration Fee	\$	X	\$	Honoraria (Itemized by individual below)	\$
Pharmaceutical Grant Support ** Letters of agreement must be sent to the CME office before the activity occurs.			\$	Travel Expenses	\$
					\$
Other External Support				Promotion	
				Development and Printing	\$
Did you include a letter of agreement for each source of external support?			Y    N	Mailing	\$
Pharmaceutical Exhibitors			\$	Advertising	\$
			\$	Supplies	
				Instructional/Laboratory Materials	\$
				Copying Expense	\$
Departmental Support			\$	Facilities	\$
Hospital/COM Support			\$	Room Set-up Fee	\$
				Audio-Visual Equipment Charges	\$
Any deficit is the responsibility of the sponsoring department. If this is not the case, please explain below.				Food Service	
				Other Expenditures specify below:	
				CME Administrative Fee*	
** If commercial support is received, letters of agreement must be sent to the CME office for signature <u>before</u> the activity occurs.					
TOTAL INCOME				TOTAL EXPENSES	

\* See CME Coordinator for more information.

## **H. ACTIVITY EVALUATION PLAN:**

*Explain how the activity will be evaluated overall and include a copy of protocols (eg., forms) to be used in the evaluation. All evaluations must include, at a minimum, the five items listed on page 10.*

**CHECK BOXES FOR ALL TECHNIQUES YOU PLAN TO USE TO EVALUATE THE EFFECTIVENESS OF THIS ACTIVITY IN TERMS OF INDIVIDUAL PHYSICIAN LEARNING.**

### **1. EVALUATION METHODS**

- Written Test/Quiz
- Participant Satisfaction Critique
- Participant Activity Evaluation
- Performance/Competency Test
- Skills appraised during activity
- Observer evaluation - **REQUIRED FOR ALL JOINTLY SPONSORED ACTIVITIES**
- Follow-up- Explain (e.g., postcard, phone survey, chart audit)
- Self reporting follow-up
- Other (Please Specify)

**EXPLAIN**

### **2. OUTCOME MEASUREMENT**

*We need to determine the long-term impact of CME activities on physician practice. Describe your plan to measure the changes in physician practice and patient care. These behavioral changes should be based on the purpose and objectives of your CME activity as stated in this application.*

*Examples of methods include analysis of Quality Assurance data, self-report by physicians, chart audit, etc. Follow-up surveys, emails, postcards, or phone calls may be used to determine whether the physician's approach to patient care (or diagnosis, treatment, therapy, prevention etc.) was altered due to the knowledge they gained at the conference and if so, in what way.*

*Attach a copy of your outcome instrument. If this is a renewal, also attach a summary of the outcome results from last time.*

## REQUIRED EVALUATION ITEMS

*At a minimum, the following five items must be included in the evaluation instrument attached. Examples are given as suggestions and are not meant to be exclusive.*

### 1. Speaker/s evaluation -

*eg., Please rate the speaker/s on the following points:*

*Timeliness of information, appropriate depth of materials, pace of session, length of session, effective use of time, quality of audio-visuals, quality of handout materials, opportunity to ask questions, etc.*

*Was speaker content evidence-based, and did it conform to the generally accepted standards of experimental design, data collection and analysis? \_\_\_ Yes \_\_\_ No*

*Was any unlabeled use disclosed, if discussed? \_\_\_ Yes \_\_\_ No*

### 2. Educational methods/objectives evaluation -ie, were the teaching methods appropriate to the learning objectives (list the learning objectives developed on page 4 or 5).

*eg., At the end of the session, participants will be able to:*

*A. Describe clinically relevant information regarding the diagnosis of pre-eclampsia.*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Unmet</i>	<i>Minimally met</i>	<i>Mostly met</i>	<i>Completely met</i>

### 3. Future topics/speakers suggestions -

*eg., Please list suggestions for future topics and speakers*

### 4. Usefulness to one's practice or other healthcare activity -

*eg., How will today's session impact on your practice?*

### 5. Disclosure of financial interest -

*eg., Speakers are required to disclose whether or not they have financial interests which may bias their presentations. Was such disclosure made by each speaker? \_\_\_ Yes \_\_\_ No*

*Did you detect any bias toward any commercial interest by the speaker? \_\_\_ Yes \_\_\_ No*

# ***I. EVALUATION SUMMARY***

## ***1. EPISODIC/ COURSE EVALUATION SUMMARY***

*Summaries are due in the CME Office two weeks after the activity takes place*

## ***2. ONGOING/ REGULARLY SCHEDULED CONFERENCE EVALUATION SUMMARY***

*Summaries are due in the CME Office two weeks after the last session takes place. (ie. July 15)*

## ***3. FOR RENEWAL ACTIVITIES ONLY***

*If you have presented this activity before, please include a copy of the evaluation summary. The CME Committee will not consider renewal applications without these materials.*

*Summaries should include the number of participants, number of physicians, and number of responses. In addition, please provide both a quantitative summary of responses and a narrative summary of suggestions or comments and how they will be used to design future activities.*

# UIC College of Medicine

## REQUIRED SIGNATURES

CME Activity TITLE:

DEPARTMENT

ACTIVITY DIRECTOR  
(Type Name)

SIGNATURE  
(Faculty Member Responsible for Program)

DATE

*The signature of the Department Head indicates endorsement of this CME activity and its content. It also signifies responsibility for any financial deficit.*

HEAD OF SPONSORING  
DEPARTMENT AT UIC  
(Type Name)

SIGNATURE

DATE

CHAIR--SITE  
COMMITTEE ON CME  
(Type Name)

SIGNATURE

DATE

CHAIR-COLLEGE  
COMMITTEE ON CME  
(Type Name)

SIGNATURE

DATE

Approved 9

Disapproved 9

SENIOR ASSOCIATE  
DEAN FOR EDUCATIONAL  
AFFAIRS

SIGNATURE

DATE

REVISED9/1/05