Overview
All sections of the application need to be filled out completely and to the best of the Physician Course Director’s ability prior to approval for credit (including disclosures, signature, and payment). The Charlotte AHEC staff will offer feedback and recommendations on drafts of the application. However, final approval of the application requires a complete activity application.

The ACCME requires the following decisions in planning a CME activity be independent of a commercial interest and include the guidance of the CME provider. These decisions include:

- Identification of the need or gap in today’s practice
- Determination of objectives of the learning program that will address the need/gap
- Identify the competencies that will be addressed in the learning program (these should be related to the need/gap)
- Selection of personnel and/or organizations who would be in a position to control program content (planning committee)
- Selection of presenters of the content
- Selection of the educational methodology and design (including formats, strategies and tools) and identification of barriers
- Evaluation of the activity

To ensure adequate planning and enough time to market your program, the CME Application should be submitted a minimum of six (6) months in advance of your scheduled CME activity.

Activity Information
Type of Activity
There are several types of activities that can receive CME credit. Please choose the type of activity that best suits your event:

- Live Course (Conference, Symposium, Workshop, etc.)
  - One-time event: course held once a year
  - Multiple events: same overall course objectives to be repeated during the year
  - Multiple Events Lecture series focused on a specific topic with the same audience each time
- Internet Live (webinar): course conducted via internet
  - Enduring Material: Online Module, Recorded Event
  - Internet Activity, Enduring Material (describe): no direct interaction between the provider and/or faculty and the learner. The provider must communicate ACCME-specific information to participants so that they are aware of this information prior to starting the educational activity.

- Other: Describe the event

PHYSICIAN COURSE DIRECTOR
The Course Director for a CME activity is responsible for the overall education of the activity. The course director certifies that the activity follows ACCME’s mission of: identification, development, and promotion of standards for quality continuing medical education (CME) utilized by physicians in their maintenance of competence and incorporation of new knowledge to improve quality medical care for patients and their communities.
Responsibilities of the course director include:

- Identify and design activities around physician practice gaps and documented needs assessment data
- Define the purpose, appropriate educational objectives and methodologies, and the desired results for the activity, based upon the needs assessment data
- Responsible for the content, objectivity, and scientific rigor of the entire activity
- Serve as a direct liaison between faculty and the Charlotte AHEC team to aid in collecting essential forms (disclosures, COIs, etc.) and presentations
- Choose highly skilled and trained faculty whose expertise is in the subject matter they are presenting
- Resolve applicable faculty conflicts of interest when identified
- Adhere to the ACCME Standards of Commercial Support of CME and Charlotte AHEC Policies and Procedures
- Review all presentations to ensure they are free of commercial bias and trade names
- Sign all third party agreements for meeting space, food/beverage, etc.
- Assist Charlotte AHEC with all marketing efforts throughout the course of the partnership.
- Possibility of being reported by pharmaceutical companies under the Sunshine Act if receiving any commercial support (educational grants) or exhibitor funding.

Failure to comply with the above may result in no designation of credit or withdrawal of credit for an activity.

CME ACTIVITY COORDINATOR

The Activity Coordinator for a CME activity is responsible for assisting the Course Director with the educational activity in regards to the educational content and logistics. The Activity Coordinator should follow all of the Accreditation Council for Continuing Medical Education (ACCME) standards, including the 2004 ACCME Standards of Commercial Support: Standard to Ensure the Independence of CME Activities from commercial bias.

Responsibilities of the course coordinator include:

- Assist the Physician Course Director in all phases of activity coordination
- Coordinate all administrative aspects of the activity and coordinate with Charlotte AHEC CME regarding activity materials, and all other on-site logistics
  - Collect essential forms (disclosures, COIs, LOAs, etc.) and presentations from faculty and relevant individuals involved in the program
- Understand and adhere to the ACCME Standards of Commercial Support of CME and Charlotte AHEC Policies and Procedures

Failure to comply with the above may result in no designation of credit or withdrawal of credit for an activity.

Course Sponsorship

Carolinas Healthcare System/Charlotte AHEC is accredited by the ACCME to provide continuing medical education for physicians. As such, all Carolinas HealthCare System entities will be directly sponsored. All non-Carolinas HealthCare System entities will be considered a joint providership. All entities that are independently accredited to provide CME will be co-providers.

Be sure to list your Carolinas HealthCare System Department or non-Carolinas HealthCare System Organization.

Target Audience

Continuing Medical Education (CME) consists of educational activities that are designed and directed to serve the clinical and professional performance of practicing physicians. Those educational activities that are specifically directed to or developed for residents or medical students are not considered for designation of AMA PRA Category 1 Credit(s)™.

Charlotte AHEC will use what you submit in this section to better service your marketing needs. Be sure to provide the most accurate target audience and estimates.
**System Goals**
Directly sponsored programs (Carolinas HealthCare System) are strongly encouraged to incorporate one or more of the Carolinas HealthCare System Quality Goals and initiatives in the CME Activity.

**Activity Overview**
The main goal or abstract is a course description. It simply explains what the course is about. The Activity Overview is a broad educational statement fitting the mission and description of the course.

**Example 1:**
The overall objective and desired result is to improve the care of patients with chronic pain through improved education of and communication between physicians, mid-level providers, nurses, and therapists. The goal is a multi-disciplinary approach to pain management care meaning a full assessment of the patient (medical, emotional, psychosocial) followed by an individualized treatment plan and implementation from the variety of modalities appropriate to the individual needs of the patient. The American Academy of Pain Management Medicine (APPM) issued a position paper stating that pain medicine as it is currently practiced represents overly fragmented care that causes avoidable human suffering and societal expense. Improved education of those providers of the medical, physical, and psychological care of these patients will improve patient care in the individual disciplines as well as improve communication and understanding between disciplines, leading to less fragmented care. Educational opportunities such as these are very important to the membership and meeting attendees for continuing education and introduction to new developments in the field of pain management.

**Example 2:**
The focus of this Symposium will be to update sleep practitioners in the latest diagnostic and treatment options for sleep disordered breathing including portable monitoring (home sleep studies), dental devices, surgical therapies, and advanced airway pressure therapies. The content of the meeting will also highlight the association between sleep disorders and metabolic diseases. The symposium and associated topics are meant to enhance the field of sleep medicine as it is evolving.

Charlotte AHEC will use what you submit in this section as an abstract/description to market your program and communicate to your target audience what they should expect in the CME Activity.

**GAP ANALYSIS/ NEEDS ASSESSMENT**
The needs assessment identifies the specific activity content that will help close the practice gap. Activity Planners must explain the need for the CME activity or learning event that you are submitting. This is done by identifying a gap in clinical practice, which can be supported and/or explained with various types of evidence (expert, participant, or observed). A practice gap is when there is a discrepancy between “what is” and “what ought to be.”

**Example 1:**
(GAP) Audits of 10 CHS primary care practices revealed that only 2 qualified for NCQA certification in diabetes management. The purpose of this activity is to present the data and discuss our analysis of why this occurred and the processes of care to be modified. (NEED) We will discuss mechanisms and provide materials to assist these practices in improving performance to meet the goal of NCQA certification.

Reviewed: July 2016
Participants will be provided with tool kits and flowcharts for effective implementation of process changes within their departments.

In this example, the following would serve as excellent sources of needs assessment documentation:
- Abstracts of the charts audited and the deficiency (performance gap) detected.
- NCQA certification criteria for diabetes management.
- Copies of existing and proposed tools and flowcharts.

Example 2:
(GAP) The CHS Department of General Surgery is not presently in compliance with two core measures as established by the healthcare system. A desired result of this activity includes reducing the mortality rate for nosocomial infection in patients receiving mechanically assisted ventilation. In this example, the following would serve as excellent sources of needs assessment documentation:
- (GAP) Recent baseline mortality rate and length of stay data vs. national, regional, state or local rates.
- (NEED) Copies of screening tools to be development in assisting the consistently identification of high-risk patients for nosocomial pneumonias.

Medical literature and past program evaluations may also be provided to supplement the needs assessment data.

Charlotte AHEC requires at least two (2) examples of supporting documentation for each of your stated practice gaps. The source citation of the referenced document is not sufficient; we require the abstract or entire article. Electronic submission is encouraged.

Objectives
Activity planners should design content and learning objectives to illustrate what the participant should take away from their participation in the activity. Objectives are to be stated in specific and measurable terms. To assist you with this step, we have provided Bloom’s Taxonomy of learning domains. The Bloom Taxonomy has six levels of cognitive activity: Knowledge, Comprehension, Application, Analysis, Synthesis, and Evaluation. These outcome-illustrating verbs should be used to write proper educational objectives:

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Comprehension</th>
<th>Analysis</th>
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<tbody>
<tr>
<td>Cite</td>
<td>Associate</td>
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<tr>
<td>Count</td>
<td>Classify</td>
<td>Appraise</td>
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<td>Define</td>
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<td>Draw</td>
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<td>Identify</td>
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<td>List</td>
<td>Differentiate</td>
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<td>Point</td>
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<td>Quote</td>
<td>Explain</td>
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<td>Read</td>
<td>Explain</td>
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<tr>
<th>Application</th>
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<td>Apply</td>
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<td>Analyze</td>
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<tr>
<td>Calculate</td>
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<td>Complete</td>
<td>Compare</td>
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<tr>
<td>Demonstrate</td>
<td>Compute</td>
<td>Criticize</td>
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<tr>
<td>Dramatize</td>
<td>Contrast</td>
<td>Debate</td>
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<tr>
<td>Employ</td>
<td>Describe</td>
<td>Differentiate</td>
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<td>Examine</td>
<td>Differentiate</td>
<td>Discuss</td>
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<tr>
<td>Illustrate</td>
<td>Explain</td>
<td>Distinguish</td>
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Based on what you hope to accomplish, list at least three (3) objectives that the target audience should be able to address and improve upon successful completion of the course. Identify the level of outcome for each of your overall program’s objectives.

- **Competence:**
  Knowing how to do something, the ability to apply knowledge, skills, and judgment in practice
  - Ex) Apply national guidelines to management of antithrombotic therapy for VTE prophylaxis, VTE treatment and stroke prevention

- **Performance:**
  When the objective of the course is aimed for the participant to “do” in practice the intended goal
  - Ex) Decrease the risk of maternal and fetal morbidity associated with the perpartum complication of Shoulder Dystocia by implementing different techniques and maneuvers learned during the hands-on simulation session

- **Patient Outcomes:**
  When the objective of the course is aimed to improve patient status due to the participant’s behavior
  - Ex) Within the next 12 months, 85% of our diabetic patients will have documented A1c levels ≤ 7.0
ACGME/ABMS Competencies

CME activities should be developed in the context of desirable physician attributes.

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Interpersonal and Communication Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</td>
<td>that result in effective information exchange and teaming with patients, their families, and other health professionals</td>
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<thead>
<tr>
<th>Medical Knowledge</th>
<th>Professionalism</th>
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<td>about established and evolving biomedical, clinical, and cognate [e.g. epidemiological and social-behavioral] sciences and the application of this knowledge to patient care</td>
<td>as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population</td>
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<th>Practice-Based Learning and Improvement</th>
<th>Systems-Based Practice</th>
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<tr>
<td>that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care</td>
<td>as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value are that is of optimal value</td>
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Institute of Medicine Competencies

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<th>Provide patient-centered care</th>
<th>Apply quality improvement</th>
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<td>identify, respect, and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.</td>
<td>identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care, with the objective of improving quality</td>
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<tr>
<th>Utilize informatics</th>
<th>Work in interdisciplinary teams</th>
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<tbody>
<tr>
<td>communicate, manage knowledge, mitigate error, and support decision making using information technology.</td>
<td>cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable</td>
</tr>
</tbody>
</table>

Employ evidence-based practice—integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible

Educational Design

Educational strategies are any additional resources to be used that could enhance change in your learners as an adjunct to this activity. Examples include patient information packets, reminders, pocket guides, wall charts, resources, tool kits, or protocols, links to social networks, interactive web-based tools, etc. Identify any potential or real barriers, whether perceived or real, that may prevent the learners from achieving the expected changes as a result of this activity.

Desired Credit

In addition to AMA PRA Category 1 Credit™ Charlotte AHEC can apply for a variety of specialty and sub-specialty credit (e.g., AAFP, ACOG, Pharmacy, Nursing, Mental Health) for physicians, as well as continuing education units (CEU) and specialty credit for non-physician attendees (additional charges may apply). Contact Charlotte AHEC CME for more information.

Reviewed: July 2016
Disclosures

The Charlotte AHEC CME staff will determine the number of AMA PRA Category 1 Credits™ based upon the topics to be covered and the time allotted to each topic. Credit will not be awarded for time allocated to registration, breaks, or meals (provided no educational programming is taking place during the meal). It is the policy of Charlotte AHEC CME to ensure balance, independence, objectivity and scientific rigor in all of its educational activities. Any person who can control the content or influence the planning of CME must complete a Disclosure of Relevant Relationships form. This includes every member of the planning committee. Additionally, a member of the Charlotte AHEC CME staff must be involved in the planning of the event and invited to attend all planning committee meetings.

Every individual presenter MUST complete a Disclosure of Relevant Relationships form. The Physician Course Director is ultimately responsible for obtaining completed disclosure forms from every individual (speakers, moderators, planning committee members, etc) in a position to control the content of an educational activity. Financial or other relevant relationships in any capacity within the last twelve (12) months, as well as known financial or other relevant relationships with commercial interests (see definition below) of spouses or domestic partners must be disclosed. The opportunity to influence the content of CME about the products or services of a commercial interest with which there is a financial relationship constitutes a conflict of interest. Financial or other relevant relationships include but are not limited to: grants or research support; employment; consultant; stockholder; paid speaker or teacher (member of speaker’s bureau) or any other financial relationship.

Individuals who refuse to complete a Disclosure of Relevant Relationships will be disqualified from participation in the development, management, presentation, or evaluation of the CME activity.

Identifying and resolving conflicts of interest is the responsibility of the Physician Course Director. If a potential conflict is identified, steps must be taken to resolve the conflict before the individual’s participation is secured. If the conflict cannot be resolved, the Physician Course Director must disqualify the individual from participating in the CME activity. Methods to resolve a conflict include but are not limited to:

- Edit the slides or content to remove the material identified by the Physician Course Director as being inappropriate.
- Reassign duties so the individual’s role in planning does not affect educational content;
- Replace the topic to be presented by the individual to one in which a conflict does not exist;
- Limit the individual’s presentation to include areas of the topic that do not create a conflict;
- Change focus of topic so content is not about products or services of the commercial interest that are the basis of the conflict.
- Limit the individual’s presentation to data and results of research allowing another speaker to address implications and recommendations for clinical care.

Upon resolution of the conflict, a Conflict of Interest Resolution form should be completed. The Conflict of Interest Resolution form documents the resolution process and must be signed and submitted by the Physician Course Director to the Charlotte AHEC CME staff prior to the activity date. For more information on COI and COI resolution see the Charlotte AHEC CME Policies and Procedures manual.

Disclosure information must be shared with the audience prior to the educational program. Written disclosure can take place by including in the handout materials, by posting the announcement at the registration desk, or by including the announcement as the first slide in the presentation or as part of rolling slides running prior to the activity. Verbal disclosure can also be made by the program moderator or Physician Course Director as part of announcements but must be submitted to the CME department in one of the forms listed prior.

Evaluation

Describe ways in which you plan to evaluate the ability of your participants to demonstrate the desired objective outcome. A post-program evaluation is required and delivered by Charlotte AHEC immediately following the education activity, and three (3) months after the activity. Include any valuable information learned from evaluations from years prior.
Charlotte AHEC routinely surveys participants post-program, but effective activity evaluations should include other sources of feedback. Please consider providing opportunities for audience members to identify perceived deficiencies in the content or delivery of the program material. An inappropriate learning environment (loud noise from an adjacent room), improper educational design, poor audiovisuals or handouts, biased information, attempting to use a lecture format when small group work would have been more appropriate, etc. are issues that could significantly impact the ability of the activity to achieve its outcomes. Evaluation methods should provide this type of feedback, which should be used to make improvements to the educational activity.

Registration Fee Structure
If the program will incorporate a registration fee, indicate the fees to be charged. Many programs have tiered registration fees with higher fees for physicians and lower registration fees for residents, students, nurses, and technicians. Determination of registration fees is at the discretion of the planning committee and Physician Course Director and must abide by Stark Law. Contact Charlotte AHEC CME for more information or assistance if needed.

Commercial Support
A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Commercial interests cannot be joint providerships.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- 501-C Non-profit organizations (Note, ACCME screens 501c organizations for eligibility. Those that advocate for commercial interests as a 501c organization are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint providership, but they can be a commercial supporter.)
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For profit rehabilitation centers
- For-profit nursing homes
- Blood banks

Educational Grants
According to ACCME Standards and CME policies, any program receiving funds from educational grants must have a Letter of Agreement with Charlotte AHEC signed by the grant provider and the funds must flow through Charlotte AHEC. Charlotte AHEC is not responsible for the determination of the grant. Grant applicants use information from the approved CME Application to apply for all grants.

Exhibitors
Charlotte AHEC required a Letter of Agreement that must be signed before the start of the activity. Exhibitors themselves are allowed inside the education hall, provided they do not solicit participants. Exhibitors must set-up their display materials outside of the education hall.
Audio Visual
Charlotte AHEC’s offers many services such as event photography, webinar capabilities, AV equipment rental, setup, and/or operation by our audiovisual specialist staff. Please go to the following website to submit a request for service (The Medical Media team will contact you upon receiving your request via the website):
http://www.charlotteahec.org/ahec_medical_media/ahec_audiovisual_photography/forms.cfm

Budget
Provide a description of budget, checking all planned revenue sources that apply to this program. Include sources that the program is willing to work with. Include a copy of the proposed budget for the program.

Marketing and Advertising
A copy of the promotional material(s) will be sent at least two (2) months prior to the approved activity. Charlotte AHEC MUST approve all promotional materials BEFORE they are distributed. The Charlotte AHEC logo and ACCME Accreditation Statement MUST be included on promotional material. Check any markets that will be targeted while promoting the event.

Application Submission
Please type this application and submit the completed and signed copy by email to:

Christie Carpenter, Director, Continuing Medical Education
Christie.Carpenter@carolinashealthcare.org
Carolinas HealthCare System / Charlotte AHEC CME
Phone: (704) 512-7542

The Physician Course Director must sign and date the CME activity application. In doing so, he/she accepts financial responsibility for the activity on behalf of their organization for the program’s financial performance, agrees that he/she understands the relevant disclosure requirements, guidelines for management of commercial funds, if applicable, and ensures the ‘Instructions from the Podium’ form is signed and returned to Charlotte AHEC CME from each day of the activity.

Application Fee
All applications for AMA PRA Category 1 Credit ™ from Carolinas Healthcare System/Charlotte AHEC CME will be charged a $500 application fee which is non-refundable. Payment must accompany the application for consideration. If paying by check, payment should be made to: Charlotte AHEC, Attn: CME, P.O. Box 32861, Charlotte, NC 28232-2861.

In addition to the Application Fee, there will be a Per Participant Fee based on the number of hours we are able to designate for credit, and a Planning Fee which will cover Charlotte AHEC staff time dedicated to the planning of this event (registration, creating an evaluation and certificate, awarding credit, marketing development and distribution, contacting speakers, coordinating exhibitors, applying for educational grants, etc).