

CATEGORY 1 CME PROPOSAL PACKAGE

Please turn in the following checklist of documents, via electronic format to Renee Veksler, the Acting Education Department Coordinator. CME proposals are forwarded to the CME Committee for consideration.

1. Signed Faculty disclosure document
2. Current Curriculum Vitae
3. Disclosure statement of funding sources and budget
4. Completed Needs Assessment Form
5. Copy of Powerpoint Slides and handouts. If there will be no powerpoint, provide lecture notes and an outline.
6. Post-test CME event Questionnaire

Our fees: Please be informed that our fee for Continuing Medical Education contact hours is \$250.00 for the first contact hour and \$150.00 for each subsequent hour. Fees are not required for mandatory Guam Memorial Hospital in-house skills updates and inservices.

Payment can be made through the GMHA cashier at the first floor, and the receipt brought to the Education department. All fees and documents need to be submitted **at least one month (30 days) prior the date of the CME offering.**

The CME Committee has developed 7 main criteria for activity consideration:

- 1) Activity satisfies our Mission statement ?
- 2) Activity fulfills the Needs Assessment ?
- 3) Activity features a qualified speaker ?
- 4) Has activity satisfied disclosures and conflicts of interest ?
- 5) Does CME Committee approve educational curriculum ?
- 6) Does the activity fit our target audience ?
- 7) Did CME Committee participate in planning phase ?

The mission of Guam Memorial Hospital Authority's Category I CME program is to promote continuous improvement in patient care by providing educational activities for clinicians in the Asia Pacific region. To maintain Category I CME accreditation with the Hawaii Medical Association, the CME committee has adopted the ACCME guidelines for the evaluation of Category 1 CME proposals.

Revised: 1-13-2009

FACULTY DISCLOSURE STATEMENT

It is the policy of the Guam Memorial Hospital Authority (GMHA) to ensure objectivity and scientific rigor in all Category I CME activities. In accordance with ACCME guidelines, all speakers are expected to disclose any real or apparent conflict(s) of interest with a direct bearing on the subject matter of the CME event. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers or other corporate sponsorship. The intent of this policy is to avoid any potential conflict or identify a known conflict openly so that the listeners may form their own opinion. I understand that I am required to disclose when products are not labeled for use or are still investigational.

Presentation Title:		
Intended Audience:		
Speaker:		
E-mail of Speaker or contact person:		
Curriculum Vitae Enclosed: Already sent [] Yes [] On file		
Date:	Time:	Place:
Type of CME Event:		
<input type="checkbox"/> Grand Rounds <input type="checkbox"/> GMA <input type="checkbox"/> GMS <input type="checkbox"/> Recurrent lecture series <input type="checkbox"/> Qtrly. Med.Staff Mtg. <input type="checkbox"/> Other:		

My spouse and I have no actual or potential conflict of interest or bias in relation to this program or presentation.

Signature

Date

Please disclose the sources of funding for this Category I CME Proposal and disclose your budget for the activity.

Affiliation/Financial Interest	Name of Organization(s)	If NONE, please check:
Local Organization		<input type="checkbox"/>
	<input type="checkbox"/> GMA <input type="checkbox"/> GMS <input type="checkbox"/> Other:	
Grant/Research Support		<input type="checkbox"/>
Owner/Employee		<input type="checkbox"/>
Other Financial Support		<input type="checkbox"/>
Other Material Support		<input type="checkbox"/>
	Amounts:	
Budget: 1) GMH CME Fees	\$	<input type="checkbox"/>
2) Travel expenses	\$	<input type="checkbox"/>
3) Honorarium	\$	<input type="checkbox"/>
4) Per diem expenses	\$	<input type="checkbox"/>
Total:	\$	<input type="checkbox"/>

Signature

Date

Your cooperation in complying with this standard is appreciated. Please return this form as soon as possible to the GMH Education Department. Thank you.

Guam Memorial Hospital Authority Education Department
Continuing Medical Education/Continuing Education Program

NEEDS ASSESSMENT FORM FOR CATEGORY 1 CME

Presentation Title:
Describe the professional practice gap(s) that this activity will address:
<hr/> <hr/>
NOTE: The ACCME defines a professional practice gap as “the difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional knowledge.”
This activity is primarily designed to change _____? (Check all that apply)
<input type="checkbox"/> Competence <input type="checkbox"/> Performance in Practice <input type="checkbox"/> Patient Outcomes

Types of Needs Assessments		
Select at least 3 methods (all cannot be from the same category)		
Expert Needs	Participant Needs	Observed Needs
<input type="checkbox"/> Planning committee	<input type="checkbox"/> Previous related evaluation summary	<input type="checkbox"/> Analyses from your Medical Records
<input type="checkbox"/> Departmental chair	<input type="checkbox"/> Focus panel discussion/interviews	<input type="checkbox"/> Hospital/clinic QA analyses
<input type="checkbox"/> Activity faculty	<input type="checkbox"/> Needs Assessment Survey	<input type="checkbox"/> Other clinical observances
<input type="checkbox"/> Expert panels	<input type="checkbox"/> Other requests from physicians	<input type="checkbox"/> Mortality/morbidity data
<input type="checkbox"/> Peer-reviewed literature	<input type="checkbox"/> Survey of target audience	<input type="checkbox"/> Epidemiological data
<input type="checkbox"/> Research findings	<input type="checkbox"/> Current Practice Environment	<input type="checkbox"/> National clinical guidelines
<input type="checkbox"/> Required by a medical school authority	<input type="checkbox"/> Previous Program Evaluations	<input type="checkbox"/> Specialty society guidelines
<input type="checkbox"/> Required by governmental authority/regulation/law	<input type="checkbox"/> Research	<input type="checkbox"/> Data analyses
<input type="checkbox"/> Special Society Request	<input type="checkbox"/> Leadership	<input type="checkbox"/> Patient safety
<input type="checkbox"/> Committee on Med Education	<input type="checkbox"/> Economic Trends	<input type="checkbox"/> New Diagnostic/Therapeutic Modalities
<input type="checkbox"/> Infection Control Info	<input type="checkbox"/> Professional development	<input type="checkbox"/> Risk Management Assessment
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Ethical Issue
		<input type="checkbox"/> Other hospital committees: <input type="checkbox"/> Infection Control, <input type="checkbox"/> P&T, <input type="checkbox"/> MEC, <input type="checkbox"/> Special Services
		<input type="checkbox"/> Other:

CLINICAL COMPETENCY CORE CURRICULUM

Of the competencies listed below, please indicate the primary and secondary attribute related to this activity topic. Primary _____ Secondary _____

1) Compassionate, Appropriate & Effective Patient Care 4) Medical Knowledge
 2) Practice-Based Learning & Improvement 5) Professionalism
 3) Interpersonal & Communication Skills 6) Systems-Based Practice

Learning Objectives: Please list what learners will be able to do after they participate in the activity? (Please refer to Appendix A, Writing Clear Learning Objectives tips .)

At the conclusion of this activity participants will be able to:

1	
2	
3	
4	

Post-test CME event Questionnaire. The purpose is to assess changes in clinical competency based on the Learning Objectives.

Instructions: Please prepare 5 questions regarding the ‘take home message’ of your presentation. Please refer to Appendix A, Post Category I CME Event Test Question Examples.

Action taken by the GMHA CME COMMITTEE

Approved for _____ hour(s)
 Verified by: _____ Date _____
 Renee Veksler, GMHA CME Coordinator

Writing Clear Learning Objectives

Appendix A

Examples of verbs to use when writing objectives:

Knowledge	Comprehension	Application	Analysis	Synthesis	Evaluation
Define	Explain	Apply	Analyze	Design	Critique
Describe	Give examples	Demonstrate	Classify	Diagnose	Establish
Identify	Summarize	Perform	Determine	Organize	Evaluate
Recall		Practice	Differentiate	Plan	Measure

Recognize Select		Present use		Propose Relate	Rate Recommend
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Examples of verbs to avoid when writing objectives:

Understand	be familiar with	appreciate	experience	believe
Learn	be aware of	know	acknowledge	enjoy

Post Category I CME Event Test Question Examples

1. The single-most frequent cause of chronic renal failure is:
 - a. Hypertension
 - b. Polycystic Kidney Disease
 - c. Glomerulonephritis
 - d. Diabetes mellitus
 - e. Analgesic abuse

2. Weight gain is often the most difficult antipsychotic side effect to manage:
 - a. True
 - b. False

3. In regards to [Learning Objective #1], will you make any changes or updates in your practice:
 - a. Yes
 - b. No

4. Based on your participation in this CME activity, what new elements of [Insert Topic] do you plan to implement in your practice? (Circle all that apply)
 - a. [Learning Objective #1]
 - b. [Learning Objective #2]
 - c. [Learning Objective #3]
 - d. [Learning Objective #4]

5. Please assess your knowledge of (*fill in topic*) before attending this CME activity and now after attending the event.

<u>Knowledge level:</u>	<u>none</u>	<u>some</u>	<u>high</u>	<u>very high</u>
Before Program:	_____	_____	_____	_____
After Program:	_____	_____	_____	_____