

Northeast Ohio Medical University Office of Interprofessional Continuing Education

Interprofessional Continuing Education Application

This form collects all information necessary to plan and develop a proposed Continuing Educational activity. Completion of all sections of this form is necessary to meet accreditation requirements. **New applications must be received at least 30 days prior to the event.** Contact Wendy Withey, Director, Interprofessional Continuing Education, at wwithey@neomed.edu if you have questions.

Alignment with NEOMED CPD Mission Statement

NEOMED creates transformational leaders and improves health. The Office of Interprofessional Continuing Education (IPCE) drives NEOMED's mission forward by providing the healthcare team access to evidence-based practice information contributing to the improved knowledge, competence, performance, and enhanced health care outcomes for the patient populations they serve.

Which of the following aspects of the mission statement is this activity designed to maintain, develop or increase? (Check all that apply)

- Knowledge
- Skills/Strategy
- Performance

NAME OF TRAINING:

Only if using the NEOMED CE Portal: This will be the "Conference Series" in EEDs. Please use this naming convention in the title of all emails regarding future training events/sessions under this CE application. Please save your application as "20XX-20XX - NAME OF Training" before sending to the CE office.*

Number of Credit Hours Requested:

Date event starts (mm/dd/yyyy):

Date event ends (mm/dd/yyyy):

(IF an RSS*, please attach or submit a separate document with the dates, topic, and speaker with the application)

Location of training:

Instructor(s):

Name and contact information of person completing this application:

First name, Last name, Credentials	
Professional title/Academic rank	
Email	
Phone	

Name & degree(s) of program/activity director* (if different from above). Please note: a physical signature is not required. However, the electronic submission of this application for review indicates you have obtained the necessary authorization to produce this educational activity.

First name, Last name, Credentials	
Professional title/Academic rank	
Email	
Phone	

Joint Providers please provide type of organization:

CE Credit you are applying for:

- ACCME- Medicine Credit (AMA PRA 1)
- Nursing Credit (Ohio Nursing Assoc.)
- Social Work
- Counselor
- Psychologist (in partnership with Ohio Psychology Association)
- Ohio Chemical Dependency Professionals (additional fee)
- Other (please list):

Type of Activity:

- Regularly Scheduled Series:** A Regularly Scheduled Series (RSS) is an activity that plans to have a series with multiple sessions; occurs on an ongoing basis (offered regularly weekly, monthly, or quarterly); and sessions are primarily planned by and presented to the accredited organization's professional staff. RSS are approved for one year.
- Enduring Materials** (Online content offered over the course of one year)
- Webinar** (Zoom/GoToMeeting)
- Live Course** (symposium, workshop, conference etc.)

Who are your planners? Every program shall have review and/or input by a representative of each discipline for the CE requested. If you are applying for CE in one or more these disciplines, the planning committee should have at least one member from each of the disciplines. In the space below, list the planning committee members. Please see the Consent Form for Planning Committee Members on the web page and return each member's form with the application.

Name	Credentials	Role in Planning (ie: course director, committee member)	Email

Who identified the speakers and topics? (select all that apply)

- Course Director
- CME Associate
- Planning Committee
- Other:

What criteria determined the selection of speakers (select all that apply)?

- Subject matter expert Experience in CME
 Excellent teaching skills/effective communication Other:

Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics?

- No Yes, please explain. There will be additional documents that will need completed.
Do not sign any agreements until a conversation is had with the Office of CPD

Will this activity receive commercial support?

- No Yes, please explain. There will be additional documents that will need completed.
Do not sign any agreements until a conversation is had with the Office of CPD

Interprofessional collaborative practice is key to safe, high quality, patient-centered care. Please consider how you can plan this as an interprofessional activity. Who will be your learners?

- Physicians Pharmacists Physician Assistants
 RN/LPN Nurse Practitioner Social Worker/Counselor/Psychologist
 Other (please specify):

Indicate the desirable *physician attribute(s)* (i.e., competencies) this activity addresses.

- Patient Care and Procedural Skills Provide Patient-centered Care Medical Knowledge
 Values/Ethics for Interprofessional Practice Work in Interdisciplinary Teams Roles/Responsibilities
 Practice-based Learning and Improvement Employ Evidence-based Practice Apply Quality Improvement
 Interprofessional Communication Utilize Informatics Teams and Teamwork
 Professionalism Interpersonal & Communication Skills Systems-based Practice

Specialty

- All specialties Anatomy & Neurobiology Anesthesiology Behavioral Health
 Dermatology Emergency Medicine Family Medicine Geriatrics
 Internal Medicine Neurology OB/GYN Ophthalmology
 Orthopedics Pathology Pediatrics Pharmacy
 Pharm. Science Psychiatry Public Health Oncology
 Radiology Surgery Other (please specify):

8. Learning Objective(s): What should a learner be able to demonstrate in terms of new knowledge, competence or performance after the activity? Write the objectives in measurable terms. **AVOID using terms such as understand; know; or learn. Acceptable verbs to use include, but are not limited to: define, describe, recognize, compare, contrast, distinguish, etc.** A minimum of three objectives are required.

After this activity, the participant will be able to:

Objective 1:

Objective 2:

Objective 3:

Please indicate the data sources that brought the need for this activity to your attention. Select all that apply and provide supportive documentation for all sources identified below (required).

If you cannot provide documentation, do not check that source.

- Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews. Sources of documentation include: audit reports, chart reviews
- Discussion in departmental meetings. Sources of documentation include summary of meeting minutes showing information discussed was related to areas of educational need/topic of interest.
- Ongoing review of recurring diagnoses made by physicians on staff. Sources of documentation include summary of notes, minutes of meetings.
- There must be data from peer-reviewed journals; government sources; consensus reports provided. Sources of documentation include abstracts/full journal articles; government produced documents describing educational need and physician practice gaps (a bibliography of sources is adequate; you do not have to send the entire article).
- Advice from authorities in the field or relevant medical societies. Sources of documentation include list of expert names/medical societies and credentials.
- Review of board examinations and/or re-certification requirements. Sources of documentation include board review/update requirements.
- Formal or informal requests or surveys of the target audience, faculty or staff. Sources of documentation include summary of requests/surveys. Must show information related to areas of educational need/topic of interest.
- Other (please specify):

Educational Formatting Tips

CE Activities can be presented in many formats. The objective is to **be creative** and use a variety of teaching methods to address the various learning styles of the audience. Some people learn by listening and watching, others by doing. Be cognizant of the different learning styles across the generations.

Active learning is essential to any continuing education activity. Pose questions at the beginning of a presentation to stimulate the audience about the topic at hand. Assemble small groups that will report back to the larger group at some point in the lecture. When breaking into small groups, be intentional in assigning the groups. If the activity is interprofessional, be certain each profession has at least one member in the group.

Do not try to encompass the entire subject. Focus on the outcomes. Verify understanding and explain/discuss the correct answer while discussing why other answers were incorrect.

Depending on the length of the activity you can use teaching tools such as case presentation and discussion, lectures, small group activities, think-pair-share, interactive panel discussions, mini-case discussions, etc. It also helps to vary the instructors within a program.

In addition to the above, CE activities can be designed for synchronous or asynchronous self-paced learning.

Learning strategies:

- 1. Please list the educational approaches that you will use to provide your content.**
Examples include didactic lecture, panel discussion, simulation/skills lab, case presentations, multimedia (video/audio), round-table discussion, and Q & A session:

- 2. Explain why this educational format is appropriate for this activity and how it will result in the desired outcome: (C5)**

- 3. What tools will you include or provide for the learners in order to enable them to implement the learning into practice?**
 - Patient education materials
 - Supplemental such as pocket reminder cards; emails or newsletter reminding/reinforcing strategies, etc.
 - None
 - Other (please specify):

4. What potential barriers do you anticipate attendees may have incorporating this learning?

Select all that apply.

- Lack of time to assess or counsel patient support/resources
- Lack of administrative
- Insurance/reimbursement issues guidelines
- Lack of consensus on professional
- Cost
- No perceived barriers
- Other (please specify):

5. Evaluation, Learner Assessment, and Outcomes: How will you measure whether your program has met its objectives? How will you formally assess the learner? Templates can be provided if needed.

SATISFACTION	KNOWLEDGE	ATTITUDE	PRACTICE
<input type="checkbox"/> Post session written evaluation – see checklist for required questions.	<input type="checkbox"/> Quiz using audience response	<input type="checkbox"/> Survey	<input type="checkbox"/> Survey
<input type="checkbox"/> Email follow-up survey <input type="checkbox"/> Summary of lesson points provided to the learners at the end of the session	<input type="checkbox"/> Assessment in the form of a reflective statement <input type="checkbox"/> Cases	<input type="checkbox"/> Interview <input type="checkbox"/> Assessment in the form of a reflective statement	<input type="checkbox"/> Chart Audit <input type="checkbox"/> Assessment in the form of a reflective statement
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Other (please specify)

Submit the following required ADDITIONAL ITEMS with the application:

- If a Regularly Scheduled Series, please attach a document with the dates, topic, and speaker
- Agenda with timeframes – if the agenda changes please send revised as soon as possible.*
- Bios and CVs of presenters*
- Completed Disclosures from: Planning Committee and Each Speaker*
Check here if this is managed in eeds
- Marketing Materials – if any, as there is specific verbiage that must be used when announcing CE credit that will be provided in the approval letter.
- IPCE Consent Form for each Planning Committee Member - attached to Disclosure Form.

POST PROGRAM Documentation:

- Activity Attendance
- Summarized Evaluation
- PowerPoints, Handouts, other materials shared at training event

Tool tips indicated by *