****

**Basic Information**

[**Activity N****ame:**](#Activityname) Click or tap here to enter text.

**What medical profession(s) do you expect to be in your audience?**

|  |  |
| --- | --- |
| **MD/DO** | **Social Worker** |
| **RN/NP** | **Psychologist** |
| **PA** | **Pharmacists** |
| **Pharmacy Technicians** | **Optometric Practitioner** |
| **DMD/DDS** | **Other** |

**Was this activity planned by the healthcare team, for the healthcare team?**

|  |  |
| --- | --- |
| Yes | No |

|  |  |  |
| --- | --- | --- |
| In-Person | Livestreamed | ☐ Asynchronous Online |

[**Activity Format:**](#Activitytype)Choose an item.

[**Delivery Method:**](#Activitydescription)

[**Department:**](#Department)Click or tap here to enter text.

**[Activity Description:](#Activitydescription" \o "This description appears to the attendees when viewing this activity in the Attendee Portal. Required to create the activity in CloudCME.)** Click or tap here to enter text.

**© Have you considered potential copyright issues for the education materials you will be using?**

**Need guidance? Please navigate to the MaineHealth Library resources to check out the Fair Use Checklist tab. (**[Welcome - PubHub: Resources for Getting Published - MaineHealth Library at MaineHealth](https://library.mainehealth.org/friendly.php?s=PubHub))

[**Type of Credit Requested:**](#CreditType)

|  |  |
| --- | --- |
| **AMA PRA Category 1 Credits** | **Non-Physician Attendance** |
| **ABM MOC Part 2** | **ANCC - American Nurses Credentialing Center** |
| **ABP MOC Part 2** | **General Attendance** |
| **ABA MOC Part 2** | **Non-CME Credit** |
| **Class A CE Credits** | **MOC ABPath** |
| **IPCE – Interprofessional Continuing Education** | **ASWB – Social Work** |
| **ACPE – Pharmacy** | **APA (American Psychological Association)** |
| **AAPA – American Academy of Physician Assistant ENDURING MATERIAL** | **AAPA – American Academy of Physician Assistant LIVE ACTIVITY** |
| **Opioid Analgesic Risk Evaluation and Mitigation Strategy (REMS)** | **CST-Certified Surgical Technologists** |
| **CDR-Commission on Dietetic Registration** | **CSFA-Certified Surgical Assistant RD/DTR** |
| **RD/DTR** |

[**Enter the number of credits or contact hours that you are requesting to be awarded to the activity (Enter 0 if none):**](#Creditamount)Click or tap here to enter text.

**[Location (building/facility/conference room/online) City & State (Live only):](#Location" \o "Enter where the activity will occur.  If done through the internet, enter \"online.\" )** Click or tap here to enter text.

**[Start date of activity:](#Startdate" \o "Enter the date the activity will begin.)** Click or tap to enter a date.

**[End date of the activity:](#Enddate" \o "Enter the date the activity will end.)** Click or tap to enter a date.

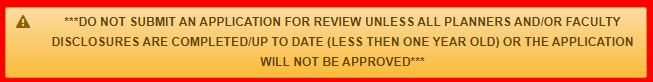
**[Start and end time of activity:](#Startime" \o "Enter the time the activity will start. Example: 12:30pm)**

|  |  |
| --- | --- |
| Start Time: | End Time: |

**Planners and Faculty**

The planning committee should represent your audience. As an example, if you plan to have both MDs and RNs in your audience the planning committee should have at least one of each of those profession types.

All Faculty must have an up to date annual Conflict of Interest form completed and if applicable a Conflict Resolution Form completed if there are Conflicts noted.



* [**Instructions for Filling out the Joint Accreditation Conflict of Interest Form**](https://mainehealth.cloud-cme.com/assets/mainehealth/pdf/Conflict%20of%20Interest%20Form%202022.pdf)
* [**Conflict Resolution Form**](https://mainehealth.cloud-cme.com/assets/mainehealth/pdf/Conflict%20of%20Interest%20Form%202022.pdf)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Email | First & Last Name | Degree | Profession | Role in Planning the Content | External Faculty | Up to date Conflict of Interest Disclosure |
|  |  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |
|  |  |  | Choose an item. | Choose an item. | Choose an item. | Choose an item. |

[**Independence in Accredited Continuing Interprofessional Development (Joint Accreditation Criterion 12)**](#Independance)

Have all individuals who control the content of the activity (e.g., planning committee, faculty) completed a Conflict of Interest (COI) Disclosure, disclosing all relevant financial relationships?

|  |  |
| --- | --- |
| Yes, the Disclosures have been completed within CloudCME and are less than a year old and/or the JA COI Disclosure Form(s) are uploaded to CloudCME | No, we acknowledge an activity cannot occur until all CloudCME and/or JA COI forms are completed and we will ensure all JA COI Disclosure forms are uploaded to CloudCME **before** the start of the activity |

If there are relevant financial relationships, have you documented the steps taken to mitigate these financial relationships?

|  |  |
| --- | --- |
| Yes, this documentation is uploaded to CloudCME | No, we acknowledge an activity cannot occur until all Conflict Resolution Forms are completed and we will ensure all Conflict Resolution Forms are uploaded to CloudCME **before** the start of the activity |
| There are no Relevant Financial Relationships |

How is the written disclosure of financial relationships provided to learners before they engage in an activity?

* **You will be provided with a PowerPoint Slide upon approval of your application**

|  |  |
| --- | --- |
| We will use the provided PowerPoint Slide | We will direct the learners to a Website displaying this information |

**Gaps and Needs**

**[State the professional practice gap(s) of your learners in which the activity was based.](#GapAnaysis" \o "A gap analysis compares actual practice performance/outcome with intended practice performance/outcome.) (100 words Max)**

* [**How do I complete a needs or gap analysis?**](https://mainehealth.cloud-cme.com/assets/mainehealth/pdf/How%20to%20fill%20out%20needs-gap%20analysis.pdf)

Click or tap here to enter text.

[**State the educational need(s) that you determined to be the cause of the professional practice gap(s):**](#Eductionalneeds)

**Knowledge need**

**Add more detail based on the Knowledge need (50 words max):**

Click or tap here to enter text.

**Skill/Strategy need**

**Add more detail based on the Skill/Strategy need (50 words max):**

Click or tap here to enter text.

**Performance need**

**Add more detail based on the Performance need (50 words max):**

Click or tap here to enter text.

**[State what this CE activity was designed to change in terms of learners’ skills/strategy or performance of the healthcare team or patient outcomes (50 words max):](#Eductionalchange" \o "This will need to be answered if you have chosen this activity to address a Skill/Strategy and/or Performance need.)**

Click or tap here to enter text.

**[Explain how this activity matches the healthcare team’s current or potential scope of professional activities (25 words max):](#Eductionalpotential" \o "This must be filled out for application approval.)**

Click or tap here to enter text.

**[Explain why this educational format is appropriate for the setting, objectives and desired results of this activity (25 Words max):](#Eductionalsetting" \o "This must be filled out for application approval.)**

Click or tap here to enter text.

**[Will you be providing non-educational intervention(s) with this activity?](#Noneducationalinterventions" \o "Examples: Patient reminders, pocket guidelines for physicians, poster and signs, or stickers.)**

|  |  |
| --- | --- |
| Yes | No |

**[Needs Assessment:](#Needsassessment" \o "Type(s) of needs assessment methods used to plan this event.  you must choose at least one.)**

|  |  |
| --- | --- |
| Evidence-based, peer reviewed literature | Formal or informal survey results of target audience, faculty or staff |
| Outcomes data that supports team-based education | Discussions in departmental meetings |
| Quality care data | Government sources or consensus reports |
| Issues identified by colleagues | Board examinations and/or re-certifications requirements |
| Problematic/uncommon cases | New technology, methods or diagnosis/treatment |
| Ongoing consensus of diagnosis made by physician or staff | Legislative, regulatory, or organizational changes impacting patient care |
| Advice from authorities of the field or societies | Joint Commission Patient Safety Goal/Competency |

**[Barriers:](#Barriers" \o "Please select all barriers that apply to this activity.)**

**Provider Barriers:**

|  |  |
| --- | --- |
| Clinical knowledge/Skill/Expertise | Motivation |
| Recall/Confidence/Clinical Inertia | Cultural Competence |
| Peer Influence | Fear/Legal Concerns |

**Team Barriers:**

|  |  |
| --- | --- |
| Roles and Responsibilities | Team Structure |
| Shared Values and Trust | Competence |
| Communication | Consensus |

**Patient Barriers:**

|  |  |
| --- | --- |
| Patient Characteristics | Patient Adherence |

**System/Organization Barriers:**

|  |  |
| --- | --- |
| Work Overload | Cost/Funding |
| Practice Process | Insurance Reimbursement |
| Referral Process | Culture of Safety |

**Other Barriers:**

|  |  |
| --- | --- |
| Lack of Opportunity | Not Enough Time |

**[Please explain how the identified barriers will be addressed?](#Barriersaddressed" \o "This must be filled out for application approval.)**

Click or tap here to enter text.

**Objectives, learning outcomes and Competencies**

**[Joint Accredited Objectives:](#JointAccreditiedobjectives" \o "What do you expect your participants to be able to do as a result of participating in this activity?  You must have at least one, but can list up to 20 objectives/learning outcomes.)**

* [**Writing Great learning Objectives**](https://mainehealth.cloud-cme.com/assets/mainehealth/pdf/Writing%20Learning%20Objectives.pdf)

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |

**[Outcomes:](#Outcomes" \o "Automatically this application will utilize MaineHealth's Electronic CloudCME Evaluation that has been approved by the CIPD Advisory Committe.)**

Outcomes are not required for application approval. However, if any are selected, and the activity is audited, the expectation would be for the activity planning committee to be able to show outcome data gathered.

**Learner/Team Competence: (Learner/Team shows how to do):**

|  |  |
| --- | --- |
| Objective measurement (e.g., observed, tested) | Subjective measurement (e.g., self-reported) |

**Learner/Team Performance (Learner/Team demonstrates in in practice):**

|  |  |
| --- | --- |
| Objective measurement (e.g., observed, tested) | Subjective measurement (e.g., self-reported) |

**Patient Health (Effects of what learner/team has done for a few):**

|  |  |
| --- | --- |
| Objective measurement (e.g., observed, tested) | Subjective measurement (e.g., self-reported) |

**Community/Population Health (Effects of what learner/team has done for many):**

|  |  |
| --- | --- |
| Objective measurement (e.g., observed, tested) | Subjective measurement (e.g., self-reported) |

**Learner Knowledge will also be measured for this activity:**

|  |  |
| --- | --- |
| Objective measurement (e.g., observed, tested) | Subjective measurement (e.g., self-reported) |

[**Competencies:**](#Competencies)

**ACGME/ABMS:**

|  |  |
| --- | --- |
| Patient Care or Procedural Skills | Interpersonal & Communication Skills |
| Medical Knowledge | Professionalism |
| Quality Improvement | System-Based Practice |
| Practice-Based learning and Improvement |

**Institute of Medicine:**

|  |  |
| --- | --- |
| Provide Patient-Centered Care | Apply Quality Improvement |
| Work in interdisciplinary Teams | Utilize Informatics |
| Employ Evidence-Based Practice |

**Interprofessional Education Collaborative:**

|  |  |
| --- | --- |
| Values/Ethics for Interprofessional Practice | Interprofessional Communication |
| Roles/Responsibilities | Teams and Teamwork |

[**AMA PRA Skills and Procedures:**](#AMAPRA)

|  |  |
| --- | --- |
| Verification of Attendance | Verification of proctor Readiness |
| Verification of Satisfactory Completion of Course Objectives | Verification of Physician Competence to perform the Procedure |

[**Nursing Quality Outcome Measures:**](#NursingQualityOutcomeMeasures)

|  |  |
| --- | --- |
| Professional practice Behaviors | High Quality Care Based on Best Available Evidence |
| Leadership Skills | Improvement in Nursing Practice |
| Critical Thinking Skills | Improvement in Patient Outcomes |
| Nurse Competence | Improvement in Nursing Care Delivery |

**[CAPE & PTCB Competencies:](#CAPEPTCBCompetencies" \o "If offering credits for Pharmacists (CAPE) please select all that apply and/or if offering credit for Pharmacy Technicians (PTCB) please select all that apply)**

**CAPE Competencies:**

|  |  |  |
| --- | --- | --- |
| Learner | Problem Solving | Communication |
| Practice-Centered Care | Educator | Self-Awareness |
| Medication Use Systems | Patient Advocacy | Leadership |
| Health and Wellness | Interprofessional Collaboration | Innovation and Entrepreneurship |
| Population-Based Care | Cultural Sensitivity | Professionalism |

**PTCB Competencies:**

|  |  |  |
| --- | --- | --- |
| Pharmacology for Pharmacy Technicians | Pharmacy Quality Assurance | Pharmacy Information Systems Usage |
| Pharmacy Law and Regulations | Medication Order Entry and Fill Process | Verbal Communication Skills for Pharmacy Technicians |
| Sterile and Non-Sterile Compounding | Pharmacy Inventory Management |
| Medication Safety | Pharmacy Billing and Reimbursement |

**Commercial Support**

[**Commercial Support:**](#Commercialsupport)

* **If the learning activity is receiving commercial support you must reach out to the CIPD team to discuss:** [**CloudCMEHelp@mainehealth.org**](mailto:CloudCMEHelp@mainehealth.org)

**Is this activity receiving commercial support?**

|  |  |
| --- | --- |
| Yes | No |

**Commendation Criteria**

**[Joint Accreditation Commendation Criteria:](#JointAccreditiedobjectives" \o "Please select all that apply if applicable.  Any that are chosen, if audited, will require you to show collected data.)**

* [For further information regarding Joint Accreditation Commendation Criteria](http://cloud-cme.com/joint-accreditation-commendation-criteria)

|  |  |
| --- | --- |
| JAC13 The provider engages patients as planners and teachers in accredited IPCE and/or CE | JAC22 The provider creates and facilitates the implementation of individualized learning plans |
| JAC14 The provider engages students of the health professions as planners and teacher in accredited IPCE and/or CE | JAC23 The provider demonstrates improvement in the performance of healthcare teams as a s result of its overall IPCE program |
| JAC17 The provider advances the use of health and practice data for healthcare improvements | JAC24 The provider demonstrates healthcare quality improvement achieved through the involvement of its overall IPCE program |
| JAC18 The provider identifies and addresses factors beyond critical care (e.g., social determinants) that affect the health of patients and integrates those factors into accredited IPCE and/or CE | JAC25 The provider demonstrates the positive impact of its overall IPCE program on patients or their communities |
| JAC20 The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize communication skills of learners |  |
| JAC21 The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize technical and procedural skills of learners |  |