**Basic Information**

[**Activity N****ame:**](#Activityname)

Click or tap here to enter text.

**[Activity Type:](#Activitytype" \o "Select a type for this activity)**

**RSS (Regularly Scheduled Series)**

**[Department:](#Department" \o "Enter the department in which this activity belongs.)**

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.

**[Type of Credit Requested:](#CreditType" \o "The type or types of credits this activity awards.  Required to create the activity in CloudCME.)**

|  |  |
| --- | --- |
| [ ]  **AMA PRA Category 1 Credits** | [ ]  **Non-Physician Attendance** |
| [ ]  **ABM MOC Part 2** | [ ]  **ANCC - American Nurses Credentialing Center** |
| [ ]  **ABP MOC Part 2** | [ ]  **Class A CE Credits** |
| [ ]  **ABA MOC Part2** | [ ]  **General Attendance** |
| [ ]  **MOC ABPath** | [ ]  **Non-CME Credit** |

**[Enter the number of credits or contact hours that you are requesting to be awarded to the activity (Enter 0 if none):](#Creditamount" \o "Enter the maximum number of credits/contact hours you are requesting.  Must be in multiples of 0.25)**

Click or tap here to enter text.

**[Location (building/facility/hotel/conference room/online) City and State:](#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:  |
| Series Type: Choose an item. | If Other: Click or tap here to enter text. |
| RSS Frequency: Choose an item. | [How will this recur:](#Recur" \o "i.e. the 16th of every month or the 3rd Tuesday every other month) Click or tap here to enter text. |

[**Target Audience:**](#TargetAudience)

Click or tap here to enter text.

**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.

* **I**[**nstructions on how to complete the CloudCME Conflict of Interest**](file:///%5C%5CZEUS%5CVol2%5CDepts%5CMED%5CMEDED_SHARED%5CCME%20Folder%5CHow%20To%27s%5CCompleting%20your%20Annual%20CloudCME%20Disclosure.pdf) **(preferred)**
* [**Instructions for Filling out the Joint Accreditation Conflict of Interest Form**](file:///%5C%5CZEUS%5CVol2%5CDepts%5CMED%5CMEDED_SHARED%5CCME%20Folder%5CHow%20To%27s%5CJA%20COI%20Form%20March%2016%202020.pdf)
* [**Conflict Resolution Form**](file:///%5C%5CZEUS%5CVol2%5CDepts%5CMED%5CMEDED_SHARED%5CCME%20Folder%5CHow%20To%27s%5CConflict%20Resolution%20Form%209-8-20.pdf)

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

|  |  |
| --- | --- |
| [ ]  **MD/DO** | [ ]  **Social Worker** |
| [ ]  **RN/NP** | [ ]  **Psychologist** |
| [ ]  **PA** | [ ]  **Pharmacists** |
| [ ]  **DMD/DDS** | [ ]  **Optometric Practitioner** |

**\*\*Do not enter any faculty when applying for accreditation. Only after approval you will go into the backend of CloudCME to enter faculty to specific sessions.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Email | First and Last Name | Degree | Profession | Role in Planning the Content | 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. | 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 must upload the written disclosure documentation into CloudCME and provide it to your learners before the activity begins either as a slide or website.](file:///%5C%5CZEUS%5CVol2%5CDepts%5CMED%5CMEDED_SHARED%5CCME%20Folder%5CHow%20To%27s%5CTexting%20and%20App%20Slide-Updated%202.26.20.pptx)

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

**Gaps and Needs**

**\*\*When entering Gaps and Needs for an RSS, enter general information that encompasses all of the RSS activity, not each session specifically.**

[**State the professional practice gap(s) of your learners in which the activity was based.**](#GapAnaysis)

* [**How do I complete a needs or gap analysis?**](file:///%5C%5CZEUS%5CVol2%5CDepts%5CMED%5CMEDED_SHARED%5CCME%20Folder%5CHow%20To%27s%5CHow%20to%20fill%20out%20needs-gap%20analysis%20%281%29.pdf)

**(100 words Max)**

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" \o "You must pick at least one educational need and provide more detail.)**

[ ]  **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 Continuing Education Credit 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 address?](#Barriersaddressed" \o "This must be filled out for application approval.)**

Click or tap here to enter text.

**Objectives, learning outcomes and Competencies**

**\*\*When entering Objectives, Learning outcomes and Competencies for an RSS, enter general information that encompasses all of the RSS activity, not each session specifically. Only after approval you will go into the backend of CloudCME to enter Specific Objectives for each session.**

**[Learning 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**](file:///%5C%5CZEUS%5CVol2%5CDepts%5CMED%5CMEDED_SHARED%5CCME%20Folder%5CHow%20To%27s%5CWriting%20Learning%20Objectives.pdf)

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |

**[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.

**Knowledge/Competence:**

|  |  |
| --- | --- |
| [ ]  Evaluation/Self-Assessment | [ ]  Embedded evaluation in online activity |
| [ ]  Audience Response System | [ ]  Physician or patient surveys and evaluations |
| [ ]  Customized pre/port test | [ ]  Other |

**If Other, please specify:**

Click or tap here to enter text.

**Performance in Practice:**

|  |  |
| --- | --- |
| [ ]  Adherence to Guidelines | [ ]  Physician or patient feedback, surveys, and evaluations |
| [ ]  Case-based studies | [ ]  Reminders and feedback |
| [ ]  Chart audits | [ ]  Other |
| [ ]  Customized follow-up survey/interview/focus group about actual change in practice at specified intervals |

**If Other, please specify:**

Click or tap here to enter text.

**Patient/Population Health:**

|  |  |
| --- | --- |
| [ ]  Change in health status measure | [ ]  Patient feedback and surveys |
| [ ]  Change in quality/cost of care | [ ]  Other |
| [ ]  Measure Mortality and morbidity rates |

**If Other, please specify:**

Click or tap here to enter text.

**[Competencies:](#Competencies" \o "A CME activity must be developed in the context of desirable physician attributes.   Please select all that apply to this activity.)**

**ACGME/ABMS:**

|  |  |
| --- | --- |
| [ ]  Patient Care or Procedural Skills | [ ]  Interpersonal & Communication SkillsProfessionalisms |
| [ ]  Medical Knowledge | [ ]  Professionalisms |
| [ ]  Practice-Based learning and Improvement | [ ]  System-Based Practice |

**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 |

**Commercial Support**

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

* **If the learning activity is receiving commercial support you must reach out to the CIPD team to discuss:** **Cloudcmehelp@mmc.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 | [ ]  JAC20 The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize communication skills of learners |
| [ ]  JAC14 The provider engages students of the health professions as planners and teacher in accredited IPCE and/or CE | [ ]  JAC21 The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize technical and procedural skills of learners |
| [ ]  JAC15 The provider supports the continuous professional development of its own team | [ ]  JAC22 The provider creates and facilitates the implementation of individualized learning plans |
| [ ]  JAC16 The provider engages in research and scholarship related to accredited IPCE and/or CE and disseminates findings through presentation or publication | [ ]  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 |
| [ ]  JAC19 The provider collaborates with other organizations to more effectively address population health issues |