UnityPoint Health - Des Moines is accredited by the Iowa Medical Society (IMS) to provide continuing medical education (CME) credit for physicians. As an accredited sponsor, UnityPoint Health - Des Moines can designate an activity for AMA PRA category 1 credit.

This application is designed to meet the requirements stipulated by the IMS and the Accreditation Council for Continuing Medical Education (ACCME). Planners seeking CME Category 1 credit approval for educational activities must submit the following to the Medical Education Services office at least two weeks prior to each activity:

- Completed CME Presentation Information form (sample enclosed).
- Signed CME Disclosure form, one from each speaker and program planner.
- Completed CME Financial Support Agreement, if the activity receives any funding from a commercial interest.

**Important:**

The ACCME and IMS have rigorous standards for providers of CME credit. Accredited CME must be linked to physician practice gaps and healthcare quality gaps. Educational objectives and program outcomes must be written to address a documented professional practice gap and describe it in terms of physician knowledge, competence or performance.

The UnityPoint Health-Des Moines CME Mission Statement emphasizes the importance of linking expected results with measurable quality outcomes for all CME programs.

**Financial and Non-Approved Therapy Disclosure:** All speakers and planners must disclose any financial or other relationship with manufacturers of commercial products. Each speaker and planner must complete and sign the disclosure statement prior to their presentation.

The program planner is also required to communicate the purpose or objectives of the activity to potential participants prior to attending the activity and disclose all financial relationships. The program planner must provide the Medical Education Services office with information regarding how that communication took place.

Within two weeks after the conclusion of the activity, the program planner must submit to the Medical Education Services office the following information:

- A list of physicians who attended the activity, including:
  - Full name with degree;
  - Office name and address (if not on UnityPoint Health - Des Moines medical staff);
  - Number of hours of participation for each physician.
  - Number of participants including nurses, residents, medical students, and other health professionals.
- A summary of the evaluation forms.
- A completed CME Category 1 Disclosure Verification form (sample enclosed).

Please note the attached example sheet for reference in the application completion process.

Submit applications to:

Medical Education Services
1415 Woodland Avenue, Suite 140
Des Moines, Iowa 50309-3209
(515)241-6266 (Phone)
(515)241-4080 (Fax)
mishlejm@ihs.org
Date of Application: ___________________________ Department: ___________________________

Conference Title: ____________________________

Date of Conference: __________________________

Type of Program:

☐ Regularly Scheduled Series
☐ Joint sponsored series
☐ Conference
☐ Joint sponsored conference
☐ Single hour program
☐ Single hour program
☐ Multi-hour program
☐ Multi-hour program
☐ Learning from Teaching
☐ Performance Improvement
☐ Committee Learning
☐ Internet Live Course
☐ Enduring Material
☐ Internet Activity Enduring Material
☐ Journal-based CME
☐ Manuscript Review
☐ Test Item Writing

Course Director: ___________________________

Telephone/ Fax: ___________________________ E-mail Address: ___________________________

Contact Person: ___________________________

Telephone/ Fax: ___________________________ E-mail Address: ___________________________

Conference Time: Begins _______ am/ pm Ends _______ am/ pm

Conference Location: ________________________

If Conference Series, Day of Week: ______________________________

Frequency of Conference: _____ Once _____ Weekly _____ Monthly

_____ Other: (describe) __________________________

CME Category 1 credit Request (e.g., 1.0, 1.25) _____

Physician Audience: (specialty): ______________________________________________________________

Planning Group Members: (IMS Requirement). Identify below members of the planning group or physician faculty who have input into the planning process and selection of content. Planning group members must complete a CME Program Planner Disclosure form (enclosed) documenting their financial interests. It is the responsibility of the series planner to ensure that no conflicts of interest occur during the planning and content delivery process.

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<tr>
<th>Name</th>
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<th>Title/ Department</th>
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Continuing Medical Education - Key Definitions

- **Professional Practice Gap** is the difference between actual and ideal performance and / or patient outcomes.
- **Knowledge** is facts and information acquired by a person through experience or education.
- **Competence** is having the ability to apply knowledge, skills, or judgment in practice if called upon to do so.
- **Performance** is what a physician actually does in practice.
- **Target Audience** is the primary group of physicians for which a CME activity is designed.
- **Educational needs** is the need for education on a specific topic identified by a gap in professional practice.
- **Commercial Support** is financial or in-kind support given by a commercial interest used to pay all or portion of costs associated with a CME activity.

CME credit is awarded upon meeting multiple specific criteria. Please provide evidence of compliance with the criteria outlined below.

**Criteria 2:** The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

**Identifying Professional Practice Gaps:** The CME planning process begins with identifying professional practice gap(s). The practice gap is the difference between what actually occurs, and what the ideal or evidence-based practice should be. Describe below what practice gaps this CME activity is trying to address. What types of problems (“gaps”) in the practice of this target audience did you identify? (e.g., for clinical care: patient outcomes to improve, new methods of diagnosis or treatment to implement, better ways to deliver care. For CME activities addressing many topics the types of problems will necessarily be phrased in general terms.)

Why do these gaps exist? Are there gaps in:

- [ ] Knowledge - Is there a deficit in awareness and understanding?
- [ ] Competency - Is there an issue with the ability to apply knowledge, skills and judgment in practice?
- [ ] Performance - Is there an issue with what one actually does in practice?
Sources of Professional Practice Gaps: What sources were used to identify the professional practice gaps? Select all that apply. Documentation and/or narrative summary must be provided for each source chosen.

- Evaluation results from previous CME activities (Attach past evaluation summary with relevant suggestions highlighted.) More than one strategy is requested, but not required.
- Medical staff input (e.g., departmental discussion of CME needs, periodic survey of medical group, interview with physician leaders). Attach meeting notes or survey results.
- Hospital quality department of physician group quality data. (Attach supporting documentation.)
- Literature reviews (Attach results of medical database searches)
- New medical technology
- Tests that determine physician competence (e.g., pre- and post-test results, self-assessment activities)
- Data from local, statewide, regional, or national survey (e.g., attach results)
- Results of evidence based medicine studies (attach EBM studies)
- Formal or informal requests from physician members
- Hospital admissions/diagnosis data
- Data from outside sources such as the National Institutes of Health or Public Health Service, etc. (Attach relevant reports or documentation)
- Expert opinion from physicians or other knowledgeable sources. (Attach meeting notes or publications)
- Scientific research related to clinical management issues
- Patient satisfaction surveys
- Quality Resource Website Databases (e.g., ahrq.gov, ihi.org, and guideline.gov).

Other: (Describe)____________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
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Documentation, attachments, and/or narrative summary:
__________________________________________________________________________________
__________________________________________________________________________________
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Criteria 3: The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes.

The mission of the UnityPoint Health - Des Moines CME program is to improve the health of our communities through the education of practicing physicians and other health professionals. The purpose of the CME program is to develop CME activities that address patient care quality initiatives by utilizing clinical quality data in the needs assessment process. The expected results of the CME program are to develop, maintain or increase physicians’ knowledge and professional performance for improved quality of care and level of clinical competence.

OBJECTIVES: List specific learner objectives based on clearly identified educational needs of the target audience to be served. How is this activity designed to change competence, performance or patient outcomes as described in the UnityPoint Health - Des Moines CME Mission Statement?

This activity is designed to change (check all that apply):

☐ Competence
☐ Performance
☐ Patient Outcomes

How? __________________________________________________________________________
________________________________________________________________________________
How will this change be measured? __________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Terminology for educational objectives usually begins with, “Following this activity, the participant should be able to ...” followed by phrases that communicate a performance capability by the participant, verbs such as: describe, analyze, discuss, compare, differentiate, examine, formulate, propose, evaluate, assess, measure, select, and choose. (If additional space is needed, please submit educational objectives as an attachment).

Gaps in knowledge, competence or performance should be addressed and noted as a focal point of the objectives.

Following participation in this CME activity, participants should be able to:

• __________________________________________________________________________
________________________________________________________________________________
• __________________________________________________________________________
________________________________________________________________________________
• __________________________________________________________________________
________________________________________________________________________________
• __________________________________________________________________________
________________________________________________________________________________
• __________________________________________________________________________
________________________________________________________________________________
• __________________________________________________________________________
________________________________________________________________________________
**Criteria 4:** The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.

How does the content of this activity match the target audience's current or potential scope of professional activity?

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

____________________________________

**Target Audience:** Indicate for whom this conference series is primarily intended. (Check all that apply)

- [ ] Departmental Faculty
- [ ] Community Physicians
- [ ] Residents
- [ ] Nurses
- [ ] Fellows
- [ ] Allied Health Professionals
- [ ] Medical Students
- [ ] Other: ________________________

**Content:**

Does this activity provide education that matches the learners' current or potential scope of professional activity?  
- [ ] Yes  
- [ ] No

**Criteria 5:** The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives and desired results of the activity.

Describe the educational format(s) that are appropriate for the setting, objectives and desired results of this activity.

- [ ] Case based discussion
- [ ] Lecture
- [ ] Panel
- [ ] Skill-based training
- [ ] Simulation
- [ ] Small group discussion
- [ ] Other: ________________________

**Format:**

Is the educational format appropriate for the setting, objectives and desired results of the activity?

- [ ] Yes  
- [ ] No

**Criteria 6:** The provider develops activities/educational interventions in the context of desirable physician attributes (e.g., IOM Competencies; ACGME Competencies).

Educational interventions must be developed in the context of desirable physician attributes. Specifically, the Accreditation Council for Continuing Medical Education (ACCME) endorses the sets of competencies developed by The Institute of Medicine (IOM) and the Accreditation Council for Graduate Medical Education (ACGME) as measures of quality and success in educational programming. (Please check the appropriate attributes on the next page that apply to the development of and desired results from this educational activity.)
Institute of Medicine Competencies:

- **Provide Patient-Centered Care.** Identify, respect, and care about patients' differences, values, preferences, and expressed needs; 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.

- **Work in Interdisciplinary Teams.** Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

- **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.

- **Apply Quality Improvement.** 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; and design and test interventions to change processes and systems of care, with the objective of improving quality.

- **Utilize Informatics.** Communicate, manage knowledge, mitigate error, and support decision making using information technology.

Accreditation Council for Graduate Medical Education Competencies:

- **Patient Care.** Ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- **Medical Knowledge.** Knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

- **Practice Based Learning and Improvement.** The ability to investigate and evaluate care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. This includes:
  - identifying strengths, deficiencies, and limits in one's knowledge and expertise;
  - setting learning and improvement goals;
  - identifying and performing appropriate learning activities;
  - systematically analyzing practice using quality improvement methods, and implementing changes with the goal of practice improvement;
  - incorporating formative evaluation feedback into daily practice;
  - locating, appraising and assimilating evidence from scientific studies related to patients’ health problems;
  - using information technology to optimize learning; and,
  - participating in the education of patients, families, students, residents and other health professionals.

- **Interpersonal and Communication Skills:** Demonstrating interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. This includes:
  - communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
  - communicating effectively with physicians, other health professionals, and health related agencies;
  - working effectively as a member or leader of a health care team or other professional group;
  - acting in a consultative role to other physicians and health professionals; and,
  - maintaining comprehensive, timely, and legible medical records, if applicable.
Professionalism. Demonstrating a commitment to carrying out professional responsibilities and an adherence to ethical principles. This includes:
- compassion, integrity, and respect for others;
- responsiveness to patient needs that supersedes self-interest;
- respect for patient privacy and autonomy;
- accountability to patients, society and the profession; and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Systems Based Practice. Demonstrating an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. This includes:
- working effectively in various health care delivery settings and systems relevant to clinical specialty;
- coordinating patient care within the health care system relevant to clinical specialty;
- incorporating considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- advocating for quality patient care and optimal patient care systems;
- working in interprofessional teams to enhance patient safety and improve patient care quality; and
- participating in identifying system errors and implementing potential systems solutions.

Criteria 7: The provider develops activities / educational interventions independent of commercial interests.
Criteria 8: The provider appropriately manages commercial support.
Criteria 9: The provider maintains a separation of promotion from education.
Criteria 10: The provider actively promotes improvements in health care and not the proprietary interests of a commercial interest.

Independence of Program Planning: When planning a CME activity, the course director and members of the planning group hereby confirm that the following decisions will be made free of the control of commercial interests:

a. Identification of needs;
b. determination of educational objectives;
c. selection and presentation of content;
d. selection of all personnel and organizations that will be in a position to control the content;
e. selection of education methodology;
f. evaluation of the activity.

Check this box to indicate that you have read, understand, and will comply with the Independence of Program Planning statements.

Commercial Support: Are subsidies being accepted from commercial interests to help underwrite the costs of this programming, including travel and lodging for guest speakers?

☐ Yes   ☐ No

If yes, then the subsidies must be in the form of an educational grant made payable to the organization. No payments, either for honoraria or reimbursement of expenses, may be made directly to speakers by commercial interests. Additionally, a CME Financial Support Agreement must be completed for each commercial grant. Contact the Medical Education Services office at 241-6266 for copies of this agreement.
Criteria 11: The provider analyzes changes in learners’ (competence, performance, or patient outcomes) achieved as a result of the overall program’s activities / educational interventions.

Documented evaluation is required for CME activities carrying the Category 1 designation. UnityPoint Health - Des Moines has developed a prototype to ensure that attendees have the opportunity to: 1) assess the extent to which the educational objectives of an activity were met; 2) rate the quality of the instructional process; 3) and indicate the extent to which they feel their professional effectiveness will be enhanced as a result of participating in the activity. In general, evaluation methods should collect information that will help improve future CME offerings.

Indicate methods of evaluation to be used for this activity. Evidence of measurable changes in learner competence, knowledge or performance is required. (Check all that apply)

- [ ] Pre-test
- [ ] Post-test
- [ ] Questionnaire
- [ ] Use of Audience Polling Device
- [ ] Planning Group Review
- [ ] Patient Outcomes Data
- [ ] Verbal Interview of Participants Summarized in Writing
- [ ] Other: ______________________________________________________________________

Please attach a sample of evaluation method and/or competence, performance or patient outcome data to be analyzed.

Content Validation. Applies to all those in control of content, including course director, planning group members and speakers. UnityPoint Health - Des Moines expects that all of its CME programs will adhere to the ACCME’s content validation statement. Specifically:

a. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

b. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collections and analysis.

c. The content or format of CME activities and related materials will promote improvements or quality healthcare and not a specific proprietary business or commercial interest.

d. CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality.

e. If your CME educational materials include trade names, names from several companies should be used where available, not just trade names from a single company.

f. Feedback from learners will be collected to determine the effectiveness of this CME activity through questionnaires or other evaluation mechanisms.

g. Educational materials that are part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages.

- [ ] Check this box to indicate that you have read, understand, and will comply with the Content Validation statement.

Attendance Reporting: A method must be in place to track attendance that is documented and accurate. The Medical Education Services office will utilize the attendance records and compile information for reporting purposes for the attendees who attend your series. The attendance sign-in information should be sent to the Medical Education Services office within two weeks after the program has occurred.
Disclosures of Financial Relationships and Resolution of Conflict of Interest: “An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning group member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.” (IMS Standard 2.2)

Every course director, speaker, instructor, and planning committee member involved in your series MUST complete a CME Program Planner & Speaker Disclosure of Financial Relationships, Conflict of Interest and Unlabeled Use of Commercial Products form, be reviewed for conflict of interest, and make disclosure known to attendees. Direct questions to the Medical Education Services office at 241-6266.

Honoraria Policy: All conference series directors and instructors are required to abide by the UnityPoint Health - Des Moines CME Committee Faculty Honoraria and Reimbursement Policy. Contact the Medical Education Services office at 241-6266 for a copy of this policy.

Notification of Approval for Category 1 Credit: Final decisions relating to approval rests with the Medical Education Services office and UnityPoint Health - Des Moines CME Committee. Notification to the course director will be provided by the Medical Education Services office.

Office Use Only

☐ Direct Sponsored Approved
☐ Joint Sponsored Approved

__________ CME Category 1 Credits Awarded

☐ Disapproved by: ____________________________ (Attach reasons)

Approved by: ____________________________ Date: ________________

__________________________ Date: ________________

Douglas B. Dorner, M.D., FACS
Director of Medical Education