

**CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS - Continuing Medical Education**

Continuing Medical Education Activity Planning Guide  
for AMA PRA Category 1 Credit(s)™

GENERAL ACTIVITY INFORMATION				
Essential Areas and Criteria ▼				Event ID: (Office use only)
<b>C1</b>	<p><b>CHKD CME Program Purpose:</b> The CHKD Continuing Medical Education Program is guided by the mission of Children's Health System, to deliver excellence in quality and scope of service as we continually measure and improve our outcomes. We will identify the educational needs of pediatricians and other health care professionals within our community and provide educational opportunities which will improve their pediatric knowledge, attitudes and skills.</p> <p><b>CHKD Target Audience:</b> The target audience includes pediatricians, sub-specialists and family physicians <i>primarily</i> in Southeast Virginia and Northeast North Carolina. Multidisciplinary attendance is encouraged.</p>			
<b>E 2.1</b>	Date of Activity:	Time(s) of activity:	Projected credit hours:	Date Planning Started:
	Organization/CHKD Department Name:			
	Title of activity			Length of activity:
	Location of activity:			
	Course Director ( <i>Individual responsible planning oversight</i> ):			Phone: E-mail:
	Program coordinator ( <i>Planner responsible for the implementation and collection of CME documentation</i> ):			Phone:      Fax: E-mail:
	Anticipated target audience:			
<b>2.2</b> <b>C2</b> <b>C3</b>	<p><b>PURPOSE OF ACTIVITY:</b></p> <p>What learning need is the activity designed to address?</p> <p>What source(s) determined the need for this activity?</p> <p>How can this activity be used to help physicians improve their practice or patient outcomes?</p>			
<b>E3.3</b> <b>C7-10</b>	<p><b>As the Course Director, I acknowledge my responsibility to adhere to the Medical Society of Virginia Standards For Commercial Support and all applicable CHKD Continuing Medical Education policies and procedures.</b></p> <p>Printed Name: _____ Signature: _____ Date: _____</p>			

**ELEMENT 2.2 PLANNING PROCESS – Content Development and Instructional Method(s)**

<b>C9</b>	<b>Primary planners</b> (List credentials. At least one planner <b>must</b> be a physician)	Role	Disclosure Submitted?	Evidence of COI Resolution attached?																								
		Course Director	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
		Activity Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																								
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<b>C1</b>	<b>Activity Types:</b> Specific CHKD CME activities include, but are not limited to single and multi-day conferences, community rounds and maternal newborn transport reviews. Most activities are presented in traditional lecture and case-based formats; however, the program encourages diverse presentation formats to optimally achieve activity objectives. These activities are planned and implemented in accordance with need as well as with the Essential Areas and Policies of the Medical Society of Virginia and the Standards for Commercial Support.																											
<b>C5</b>	<b>Instructional Method(s)</b> - How will the learners <i>best</i> receive the information being presented during this activity? What methods of instruction will be used? Check all that apply. <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Case presentation(s)</td> <td><input type="checkbox"/> Small group discussion(s)</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Skills demonstration(s)</td> <td><input type="checkbox"/> Question &amp; answer session(s)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lecture(s)</td> <td><input type="checkbox"/> Interactive audience response system</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Panel discussion(s)</td> <td><input type="checkbox"/> Simulations</td> <td></td> </tr> </table> Teaching aids – <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Laptop/LCD</td> <td><input type="checkbox"/> Video</td> <td><input type="checkbox"/> Audio</td> </tr> <tr> <td><input type="checkbox"/> PowerPoint</td> <td><input type="checkbox"/> Imaging/X-rays</td> <td><input type="checkbox"/> Syllabus/other handout materials</td> </tr> <tr> <td><input type="checkbox"/> Audience Response System (ARS)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (describe):</td> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Case presentation(s)	<input type="checkbox"/> Small group discussion(s)	<input type="checkbox"/> Other:	<input type="checkbox"/> Skills demonstration(s)	<input type="checkbox"/> Question & answer session(s)		<input type="checkbox"/> Lecture(s)	<input type="checkbox"/> Interactive audience response system		<input type="checkbox"/> Panel discussion(s)	<input type="checkbox"/> Simulations		<input type="checkbox"/> Laptop/LCD	<input type="checkbox"/> Video	<input type="checkbox"/> Audio	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Imaging/X-rays	<input type="checkbox"/> Syllabus/other handout materials	<input type="checkbox"/> Audience Response System (ARS)			<input type="checkbox"/> Other (describe):		
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<b>E2.3a C9</b>	<b>Promotion</b> - All proposed activity announcements (brochures, e-mail announcements, etc. MUST be approved by the CHKD CME office prior to production or distribution. Check all that apply. <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Brochure or Flyer</td> <td><input type="checkbox"/> Letter</td> <td><input type="checkbox"/> E-mail</td> </tr> <tr> <td><input type="checkbox"/> Fax blast</td> <td><input type="checkbox"/> Website</td> <td><input type="checkbox"/> Other</td> </tr> </table>				<input type="checkbox"/> Brochure or Flyer	<input type="checkbox"/> Letter	<input type="checkbox"/> E-mail	<input type="checkbox"/> Fax blast	<input type="checkbox"/> Website	<input type="checkbox"/> Other																		
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**ELEMENT 2.2 – NEEDS ASSESSMENT**

<b>E 2.1 2.2</b>	<b>SOURCES OF DATA</b> - Please identify all sources of data used to assess the educational need for this activity (minimum of two sources)												
<b>C2-C3</b>	<b>Participant Perception</b> <input type="checkbox"/> Previous evaluation responses <input type="checkbox"/> Comparative analysis of Other CME activities (?) <input type="checkbox"/> Focus group interviews <input type="checkbox"/> Unsolicited requests from learners <input type="checkbox"/> Other:	<b>Expert Opinion</b> <input type="checkbox"/> Faculty perceptions <input type="checkbox"/> Focus groups or surveys <input type="checkbox"/> Consensus of experts <input type="checkbox"/> Current Literature <input type="checkbox"/> Other:	<b>Observed Practice</b> <input type="checkbox"/> Pharmacy and therapeutics review data <input type="checkbox"/> Patient data <input type="checkbox"/> Mortality and morbidity data <input type="checkbox"/> QA/QI data <input type="checkbox"/> National clinical guidelines <input type="checkbox"/> Epidemiological data <input type="checkbox"/> Other:	<b>Environment</b> <input checked="" type="checkbox"/> <b>ACGME Competencies (REQUIRED – Specify. Definitions Below)</b> <input type="checkbox"/> Healthy People <input type="checkbox"/> Joint Commission Standards/ Core Measures <input type="checkbox"/> Federal or public health priorities <input type="checkbox"/> Other:	<b>Evidence-Based</b> <input type="checkbox"/> ACC/AHA Clinical guidelines <input type="checkbox"/> Peer-reviewed literature <input type="checkbox"/> National Guidelines Clearinghouse <input type="checkbox"/> US Preventative Service Task Force <input type="checkbox"/> AAP Guidelines <input type="checkbox"/> Other:								
<b>C6</b>	<b>ACGME Competencies Expected to be Addressed: Check all that apply</b> <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Patient Care</td> <td><input type="checkbox"/> Medical Knowledge</td> <td><input type="checkbox"/> Practice-based Learning and Improvement</td> <td><input type="checkbox"/> Interpersonal Communication Skills</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Professionalism</td> <td><input type="checkbox"/> Systems-based Practice</td> <td></td> </tr> </table>					<input type="checkbox"/> Patient Care	<input type="checkbox"/> Medical Knowledge	<input type="checkbox"/> Practice-based Learning and Improvement	<input type="checkbox"/> Interpersonal Communication Skills		<input type="checkbox"/> Professionalism	<input type="checkbox"/> Systems-based Practice	
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**ELEMENT 2.3 – IDENTIFYING GAPS IN KNOWLEDGE, COMPETENCE AND/OR PERFORMANCE**

<b>C2-C4</b>	<p><b>You must answer at least one (1) of the five (5) questions below. However, you should answer as many as are applicable. Responses should be in narrative form and provide sufficient detail to explain the learning need(s) of your anticipated audience. Attachment of supporting documentation is helpful and highly encouraged.</b></p> <p>1. What has changed in the practice general pediatrics or pediatric specialty areas over the past year that would merit an educational intervention focused on that issue?</p>
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	<p>2. Have there been areas where quality indicators suggest a focused improvement is appropriate for pediatricians?</p> <p>3. Is there breaking research in general pediatrics or pediatric specialty areas that pediatricians will find interesting and medically relevant to the quality of their care for children? If yes, please specify and explain how your activity will help to expedite the translation of this research into practice?</p> <p>4. Are there traditional core performance areas in general pediatrics or pediatric specialty areas that require reinforcing/updating?</p> <p>5. Have there been recent patient incidents concerning safety and efficacy that merit an education intervention?</p>
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**ELEMENT 2.3a – EDUCATIONAL OBJECTIVES**

<b>C1</b>	<b>Content:</b> <b>The CHKD Continuing Medical Education Program fosters excellence in pediatric care through its diverse educational activities that focus on prevention, treatment, diagnosis, emerging technologies and procedures in pediatrics, pharmacotherapy and practice-related needs.</b>
<b>E2.3 C5 - C6</b>	<b>Learning objectives</b> are tools to identify the specific steps that will be taken to address the gap identified above. Objectives should be written using measurable terminology and reflect the desired outcome of the activity, i.e. changing the learners knowledge, skill, or attitude.
<b>C3 - C5</b>	<b>Objective 1:</b>
	<b>Objective 2:</b>
	<b>Objective 3:</b>
	<b>Objective 4:</b>

**ELEMENT 2.4 – PROGRAM EVALUATION**

<b>C1</b>	<b>Expected Results:</b> CHKD CME activities are designed to help physicians who care for children to expand their level of knowledge, competence and performance as a means to improve patient outcomes.
	<b>Evaluation Method Selection:</b> You are encouraged to select an evaluation method that will most appropriately assess how the learner has responded to the learning activity. Multiple methods may be appropriate/necessary for a single activity. The CHKD CME Program maintains the right and responsibility to recommend and/or require implementation of an evaluation method that differs from what you select below.

<b>C11-C15</b>	<b>Level 1 – Participant’s opinion of the activity</b> <input type="checkbox"/> Written evaluation of effective teaching/usefulness of information <input type="checkbox"/> Audience response system/Post test <input type="checkbox"/> Other:	<b>Level 2 – Changes in knowledge</b> <input type="checkbox"/> Written evaluation of effective teaching <input type="checkbox"/> Pre- and Post-tests of knowledge <input type="checkbox"/> Survey planned changes in clinical Practice <input type="checkbox"/> Audience Response System <input type="checkbox"/> Other:	<b>Level 3 – Changes in clinical behavior</b> <input type="checkbox"/> Demonstration of practice skills <input type="checkbox"/> Chart audits to determine changes in practice <input type="checkbox"/> Survey actual clinical practice changes <input type="checkbox"/> Other:	<b>Level 4 – Changes in patient outcomes</b> <input type="checkbox"/> Utilization review <input type="checkbox"/> Review of functional outcomes studies <input type="checkbox"/> Post-data comparison to needs assessment used <input type="checkbox"/> Other:
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**ELEMENT 3.3 – RELEVANT FINANCIAL RELATIONSHIP AND DISCLOSURES**

<b>E3.3a C13</b>	<b>Names of Presenters</b>	<b>Academic Affiliation</b>	<b>Disclosure Submitted?</b>	<b>Evidence of COI Resolution Attached?</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Important: All presenting faculty (speakers, moderators, etc.) must complete a Full Disclosure Declaration Form and all report conflicts must be resolved, PRIOR to the CME activity. Any faculty member who refuses to submit a disclosure must be barred from participation in the activity.</b>				
<b>ANNOUNCEMENT OF DISCLOSURE INFORMATION</b> – How will faculty disclosure information be announced to the audience? Check all which apply. Documentation is be required for all methods selected.				
<input type="checkbox"/> Written announcement in handout materials <input type="checkbox"/> Verbal announcement <input type="checkbox"/> Posted in PowerPoint Loop <input checked="" type="checkbox"/> <b>Posted at registration/sign in (REQUIRED)</b>				

**ELEMENT 3.3c – COMMERCIAL SUPPORT**

<b>SCS 3.4-3.6</b>	If you do not anticipate receiving any commercial support for this activity, please check here <input type="checkbox"/>			
<b>C7-10</b>	CHKD CME adheres to the Standards for Commercial Support for Continuing Medical Education of the Medical Society of Virginia and all applicable CHKD and state guidelines. All commercial support to an activity designated for CME credit must be documented by a signed Written Agreement for Commercial Support. Exhibit fees are not considered commercial support by MSV.			
	Please complete the following information for each commercial supporter expected. Include attachments if necessary.			
	Company Name: Amount expected: \$ Exhibit fees: \$	Company Name: Amount expected: \$ Exhibit fees: \$		
	For office use only: Signed Written Agreement Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	For office use only: Signed Written Agreement Received? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SCS 6.1 – 6.5</b>	<b>ANNOUNCEMENT OF COMMERCIAL SUPPORT TO LEARNERS</b> – All commercial support must be announced to the learner prior to the start of the activity. How will the announcement be made? Check all that apply.			
	<input type="checkbox"/> Written announcement in handout materials <input type="checkbox"/> Verbal announcement <input type="checkbox"/> Posted in PowerPoint Loop			

**ELEMENT 3.3d - PRELIMINARY BUDGET**

<b>E3.1</b>	Will participants be charged a fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the fee amount? \$
	Expected # of participants:	
	If this is a repeat activity, please provide a reconciled financial Summary for that activity.	
<b>E3.3</b>	Anticipated revenue from registration fees	<b>Revenue</b>
	Anticipated revenue from educational grants and commercial support	
	Anticipated revenue from exhibitors	
	Other anticipated revenue (explain)	
	<b>Total Expected Revenue:</b>	
		<b>Expenses</b>
	Honoraria – All speaker honoraria must be paid directly by CHKD. Funds may not flow directly from commercial to supporters to presenters in accordance with CHKD policy.	
	Estimated # of speakers:	Planned honoraria amount(s) per speaker:
	Speaker(s) reimbursement	
	Food & beverage	
	Hotel/conference center meeting room charges	

Audio-visual expenses	
Instructional materials	
Promotional expenses	
Other expenses (explain):	
	<b>Total Expenses:</b>
	<b>Projected Balance:</b>

**PHYSICIAN PARTICIPATION** – The CHKD CME Program requires physician input into the planning and implementation of each activity designated for credit. The course director’s signature serves to verify physician involvement. An activity coordinator signature is also required and denotes that administrative duties have been accepted. All signatures below confirm that to the best of our ability this activity has been planned and implemented in accordance with the MSV Essential Areas and Commercial Support of CME.

\_\_\_\_\_  
Signature of Course Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CHKD CME Program Representative

\_\_\_\_\_  
Date

The CHKD Continuing Medical Education Program

APPROVES       DOES NOT APPROVE this educational activity      Activity Type:  RSS     Course     Other: \_\_\_\_\_

AMA PRA Category 1 Credit(s)<sup>™</sup> have been awarded

## **ACGME Core Competency Basic Definitions:**

### **PATIENT CARE**

Be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.

- Gather essential and accurate information about their patients.
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Develop and carry out patient management plans.
- Counsel and educate patients and their families.
- Use information technology to support patient care decisions and patient education.
- Perform competently all medical and invasive procedures considered essential for the area of practice.
- Provide health care services aimed at preventing health problems or maintaining health.
- Work with health care professionals, including those from other disciplines, to provide patient-focused care

### **MEDICAL KNOWLEDGE**

Demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

- Demonstrate an investigatory and analytic thinking approach to clinical situations.
- Know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

### **PRACTICE-BASED LEARNING AND IMPROVEMENT**

Be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology.
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
- Obtain and use information about their own population of patients and the larger population from which their patients are drawn.
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- Use information technology to manage information, access on-line medical information; and support their own education.
- Facilitate the learning of students and other health care professionals

### **INTERPERSONAL AND COMMUNICATION SKILLS**

Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

- Create and sustain a therapeutic and ethically sound relationship with patients.
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
- Work effectively with others as a member or leader of a health care team or other professional group

## **PROFESSIONALISM**

Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practice.
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

## **SYSTEMS-BASED PRACTICE**

Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

- Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice.
- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
- Practice cost-effective health care and resource allocation that does not compromise quality of care.
- Advocate for quality patient care and assist patients in dealing with system complexities.
- Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.

## ACTIVITY PLANNING GUIDE ATTACHMENTS

Please label each attachment with the appropriate Element as noted below:

- Element 2.2 – Needs Assessment Document(s)** – Attach documentation to support the educational need that was noted in your planning guide (gaps in knowledge, competence and/or performance).
- Element 2.3a – Program Agenda or RSS Schedule** – Provide a detailed listing of the agenda, including topics, assigned speakers, the specific times of each session and break.
- Element 2.3a – Brochure Draft** – Attach a draft copy, flier or other promotional material. Ensure that the proper accreditation and credit designation statements are included on the copy. The official promotional material (i.e., brochures, websites, not fliers) should also include the names of the CHKD CME Committee and activity planning members. ACGME Competencies should be appropriately listed on the most *comprehensive* promotional material(s).
- Element 2.4 – Evaluation Form** – Provide a copy of the participant evaluation form and/or other evaluation tool(s) that will be used for the activity.
- Element 3.3a – Full Disclosure Declaration** – Provide a signed disclosure forms for everyone who has the ability to affect or control the content of the CME Activity, this includes planner committee members, speakers, etc.). Include how conflicts of interest were solved, if applicable.
- Element 3.3b – Faculty Information** – Provide a curriculum vitae or biography for each speaker, unless they are on CHKD faculty.
- Element 3.3c, 3.3d – Budget** – If you are receiving funding and/or have expenses for an activity, you must complete the budget portion of the planning guide.

## FOLLOW-UP DOCUMENTATION

Within 14 days of RSS and 30 days for a course, the following additional information is to be submitted to the CHKD CME office to complete the activity file. Please label each attachment with the appropriate Element as noted below:

- Element 2.1** – Copies of signed thank you letter to faculty and other planning documents (minutes etc.)
- Element 2.3a** – Complete set of final promotional material
- Element 2.3b** – Complete set of all handout materials
- Element 2.3c** – Copies of confirmation letters sent to faculty describing the target audience, agreed upon learning objectives, date, time, number of participants expected and honorarium (if applicable)
- Element 2.4** – Original sign in forms with typewritten attendee roster. Number of physicians should be distinguished from other health professionals.
- Element 2.4** – Completed evaluation forms with corresponding evaluation summary. Additionally, pre-post test and other related survey results should be submitted. Extended due dates may be necessary for these documents and will be negotiated between the CHKD CME Office and the presenting department/organization during planning.
- Element 2.4** – Post activity minutes – documentation of follow-up meetings to evaluate the activity.
- Element 3.3d** – Final report of revenue and expenses with receipts and invoices.