

UMASS OFFICE OF CONTINUING MEDICAL EDUCATION
JOINT SPONSORSHIP APPLICATION

The University of Massachusetts Medical School Office of Continuing Medical Education (UMMS OCME) has developed this joint sponsorship application with the purpose of:

- clarifying its goals for sponsorship and joint sponsorship of quality CME activities;
- supporting the strategic priorities of the OCME through education
- highlighting educational needs assessment based on identified gaps in practice;
- clearly articulating learning objectives as markers of enhanced competence, performance and/or patient outcomes
- identifying measures to evaluate the long-term effectiveness of the CME intervention
- helping planners meet nationally accepted CME standards and guidelines.

This joint sponsorship application is designed to describe what learners will gain from participating in this CME activity as well as what resources will be used for planning, presenting and evaluating its effectiveness on changing physician knowledge, competence, performance and/or patient outcomes.

Special emphasis is placed on identification of practice gaps and how an educational intervention(s) will be used to close/reduce this gap. It will also help to identify how the learning needs of your potential audience are determined, what evidence is used to support an education plan, and how you will know if you have met your goals in addressing those needs.

Questions:

If you have questions on any section of this application, please contact the University of Massachusetts Office of Continuing Medical Education, at continuing.education@umassmed.edu or by phone: (508) 856-3041. Thank you.

IMPORTANT: Please complete the following Planning Document IN ITS ENTIRETY and attach all requested items. Incomplete applications will be returned. Only electronic submissions can be accepted at this time.

Attachments Checklist:

Please verify that you have all of the required attachments.

- Completed program application (Attached)
- Activity Agenda (for live activities) - Include start and end times for individual presentations
- Faculty Disclosure form(s) for all speakers/presenters
- Activity budget, including all expected income and expenses
- Meeting minutes from all planning meetings
- One copy of the draft brochure (See Standards Regarding Promotion of Jointly Sponsored Programs)
- Payment of applicable program fee

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All CME activity planning documents must be submitted 4-6 months prior to the activity date to be reviewed.

IMPORTANT: Please complete this form in its entirety. If something does not apply, please write "N/A".

I understand and agree that if this activity is accepted for sponsorship by the University of Massachusetts Office of Continuing Medical Education (UMMS OCME) with the award of *AMA PRA Category 1 Credit™* to physicians, I will provide all requested information. I understand and agree to the financial policies of the OCME. If complete information, including all planner and speaker disclosure information, is not submitted, the OCME is not obligated to provide sponsorship and CME credit.

Name: Date:

Contact Email: Contact Telephone:

Contact Mailing Address:

Responsible Faculty Member:

SECTION A: GENERAL INFORMATION

Select the type of credit you will be applying for. (Check all that apply.)

- ACCME/ AMA PRA Category 1 Credit (s) MassBoard of Nursing Contact Hours (Nurses)
 NASW LMHC Other

Activity Title:

A. LIVE EVENT

(if your activity will be a LIVE EVENT format, please fill out section A. if it is a WEBINAR or ONLINE, fill out section B.)

Activity Date(s):

Start Time : (Day 1) End Time:

(if more than one day please indicate start and end times in the box below)

Location(s):

B. WEBINAR or ONLINE:

(If your activity will be WEBINAR or ONLINE format, please fill out section B.)

Start Date (for distance learning): Activity Duration:

Audience Make-up:

Number of Proposed Attendees (indicate approximate range):

SECTION B: COOPERATING ORGANIZATIONS/ COMMITTEES/ DEPARTMENTS (Complete if applicable)

1. List all organizations/ committees/ departments involved in planning this activity.

Organization/ Committee /Department Name:

Address:

Telephone/Fax:

E-mail:

2. What role does the cooperating entity have in planning/presenting this activity?

3. Is the above entity applying for joint sponsorship with the OCME? Yes No

The OCME will not consider joint sponsorship with organizations wishing to present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients. The OCME will not sponsor or jointly sponsor a CME activity devoted to advocacy of unscientific modalities of diagnosis or therapy. The OCME will not jointly sponsor a CME activity with an organization that produces, markets, re-sells or distributes health care goods or services consumed by, or use on, patients.

4. The Strategic Priorities of the Office of Continuing Medical Education (OCME) are to improve health care quality, access, equity and cost effectiveness. Which of the priorities will be addressed by this CME activity? (Check all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Quality | <input type="checkbox"/> Equity | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Cost-Effective Care | <input type="checkbox"/> None of the Above |

SECTION C: PLANNING

1. To comply with national CME standards, the OCME requires all planners and developers of content for an educational activity to complete and submit a financial conflict of interest form. The following individuals were involved with planning and/or developing this educational activity. Please include their *Name, Title, Address, Telephone/Fax numbers, E-mail.*

1.

2.

3.

4.

Attached are completed disclosure forms for planners/ developers listed above

2. List the dates of all planning meetings:

Attached are copies of planning meeting(s) minutes.

3. Describe the professional practice gap(s) that this activity will address.

Note: The ACCME defines a professional practice gap as "the difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional knowledge."

4. What sources of data/references are you using to identify this gap(s)?

(Examples might include: Peer review Journal Articles; Hospital Quality Improvement Data; Public Health Data; Health Plan/ Carrier references; Professional Liability carrier information, etc.)

5. This activity is primarily designed to change _____? (Check all that apply)

(Competence = knowing how to do something; a combination of knowledge, skills, and performance... the ability to apply knowledge, skills, and judgment in practice. Performance = What one actually does in practice.)

- Competence Performance in Practice Patient Outcomes

6. What are the potential or real barriers facing the physicians if this need is to be addressed?

7. How was the CME **need** identified? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Technological Applications | <input type="checkbox"/> Research | <input type="checkbox"/> Ethical Issue |
| <input type="checkbox"/> Current Practice Environment | <input type="checkbox"/> Leadership | <input type="checkbox"/> Previous Program Evaluations |
| <input type="checkbox"/> New Diagnostic/Therapeutic Modalities | <input type="checkbox"/> Infection Control Info. | <input type="checkbox"/> Economic Trends |

Other UMMS Committee (specify):

8. Is the identified educational need of the target audience related to: *(Check all that apply)*

- Knowledge (facts and information acquired by a person through experience or education)
- Competence (have the ability to apply knowledge, skills, or judgment in practice if called upon to do so)
- Performance (what a physician actually does in practice)

9. Of the ACGME/ABMS competencies listed below, please indicate the primary and secondary attribute related to this activity topic.

Primary:

Secondary:

10. The identification of CME needs was made free of the control of a commercial interest. Yes No

11. Will this activity address a risk management issue? Yes No

NOTE: The Massachusetts Board of Registration in Medicine defines risk management study as follows:

It must include instruction in medical malpractice prevention, such as risk identification, patient safety and loss prevention and may include instruction in any one of the following areas: medical ethics, quality assurance, medical-legal issues, patient relations, participation on peer review committees, utilization review that directly relates to quality assurance, or non-economic aspects of practice management.

NOTE: At least some of the instruction should focus on medical malpractice prevention, and all instruction should be in one or more of the areas described above.

SECTION D: LEARNING OBJECTIVES

1. As a result of participating in this activity, learners will be able to:

- a.
- b.
- c.
- d.

2. Given these objectives, what changes in patient care do you expect as an outcome of this activity?

3. Incorporating information provided from Sections C & D, provide a brief (50-250 words) description of this activity. *This description will provide the OCME Planning Committee with a better understanding of the content and the expected outcomes. This description may also be used for marketing purposes.*

4. What evaluation method(s) will be employed that will assess the extent to which learning objectives are met? (Please attach course evaluation.)

- Post-Activity evaluation (measures learner satisfaction) [REQUIRED]
- Pre-Test (measures immediate learning)
- Learning contract (commitment-to-change question)
- Audience response system (assesses if learners understand content and provides learning reinforcement)
- Focus group (qualitative measurement to seek more in-depth information)
- Post-Test (measures transfer of knowledge)
- Case discussions or vignettes (measures application of knowledge to practice, or competence)

SECTION E: FACULTY/ FORMAT INFORMATION

1. The following individuals are potential faculty for this educational activity. Please include their *Name, Title, Address, Telephone/Fax numbers, and E-mail address.*

a.

b.

c.

d.

NOTE: Faculty who refuse to sign the disclosure or do not return the form may NOT participate in the CME activity.

2. Will faculty engage in discussions of off-label of investigational products?

Yes No Please explain/ identify:

3. Will faculty engage in discussions of commercial products or services?

Yes No Please explain/ identify:

4. The following teaching methodology(ies) will apply. Check all that apply.

Lecture & Formal Group Discussion Panel Discussion Journal Club
 Case-based Learning Self-directed Learning Web Interaction
 Performance Improvement Simulation/ Standardized Patients Webinar
 Other (Explain)

5. The following teaching aids will be used at the activity:

PowerPoint, Video, CD ROM For Patients (Explain)
 Handouts for Health Professionals Other:

NOTE: PowerPoint presentations are to be electronically submitted at least two weeks prior to the start of the CME activity. The OCME Planning Committee may request slide review earlier in the process.

7. Will you digitally record this presentation?

Yes* No

*(OCME will secure a signed release.)

SECTION F: MARKETING/ PROMOTION

1. How is this activity to be marketed? (What means of communication/ distribution?)

2. To whom will this activity be marketed? (What organizations/ specialties/ number of prospective learners?)

NOTE: The OCME must approve all promotional fliers/brochures/e-mail notices in advance of distribution. the terms "credit applied for" or "pending CME approval" must not appear in promotional literature.

SECTION G: COMMERCIAL SUPPORT

1. I am NOT requesting commercial support. (Skip to section H.)
2. I am requesting commercial support. List potential commercial support(s) and requested financial amount(s):

3. Written grant agreements are required from all commercial support(s) and must include the following:

- An itemization of how the Provider will use the commercial support in the development and presentation of the CME activity.
- An itemization of the organizations involved in the activity (e.g., joint sponsors, education partners, managers)
- The organizational name of the commercial interest(s) that supplied the funds.
- What funds or in-kind services will be given by the commercial supporter to support the provider's activity
- Must be signed by the commercial interest and the accredited provider (UMMS OCME).

4. Exhibitors will be present at this activity. Yes No

List potential exhibitor(s):

SECTION H: FINANCE

1. Please describe registration fee structures:

2. Will UMASS employees be given a discount to attend? Yes No

3. Please check all that apply:

- Anticipate Revenue Break-even Non-Revenue

4. Budget attachment

- A budget is attached (Required)

SECTION I: TOTAL BUDGETED EXPENSES = \$

(Includes brochure printing, mailing, faculty honorarium and travel, catering, handout materials, a/v, room rental, CME fees, etc).

NOTE: The OCME requires a financial report to be completed within 30 days following each educational activity. This information is required to meet ACCME guidelines, and will be kept confidential. At the conclusion of the activity, a report form for this purpose will be sent to the program contact person listed on page 1 of this Planning Document. If person responsible for finances is a different party, please list below:

INSTRUCTIONS TO SUBMIT YOUR APPLICATION

If you wish to save your application so that you may return to it at a later date, save the document to your computer and when you are ready to submit your application, please insert the document as an attachment in an e-mail and send it to:

continuing.education@umassmed.edu

Or you may print your form and fax it to (508) 856-6838 or mail it to: Office of Continuing Medical Education
University of Massachusetts
Hoagland-Pincus Conference Center
222 Maple Avenue
Shrewsbury, MA 01545

FOR CME COMMITTEE USE ONLY

Approved:		Date:	
Number of Category I CME Credits Awarded:			
Rejected:		Date:	
Signature:			
Reason:			