



PLANNING FORM FOR ACCREDITED CONTINUING EDUCATION ACTIVITIES

NAME							ACTIVITY DATE	
TITLE OF ACTIVITY								
TYPE OF ACTIVITY	LIVE	RSS	INTERNET LIVE	INTERNET ENDURING	ENDURING	JOURNAL BASED	OTHER	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BRIEF DESCRIPTION								
ESTIMATED DURATION OF EDUCATION	_____ HOURS _____ MINUTES (Please report time in 15 minute increments)							

CORE CRITERIA CONSIDERATIONS

What is the practice-based problem (gap) will this education address? (Include supporting data)	
What is/are the reason(s) for the gap? How are your learners involved? (Include supporting data)	
Who is the target audience for this activity?	
What is not occurring that should be occurring? OR What is occurring that should not be occurring?	
What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?	
What are the objectives for this activity?	
What educational format will provide an optimal setting for the desired setting, objectives and expected results?	

STANDARDS FOR INTEGRITY AND INDEPENDENCE CONSIDERATIONS

This section applies only to accredited continuing education that receives financial or in-kind support from ineligible companies.

Accredited providers that choose to accept **commercial support** (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education.

Name of Ineligible Company (formerly known as Commercial Interest)	Amount of Support/Description of In-Kind Support

The considerations below should be shared with planners, joint-provider partners and any others in control of content and planning. It is the responsibility of the accredited provider to ensure that the following requirements are met:

1. **Decision-making and disbursement:** The accredited provider must make all decisions regarding the receipt and disbursement of the commercial support.
 - a. Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
 - b. The accredited provider may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
 - c. The accredited provider must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
 - d. The accredited provider may use commercial support to defray or eliminate the cost of the education for *all* learners.
2. **Agreement:** The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the accredited provider. The agreement must be executed prior to the start of the accredited education. An accredited provider can sign onto an existing agreement between an accredited provider and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
3. **Accountability:** The accredited provider must keep a record of the amount or kind of commercial support received and how it was used, and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.
4. **Disclosure to learners:** The accredited provider must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education. **Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.**

Before the activity occurs, providers should ensure that:

- ✓ A fully executed agreement is on file and signed by the accredited provider and a commercial supporter. In cases of joint-providership, both the joint-provider and accredited provider **MUST** sign the agreement.
- ✓ A record and accounting of all funds/in-kind support and how it will be/was used is in the activity record.
- ✓ Disclosure was made to the audience **PRIOR** to the start of the activity including the name of the ineligible company and nature of support.

DISCLOSURE INFORMATION AND CONSIDERATIONS

(See information below regarding exceptions)

<p>Describe how you will disclose the following information regarding relevant financial relationships to learners:</p> <p>a. The names of the individuals with relevant financial relationships.</p> <p>b. The names of the ineligible companies with which they have relationships.</p> <p>c. The nature of the relationships.</p> <p>d. A statement that all relevant financial relationships have been mitigated.</p>	<p>Description:</p>
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<p>Describe how you disclose the absence of relevant financial relationships:</p>	<p>Description:</p>
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Exceptions: Accredited providers **do not need to identify, mitigate, or disclose relevant financial relationships for any of the following activities.**

If your activity meets one of these exceptions, please indicate by selecting the appropriate box below:

1. Accredited education that is non-clinical, such as leadership or communication skills training.
2. Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
3. Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.

DOCUMENTATION OF DISCLOSURE INFORMATION FOR MEETING PLANNERS

Documentation of identification, determination of relevancy and application of mitigation steps should be documented on the disclosure and mitigation forms and saved in the activity file.

Disclosure information must be submitted prior to an individual assuming their role in the activity.

EXPECTED RESULTS AND OUTCOMES MEASUREMENT

<p>If your activity is designed to change competence, describe how you will measure intent to apply new strategies:</p>	
<p>If your activity is designed to change performance, describe how you will measure changes in learner performance:</p>	
<p>If your activity is designed to change patient outcomes, describe how you will measure changes in patient care and overall health outcomes:</p>	

FOLLOW UP OUTCOMES MEASUREMENT

Your activity may be designed to measure change in performance and/or patient outcomes. If this is the case, consider establishing a baseline prior to the activity and measure the impact of your activity as it relates to change in learner performance, patient care or overall health outcomes. Use the grid below to document this information. For joint-providership activities, establish follow-up dates/deadlines to obtain data.

<p>BASELINE DATA/STATUS OF PERFORMANCE OR PATIENT CARE/HEALTH OUTCOMES</p>	<p>FOLLOW-UP OUTCOMES DATA (select appropriate timeframe for follow-up) <input type="checkbox"/> 3 MONTHS <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 9 MONTHS <input type="checkbox"/> 12 MONTHS</p>

DESIRABLE PHYSICIAN ATTRIBUTES

INSTITUTE OF MEDICINE CORE COMPETENCIES	ACGME/ABMS COMPETENCIES	ABMS MAINTENANCE OF CERTIFICATION	INTERPROFESSIONAL EDUCATION COLLABORATIVE
<p>Provide patient-centered care – identify, respect, and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; 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</p> <p>Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable</p> <p>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</p> <p>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</p> <p>Utilize informatics – communicate, manage, knowledge, mitigate error, and support decision making using information technology</p>	<p>Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</p> <p>Medical 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</p> <p>Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care</p> <p>Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals</p> <p>Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population</p> <p>Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.</p>	<p>Evidence of professional standing, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.</p> <p>Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning.</p> <p>Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to- date practice-related knowledge, and other issues such as ethics and professionalism.</p> <p>Evidence of evaluation of performance in practice, including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.</p>	<p>Values and ethics for interprofessional practice are patient centered with a community/population orientation, grounded in a sense of shared purpose to support the common good in health care, and reflect a shared commitment to creating safer, more efficient, and more effective systems of care.</p> <p>Learning to be interprofessional requires an understanding of how professional roles and responsibilities complement each other in patient-centered and community/population oriented care.</p> <p>Developing interprofessional communication gives health care professionals the tools they need to give and receive timely, sensitive and instructive feedback with confidence and helps to improve teamwork and team-based care.</p> <p>Quality improvement tools can improve teamwork processes and aid in the design and functioning of team-based care to enhance outcomes for patients and communities.</p>

For more information on these physician attributes, visit:

www.iom.edu

www.acgme.org

www.abms.org

www.ipecollaborative.org