

# Continuing Medical Education (CME) Planning Document

All CME activities undertaken by the UTRGV School of Medicine Office of CME (SOM OCME) are planned and implemented in accordance with the Accreditation Council for Continuing Medical Education (ACCME) accreditation requirements and policies. Accordingly:

- UTRGV SOM OCME will be the final authority for all aspects of the planning process, including, but not limited to, the gap analysis, learning objectives, activity design, faculty selection, and evaluation metrics.
- All activities must comply with the ACCME *Standards for Commercial Support*, and, if designed for physician learners, the AMA standards regarding the Physician’s Recognition Award and *Gifts to Physicians from Industry*.
- All activities must be for scientific and educational purposes only; the educational content of activities must be accepted by the profession(s) constituting the target audience as being within the science/scope of practice of the intended audience(s), and applicable to the delivery of healthcare to the public.
- All CME Planning documents must be received as the program is being developed, 6 months in advance of the activity is expected. A minimum of 3 months is mandatory for smaller activities.

**Primary Contact:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Providership Type:

- Direct  Planned by only UTRGV School of Medicine Faculty  
Joint  Planned in partnership with a non-accredited provider(s)

**Proposed Title of Activity:** \_\_\_\_\_

**Activity Date(s):** \_\_\_\_\_

Venue & Location of Activity: \_\_\_\_\_  
Venue, Street Address, City, State, Zip and Telephone Number

Total Number of Hours Requested: \_\_\_\_\_ RSS Hours/Session: \_\_\_\_\_

Anticipated number of: Physician attendees: \_\_\_\_\_ Nurse attendees: \_\_\_\_\_ Other: \_\_\_\_\_

Number of Faculty: \_\_\_\_\_ Number of Sessions: \_\_\_\_\_

Do you anticipate any Commercial Supporter(s)? (See step 9 for a definition of commercial support)

Proposed Registration Fee: \$ \_\_\_\_\_ If none, why? \_\_\_\_\_

## **Step 1: Personal Conflicts of Interest:**

**List all individuals** who are in a position to control the content of this Continuing Medical Education (CME). Everyone who is in a position to control the content of an educational activity throughout the planning and delivery phases must disclose to us the nature of any relationship with a commercial interest as defined by ACCME. This includes all physicians and non-physician employees involved in planning, as well as authors, presenters, faculty and their spouse/partner.

**A conflict of interest exists** when an individual (or their spouse/partner) has a relevant financial relationship with a commercial interest and the opportunity to affect CME content related to that commercial interest. The intent of disclosure is not to disqualify faculty, author or program planner from participating in an educational activity, but to resolve any potential conflicts of interest that may arise from financial relationships with a commercial interest that are determined to be relevant.

**A relevant financial relationship** (any amount) **with a commercial interest** (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in the past 12 months, must be disclosed whether the relationship has now ended or is currently active.

**Anyone refusing/neglecting to provide a completed conflict of interest disclosure form** cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the CME activity and **will be required to withdraw in order to maintain accreditation.**

Types of financial relationships requiring disclosure include the following:

1. Ownership or part ownership of commercial interests.
2. Membership on boards of directors or trustees or advisory committees of commercial interests
3. Grants or research support from commercial interests (excluding grants from government or non-profit, independent foundations)
4. Employee of commercial interests
5. Consultant for commercial interests
6. Stock holder (excluding mutual fund holdings) of commercial interests
7. Member of speaker's bureau of commercial interest

**Content Validation: UTRGV SOM OCME is responsible for validating the clinical content of the CME activities that they provide. Specifically,**

1. All 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.
2. 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 collection and analysis.
3. Providers are not eligible for ACCME accreditation or reaccreditation if they 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. An organization whose program of CME is devoted to advocacy of unscientific modalities of diagnosis or therapy is not eligible to apply for ACCME accreditation.

**Planner-Faculty instructions are included with the disclosure of relevant financial relationship form** (See addendum A for a blank form). These instructions summarize planner & faculty responsibilities in the participation of an UTRGV SOM CME activity.

**Planners:** Completed disclosure of relevant financial relationship forms are required with the CME Planning Document **even if you have nothing to disclose**. The planning disclosures are required before the content development to ensure no bias exists with the planners, and if so, the planner can be excused.

**Planners cannot be employed by or hold any full-time appointments with a commercial interest.** If you are unable to disclose these financial relationships for any reason, you will be disqualified from participating in the planning or delivery of this activity. UTRGV SOM OCME will attempt to resolve any conflicts of interest.

Should a potential conflict of interest of anyone involved with the content of the activity be identified from the Disclosure Declaration, this conflict must be resolved according to the ACCME Standards- Resolution of Conflict of Interest. UTRGV SOM OCME Resolution of Conflict form(s) will be utilized to resolve any conflicts of interest. Any irresolvable conflict of interest or ACCME non-compliance issue would prevent the Planner from participating in the planning or delivery of this activity.

I will submit completed disclosure forms for all faculty <input type="checkbox"/> Yes <input type="checkbox"/> No					
I prefer to contract with UTRGV SOM OCME to obtain the required planner documentation (*fee) <input type="checkbox"/> Yes <input type="checkbox"/> No					
List the planners with credentials along with their contact information:					
Step #1	COI Form	Resolution needed?	Member Name	Email Address	Specialty

ACCME C 7 - SCS 1, 2 & 6

- Attach a separate sheet for more planning members
- Attach CVs or Bios for planning committee members who are not UTRGV faculty members

**Faculty, moderators and staff that have control of the content:** As faculty is developed, we must receive a completed conflict of interest disclosure form before they can become an accredited speaker. (See addendum A for a blank form). Any irresolvable conflict of interest or ACCME non-compliance issue would prevent the accreditation of their session(s).

All faculty must follow the ACCME guidelines to ensure the content of the session promotes the following:

- I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity.
- My presentation is to contain no mention of any unapproved or “off-label” use of medications or devices which have not been disclosed.
- I understand Trademarks or Brand Names are prohibited. If products are being compared generic names should be used.
- I understand that no advertising or promotion of any products or services (including authored books, videos, DVD’s or other printed or electronic media) will take place during my presentation or in the space where this CME activity is provided.
- I agree that my presentation will be free from the control of a commercial interest.
- I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. (HIPAA).
- I will inform learners of all relevant financial relationships or the lack thereof before my presentation begins.

UTRGV SOM OCME requests faculty contact information a **minimum** of 30 days before the activity to allow sufficient time for conflict resolution. The UTRGV SOM OCME Resolution of Conflict form(s) will be utilized to resolve any conflicts of interest, as long as the faculty is **NOT** an employee of a commercial interest. The presentation will be also be required at that time to resolve the conflict.

**Faculty cannot be employed by or hold any full-time appointments with a commercial interest.**

	I will submit completed disclosure forms for all faculty <input type="checkbox"/> Yes <input type="checkbox"/> No	
	I prefer to contract with UTRGV SOM OCME to obtain the required faculty documentation (*fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	

	List below the proposed faculty/speakers with credentials along with their contact information:	
		ACCME C 7 - SCS 1, 2 & 6

**Step 2: Identifying the Target Audience**

<b>Step #2</b>	<p>Indicate the profession(s) of the intended learner [e.g. physicians, pharmacists, advanced practice registered nurses, physician assistants, registered nurses, etc.]</p> <p>Include which specialties you are designing the activity [family medicine/primary care, orthopedic surgery, psychiatry, psychology, oncology, pharmacy, etc.]?</p>	<b>ACCME C2, C6</b>
	Physician (MD, DO): Include physician sub-specialty below	
	Other Health Care Professionals (RN, NP, PA, ND, Other): Include sub-specialty below	

**Step 3: Identifying the Professional Practice Gap(s)**

Educational Gaps are determined through a comparison of **current practice** and the **best available standard(s) of practice**.

**CURRENT PRACTICE** is the existing level of knowledge, competence or performance of the learner for the identified disease state, patient safety issue, ethical/cultural issue, etc.

Data for current practice may be accessed via a variety of sources, including, but not limited to, public health data, survey of intended learners, national or regional statistics, peer reviewed literature, opinion leader interviews, previous activity evaluation data, faculty perception of need, clinical practice data, national quality data and/or other sources.

<b>Step 3</b>	<p>A) Summarize the intended learner’s <b>CURRENT PRACTICE</b> using bullet points to determine the current practice.</p>	<b>ACCME C2 &amp; 3, SCS 1 &amp; 5</b>

Step 3	B) Select the <b>SOURCE</b> used to determine the CURRENT practice and provide supporting documentation.	ACCME C2 & 3, SCS 1 & 5
	<p><b>Expert Consensus</b></p> <input type="checkbox"/> Faculty perception (i.e. documented conversations) <input type="checkbox"/> Consensus of experts and education committee members (i.e. meeting minutes) <input type="checkbox"/> Advice from authorities in the field (i.e. documented phone conversation) <p><b>Participant Feedback</b></p> <input type="checkbox"/> Target audience survey <input type="checkbox"/> Previous CME activity evaluation data <p><b>Research Findings</b></p> <input type="checkbox"/> Data from outside sources (health statistics) <input type="checkbox"/> Health Sciences library request data <input type="checkbox"/> Patient care audits/QI data <input type="checkbox"/> Institutional/Organizational mandate <input type="checkbox"/> Medical literature review <input type="checkbox"/> Mortality/morbidity data <input type="checkbox"/> Other (specify): _____	

**BEST PRACTICE** is the best evidenced-based data or highest standard of care.

Best practice data may be accessed via a variety of sources, including, but not limited to, via Maintenance of Certification, core competencies, specialty society guidelines and consensus statements, peer reviewed literature and/or other sources.

Step 3	A) Summarize the intended learner's BEST PRACTICE using bullet points.	ACCME C2

**PROFESSIONAL PRACTICE GAP** is the difference between health care processes or outcomes currently observed in practice, and those potentially achievable through CME on the basis of Best Practice.

Step 3	B) State the Professional Practice Gap(s) that this CME program will be addressing using bullet points.	ACCME C2

**Step 4: Specifying the Pertinent ABMS/ACGME, IOM and IPEC Competencies**

The Accreditation Council for Continuing Medical Education (ACCME) has determined that **CME providers must specify which of these competencies is being addressed**. This step in the CME planning process is to specify which of the following competencies is most relevant to the identified gap(s).

If you would like more information regarding the core competencies, please visit the following web sites:

- [American Board of Medical Specialties](#)
- [Accreditation Council for Graduate Medical Education](#)
- [Institute of Medicine](#)
- [Interprofessional Education Collaborative](#)

**Please indicate all that apply:**

<b>Step #4</b>	Which of the <b>ABMS/ACGME</b> competencies is most relevant to the gap(s) that were identified?	<b>ACCME C6</b>
	<input type="checkbox"/> Patient care and Procedural Skills <input type="checkbox"/> Medical Knowledge <input type="checkbox"/> Practice-based Learning and Improvement <input type="checkbox"/> Interpersonal and Communication Skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Systems-based Practice	
	Which of the <b>Institute of Medicine (IOM)</b> competencies is most relevant to the gap(s) that were identified?	
	<input type="checkbox"/> Provide Patient-centered Care <input type="checkbox"/> Work in Interdisciplinary Teams <input type="checkbox"/> Employ Evidence-based Practice <input type="checkbox"/> Apply Quality Improvement <input type="checkbox"/> Utilize Informatics	
	Which of the <b>Interprofessional Education (IP) Collaborative</b> competencies will produce effective collaboration and improve health outcomes are most relevant to the gap(s) that were identified?	
	<input type="checkbox"/> Values/Ethics for Interprofessional Practice <input type="checkbox"/> Roles/Responsibilities <input type="checkbox"/> Interprofessional Communication <input type="checkbox"/> Teams and Teamwork	
	Other Competencies:	
	(Please specify)	
	_____	

**Step 5: Needs Statement**

<b>Step #5</b>	<p><b>EDUCATIONAL GAPS:</b> Once the <b>professional practice gaps have been determined and linked to the core competencies</b>, the next step is to translate this into the needs statement for the activity.</p> <p>State the educational need that will drive the development of the activity objectives and ultimately the outcomes measurement.</p> <p>Knowledge (understanding)</p> <p>Competence (understanding + strategy about how to implement in practice)</p> <p>Performance (understanding + strategy + implementation in practice)</p> <p>Patient Outcomes (understanding + strategy + implementation in practice + impact on patient or healthcare)</p>	<b>ACCME C2, C3</b>				
	<p>CME Activities must be <b>designed for a potential outcome of changing competence, performance and/or patient health</b>. Change in knowledge only is <b>NOT</b> an acceptable outcome for CME. This activity is designed to bring about a change in:</p>					
	<p>Choose the identified need your CME activity will address:</p> <table border="0"> <tr> <td><input type="checkbox"/> Designed to change Competence?</td> <td><input type="checkbox"/> Are changes in Competence evaluated?</td> </tr> <tr> <td><input type="checkbox"/> Designed to change Performance?</td> <td><input type="checkbox"/> Are changes in Performance evaluated?</td> </tr> <tr> <td><input type="checkbox"/> Designed to change Patient Outcomes?</td> <td><input type="checkbox"/> Are changes in Patient Outcomes evaluated?</td> </tr> </table>		<input type="checkbox"/> Designed to change Competence?	<input type="checkbox"/> Are changes in Competence evaluated?	<input type="checkbox"/> Designed to change Performance?	<input type="checkbox"/> Are changes in Performance evaluated?
<input type="checkbox"/> Designed to change Competence?	<input type="checkbox"/> Are changes in Competence evaluated?					
<input type="checkbox"/> Designed to change Performance?	<input type="checkbox"/> Are changes in Performance evaluated?					
<input type="checkbox"/> Designed to change Patient Outcomes?	<input type="checkbox"/> Are changes in Patient Outcomes evaluated?					

**Step 6 Learning Objectives**

<b>Step #6</b>	<p>Based on the educational gaps(s) stated above, in order to maintain ACCME accreditation, <b>learning objectives must be observable, measurable, and focused on the learner which contribute to a current or potential impact in professional practice and/or patient health</b> [<i>i.e. each objective should include a verb that describes a physician action in practice (and not what the teacher will teach)</i>].</p> <p>For example: Employ interdisciplinary care coordination strategies to reduce hospital readmissions and <u>improve patient care</u>.</p>	<b>ACCME C3</b>
	<p><b>Provide the overall learning objectives and draft agenda for the CME activity:</b></p>	

A **DRAFT** agenda must be included with this application. The draft agenda must include the times, session titles, summary for each session with tentative faculty if available. **The final agenda is required within 4 weeks of activity start date.**

Learning objectives are designed to provide participants an overview of the educational content. Well thought out learning objectives serve as a guide to instructors, so they create content that will help learners close the identified gap(s). Objectives should begin with measurable action verbs and help the learners close the identified gap by addressing the need to improve knowledge, enhance competence, influence behavior, and/or improve patient outcomes.

**Planners should present these learning objectives to instructors and authors, not vice versa.**



**Commercial interest's employees can have NO influence/input in the development and/or presentation of any educational content (See step # 12 for further clarification).**

**Step 7: Selecting the Appropriate Educational Design**

The educational design should reflect the information previously identified. Adult learning principles should be taken into account when selecting appropriate educational methodology.

<b>Step #7</b>	<p>(a) What educational design will be used for the activity?</p> <p><input type="checkbox"/> <b>Live activity</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Conference/Symposium</i></li> <li><input type="checkbox"/> <i>Live webcast</i></li> <li><input type="checkbox"/> <b>Enduring material</b> (a printed, recorded, or computer-presented CME activity that 'endures' over a specific period of time)</li> <li><input type="checkbox"/> <i>Enduring Internet/web-based</i></li> <li><input type="checkbox"/> <i>Enduring CD-ROM DVD</i></li> </ul> <p><b>Planned release date:</b> _____</p>	<b>ACCME C5</b>
	<p>(b) What will be the educational format and/or interactive methods will be used in this activity</p>	
	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lecture/presentation</li> <li><input type="checkbox"/> Panel discussion with question &amp; answer</li> <li><input type="checkbox"/> Group discussion</li> <li><input type="checkbox"/> Case-study</li> <li><input type="checkbox"/> Problem Solving/Role Play</li> <li><input type="checkbox"/> Brain Storming/Round table discussion</li> <li><input type="checkbox"/> Simulation / demonstration</li> <li><input type="checkbox"/> Games</li> <li><input type="checkbox"/> Interactive computer response system (CRS)</li> <li><input type="checkbox"/> Pre/Post Test</li> <li><input type="checkbox"/> Other: (please specify) _____</li> </ul>	
	<p>(c) Why is this format(s) appropriate to the learning objectives?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Knowledge conveyed in a short time</li> <li><input type="checkbox"/> Point/counterpoint for controversial topics</li> <li><input type="checkbox"/> Complicated topic, extra time for questions</li> <li><input type="checkbox"/> Application of knowledge to potential practice</li> <li><input type="checkbox"/> Improve skills or technique</li> <li><input type="checkbox"/> Discussion of difficult or unusual cases or data</li> <li><input type="checkbox"/> Other: _____</li> </ul>	

**Step 8: EVALUATION AND IMPROVEMENT**

Evaluations must assess objectives, content, and professional knowledge, skill, or attitude improvement.

<b>Step #8</b>	<p>To measure a change in <b>competence</b>, you must provide evidence that the learner has knowledge that he or she did not have prior to the activity and plans to implement changes.</p> <p>To measure a change in <b>performance</b>, you must provide evidence that the learner made a change in her or her practice (As a result of the activity, how do you intend to change your practice? Evaluate learner’s intent to change; 6-month follow up.)</p> <p>To measure a change in <b>patient outcomes</b>, you must provide evidence that this education affected patients (chart reviews, changes in quality improvement numbers, etc.)</p>	<b>ACCME C11, C12 &amp; C13</b>
	<p>How will you measure changes?</p> <p><input type="checkbox"/> <b>Physician Competence</b> (Moore’s Level 4- see details below)</p> <p><input type="checkbox"/> <b>Physician Performance</b> (Moore’s Level 5)</p> <p><input type="checkbox"/> <b>Patient Outcomes</b> (Moore’s Level 6)</p>	
	<p>How will the goal, purpose or expectation of the activity be measured? <b>(C11)</b></p> <p><input type="checkbox"/> <b>Physician Feedback</b></p> <p><input type="checkbox"/> <b>Follow-up Survey of Physician</b></p> <p><input type="checkbox"/> <b>Practice Patterns</b></p> <p><input type="checkbox"/> <b>Pre/Post Test</b></p> <p><input type="checkbox"/> <b>Patient Outcomes Evaluation</b></p> <p><input type="checkbox"/> <b>Other</b> _____</p> <p><b>**Please include a copy of all evaluation instrument(s)- UTRGV SOM OCME can provide guidance with the evaluation tool.</b></p>	

UTRGV SOM OCME refers planners to Moore’s seven outcome levels as the framework in developing the evaluation tool. **The seven levels are as follows:**

- |                |   |
|----------------|---|
| Level 1        | Participation, i.e. evaluation  |
| Level 2        | Satisfaction, i.e. evaluation   |
| Level 3A       | Learning: Declarative Knowledge (Knows), i.e. evaluation, survey, pre/post test   |
| Level 3B       | Learning: Procedural Knowledge (Knows How), i.e. evaluation, survey, pre/post test  |
| <b>Level 4</b> | Learning: <b>Competence</b> (denotes strategy to implement), i.e. self-reported learner behavior changes / what will be implemented or why not                          |
| <b>Level 5</b> | <b>Performance</b> (Does), i.e. follow-up data (e.g. 3 month later) to compare to initial to see if changes Remain implemented, measurement of learner behavior changes |
| <b>Level 6</b> | <b>Patient Health</b> , i.e. measurement of impact on patient   |
| Level 7        | Community Health, i.e. measurement of impact on populations   |

## **Step 9: Standards for Commercial Support (CS) (ACCME C7, C8, C9, C10 – SCS 1, 2, 3 & 4)**

The creation of CME content must strictly adhere to all ACCME accreditation requirements and policies, as well as the Standards for Commercial Support, [ACCME Standards for Commercial Support](#).

UTRGV OCME provides CME activities that promote improvements in quality health care and not the proprietary interests of any **commercial** organization.

**“A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.”**

The ACCME does not consider providers of clinical service directly to patients to be commercial interests - unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

A commercial interest is **NOT** eligible for ACCME accreditation. Commercial interests cannot be accredited providers, joint providers, planners or faculty. Within the context of this definition and limitation, the ACCME considers the following types of organizations to be eligible for accreditation and free to control the content of CME:

- *501(c) Non-profit organizations (Note: ACCME screens 501(c) organizations for eligibility. Those that advocate for a commercial interest as a 501(c) organization, are not eligible for accreditation in the ACCME system. They cannot serve in the role of joint provider, but they can be a commercial supporter.)*
- Government organizations
- Non-health care related companies
- Liability insurance providers
- Health insurance providers
- Group medical practices
- For-profit hospitals
- For-profit rehabilitation centers
- For-profit nursing homes
- Blood banks
- Diagnostic laboratories

ACCME reserves the right to modify this definition and this list of eligible organizations from time to time without notice.

**Disclosure to UTRGV SOM OCME prior to requesting the grant/funding of any potential financial relationships with a commercial interest is mandatory.** (see Addendum B for Commercial Support Agreement)

**Non-compliance with this component will cause the activity’s accreditation to be revoked.** If more than one (1) commercial supporter is being submitted, please provide separate documentation for each supporter including the requested information below.

**In the interest of balanced and unbiased scientific presentations, UTRGV SOM OCME requires all educational activities supported in whole or in part by an educational grant be in strict compliance with ACCME Standards for Commercial Support (SCS).** All commercial support funds (not exhibit and/or marketing funds) solicited on behalf of the activity must be received by UTRGV SOM OCME. The joint provider may develop a grant proposal under the direction of UTRGV SOM OCME; however, as the accredited provider, UTRGV SOM OCME is responsible for appropriate management of these grants according to the ACCME's SCS.

An essential part of complying with these standards is UTRGV SOM OCME managing and distributing the funds.

**In all cases, education must be physically separated from promotion. Disclosure to the learners of relevant financial relationships and any commercial support of the activity must occur prior to the onset of the educational content and cannot include the use of a trade name or a product-group message.**

<b>Step #9</b>	<p><b>A) Do you anticipate any commercial support?</b></p> <p><input type="checkbox"/> <b>Yes- please fill in the section below</b> (Agreement paperwork must be submitted to OCME)</p> <p><input type="checkbox"/> <b>No (continue to section D below)</b></p>	<b>ACCME C8, SCS 3 &amp; 4</b>
	<p>List any potential commercial entities that could provide support for the activity.</p> <p>Organization Name _____</p> <p>Contact Person _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Telephone _____ Email _____</p>	
	<p><b>B) What type of commercial support is being provided?</b></p> <p><input type="checkbox"/> <b>Monetary</b> (this would include lunch/breaks/meals whether there is an educational component or not)</p> <p><input type="checkbox"/> <b>In-kind donation</b> - resources and/or services with cash value donated or loaned for use during an educational session (i.e. durable equipment, facilities/space, animal parts or tissue, human parts or tissue, disposable supplies (non-biologic), other etc.)</p>	
	<p><b>IMPORTANT:</b> Exhibits are <b>NEVER</b> a condition for the receipt of an educational grant (commercial support). Should an exhibit be requested or any other marketing arrangements, a separate agreement must be entered into with the appropriate party from the commercial interest.</p>	
	<p><b>C) Have you attached your fully executed (signed by all parties involved – e.g. Commercial interest and accredited provider) commercial support written agreement? (see Addendum D for agreement)</b></p> <p><input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>	
	<p><b>D) Product promotion material or product specific advertisement of any type is prohibited and cannot be displayed or distributed in the education space immediately before, during, or after a CME accredited activity. Product promotion can occur in exhibit areas/halls which do not impede a participant’s path to the educational space.</b></p> <p>Educational materials as part of the accredited activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade name, or product-group message.</p> <p>I will comply with the above regulation: <input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>	
<p><b>E) Disclosure of Commercial Support to Learners:</b></p> <p>The accredited provider (and joint provider) will ensure that the source of support from the commercial interest, either direct or in-kind, is disclosed to the learners in program brochures, syllabi, other program materials and/or at the time of the activity. This disclosure <u>will not</u> include the use of a trade name or a product group message.</p> <p>I will comply with the above regulation: <input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>		
<p><b>F) Budget and Reconciliation</b></p> <p>Requestor must complete and submit an estimated budget with the application. Reconciliation is required within 45 days of the activity’s completion.</p> <p>I will comply with the above requirements: <input type="checkbox"/> <b>Yes</b>      <input type="checkbox"/> <b>No</b></p>		

## Step 10: ACCME Commendation Criteria

### ACCME Commendation Criteria

The Accreditation Council for Continuing Medical Education (ACCME) encourages and rewards accredited CME providers for implementing best practices in educational methods, engagement, evaluation, assessment of change, and generating meaningful outcomes.

**Instructions:** With regard to your activity, consider whether any of the following criteria may apply and indicate below. If you are uncertain, please contact UTRGV SOM OCME 956-296-1935.

#### Promotes Team-Based Education

- C23 Members of interprofessional teams are engaged in the planning and delivery of Interprofessional continuing education (ICPE).
- C24 Patient/public representatives are engaged in the planning and delivery of CME.
- C25 Students of the health professions are engaged in the planning and delivery of CME.

#### Addresses Public Health Priorities

- C26 The provider advances the use of health and practice data for healthcare improvement.
- C27 The provider addresses factors beyond clinical care that affect the health populations.
- C28 The provider collaborates with other organizations to more effectively address population health issues.

#### Enhances Skills

- C29 The provider designs CME to optimize communication skills of learners.
- C30 The provider designs CME to optimize technical and procedural skills of learners.
- C31 The provider creates individualized learning plans for learners.
- C32 The provider utilizes support strategies to enhance change as an adjunct to its CME.

#### Demonstrates Educational Leadership

- C33 The provider engages in CME research and scholarship.
- C34 The provider supports the continuous professional development of its CME team.
- C35 The provider demonstrates creativity and innovation in the evolution of its CME program.

#### Achieves Outcomes

- C36 The provider demonstrates improvement in the performance of learners.
- C37 The provider demonstrates healthcare quality improvement.
- C38 The provider demonstrates the impact of the CME program on patients or their communities.

**Step 11: Accreditation Announcement, Fees, Signature and W-9**

**a) Accreditation Announcement**

UTRGV SOM OCME must approve all activity announcements, including save the date type notifications, **PRIOR TO BEING RELEASED and/or PRINTED** to ensure proper accreditation statements have been included.

**Pending accreditation statements are NOT allowed.**

In advertising CME credits, excluding save the date type notifications, UTRGV SOM OCME ensures all promotional materials include the following elements:

- Statement of overall objectives for the activity
- Session descriptions (this area may include the objectives)
- List of faculty/presenters
- Agenda/schedule to include date and times
- Clear information concerning fees, and, if appropriate, what the fee covers
- Statement of commercial support (if applicable)
- ACCME accreditation and AMA designation statements that clearly identify the accrediting provider (UTRGV SOM OCME)

**Preliminary approval** of accreditation for most activities can be determined within four (2-4) business days contingent upon: completed and signed application, include all requested documentation, and the size of the activity. UTRGV SOM OCME must receive all required documentation at least nine (9) weeks prior to the event, depending on the size of the activity, more time may be required to complete the entire accreditation process.

**b) Signature**

My signature attests I have the authority to enter into this agreement.

I have fully read and understand the completed application and will abide with the application requirements to maintain compliance with the ACCME accreditation requirements and policies, as well as the Standards for Commercial Support.

UTRGV SOM OCME reserves the right to withdraw from this activity, at any time, if the requirements have not been fulfilled.

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Signature of Organization Representative Date

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Printed Name of Representative / Title

**Please submit (email) the completed and signed application (an unsigned/incomplete application will be returned), and supporting documentation to:**

Elysa Hausmann, MSHS  
 CME Coordinator, UTRGV SOM Office of CME  
[ocme@UTRGV.edu](mailto:ocme@UTRGV.edu)

**COMPLETE THIS PAGE FOR REGULARLY SCHEDULED SERIES ONLY**

What type of Regularly Scheduled Series is this?

- Grand Rounds     Case Conference     Seminar Series     M&M     Quarterly Mtgs.

What is the overall goal, purpose or expectation of the series planned?

Describe the ongoing method of choosing topics/cases/speakers:

**EACH ACTIVITY TOPIC (NOT APPLICABLE TO CASE CONFERENCES) MUST SUBMIT A TOPICAL GAP ANALYSIS WITH THE FOLLOWING INFORMATION.**

**Topic:**

**Speaker's name:**

What is the professional practice gap? (current practice vs optimal practice)

Which professional practice gap(s) does the activity target? (knowledge, competence, practice)

- Designed to change Competence?
- Designed to change Performance?
- Designed to change Patient Outcomes?

How does the activity incorporate *desirable* physician attributes?

- |  |  |
|--|--|
| <input type="checkbox"/> Patient care (ACGME)                              | <input type="checkbox"/> Medical Knowledge (ACGME)             |
| <input type="checkbox"/> Practice-based Learning and Improvement (ACGME)   | <input type="checkbox"/> Professionalism (ACGME)               |
| <input type="checkbox"/> Interpersonal and Communication Skills (ACGME)    | <input type="checkbox"/> Systems-based Practice (ACGME)        |
| <input type="checkbox"/> Provide Patient-centered Care (IOM)               | <input type="checkbox"/> Work in Interdisciplinary Teams (IOM) |
| <input type="checkbox"/> Employ Evidence-based Practice (IOM)              | <input type="checkbox"/> Apply Quality Improvement (IOM)       |
| <input type="checkbox"/> Utilize Informatics (IOM)                         | <input type="checkbox"/> Roles/Responsibilities (IP)           |
| <input type="checkbox"/> Values/Ethics for Interprofessional Practice (IP) | <input type="checkbox"/> Teams and Teamwork (IP)               |
| <input type="checkbox"/> Interprofessional Communication (IP)              |  |

**ADDENDUM A**  
**Disclosure of Relevant Financial Relationships**

The intent of this disclosure is to allow University of Rio Grande Valley School of Medicine Continuing Medical Education (UTRGV SOM CME) the opportunity to resolve any potential conflicts of interest to assure balance, independence, objectivity and scientific rigor in all of its CME activities. All faculty, planners and persons in a position to control the content of UTRGV provided CME activities must disclose to UTRGV any relevant financial relationships with any commercial interest concerned with the content of an educational presentation.

**Conflict of Interest.** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which she/he has a financial relationship.

**Commercial Interest.** "A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients." **Commercial interests cannot control or influence the content of a CME activity.**

**Financial Relationships.** Those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected. Relevant financial relationships of your spouse or partner are those of which you are aware at the time of this disclosure.

\*\*\*\*\*

**\* PLEASE COMPLETE AND SIGN ON THE SIGNATURE LINE BELOW**

**Name of Speaker, Faculty member or Planning member:** \_\_\_\_\_

**What is your role(s):**      Planner                      Speaker                      Faculty                      Committee member

**Activity / Presentation Title :** \_\_\_\_\_ **Activity Date:** \_\_\_\_\_

In the past 12 months, did you (or your spouse/partner) have a relevant financial relationship with any commercial interest? **Employees of a commercial interest cannot be planners/faculty nor have any control of the content of an ACCME accredited activity.**

Self                       Yes                       No  
 Spouse/partner       Yes                       No

If yes, please identify the company and the nature of the relationship below.

<u>Commercial Interest</u>	<u>What was Received</u>	<u>For What Role</u>
Ex: company or institution name	Ex: honorarium, grant	Ex: Speaker, teaching, research

**DECLARATION**

- I will uphold academic standards to insure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity. My presentation is to contain no mention of any unapproved or "off-label" use of medications or devices which have not been disclosed here.
- I agree that my presentation will be free from the control of a commercial interest.
- I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
- I will inform learners of all relevant financial relationships or the lack thereof before my presentation begins.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Office of CME use: Disclosures discussed prior to the conference via phone/email: initials \_\_\_\_\_



**ADDENDUM B**

**WRITTEN AGREEMENT FOR COMMERCIAL SUPPORT OF A CME ACTIVITY**

(page 1 of 2)

The University of Texas Rio Grande Valley School of Medicine (UTRGV SOM) (the “Accredited Provider”) is committed to presenting continuing medical education (CME) activities that promote improvements or quality in healthcare and are independent of the control of commercial interests. As part of this commitment, we have outlined in letter of agreement the terms, conditions and purposed of commercial support for the CME activity delineated below. Commercial Support is defined as financial, or in-kind (non-financial), contributions given by a commercial interest\*, which is used to support all or part of the costs of a CME activity. \*ACCME defines a Commercial Interest as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

<b>Commercial Interest:</b>	
<b>Educational Partner(s):</b>	
<b>Activity Title:</b>	
<b>Location:</b>	<b>Date of Activity:</b>
<b>Amount of Educational Grant: \$</b>	
<b>In-Kind Support</b> – Check appropriate box(es) and specify what will be provided: <input type="checkbox"/> None – Financial support only	
<input type="checkbox"/> Durable Equipment:	<input type="checkbox"/> Animal parts or tissue:
<input type="checkbox"/> Facilities/space	<input type="checkbox"/> Human parts or tissue:
<input type="checkbox"/> Disposable Supplies (non-biological):	<input type="checkbox"/> Other:

**Conditions and Purposes**

- **Statement of Purpose:** This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest of the Commercial interest.
- **Control of Content:** Accredited Provider is responsible for all decisions regarding the identification of educational needs, determination, selection and presentation of needs, objectives, content, faculty, educational methods, evaluation, and audience of the activity; accredited provider will ensure that all decisions are made free of the control of the Commercial Interest. The Commercial Interest will not require the Accredited Provider to accept advice or services concerning teacher, authors or participants or other education matters, including content, as conditions of receiving this grant.
- **Appropriate Use of Commercial Support:** The Commercial Interest shall provide Commercial Support in the amount set forth above to the Accredited Provider promptly upon execution of this Agreement. The Accredited Provider will make all decisions regarding the disposition and disbursement of the funds from the Commercial Interest. All commercial support associated with this activity will be given with the full knowledge and approval of the Accredited Provider. No other payments shall be given to the director of the activity, planning committee members, teacher or authors, joint sponsor, or any others involved with the supported activity. The Commercial Support provided herein has not been determined in a manner considering the volume or value of any referrals, financial relationship(s) or other business arrangements(s) otherwise existing between the parties for which payment may be made, in whole or in part, under any Federal or State health care program, including, without limitation, Medicare or Medicaid. The provided funds or portions of the provided funds may be reportable in compliance with the Physician Payments Sunshine Act.
- **Reconciliation:** The Accredited Provider will, upon request, furnish the Commercial Interest with documentation detailing the receipt and expenditure of the commercial support.
- **Commercial Promotion:** The funds provided under this grant are not intended to defray or pay any costs for exhibit/display space. Neither exhibit space nor advertising has been offered or will be given as a condition of commercial support. In-kind donations are for educational purposed only and will not be used as opportunities for selling. No promotional activity or advertisements will be permitted in the same room as the educational activity. The commercial Interest may not be the agent providing the CME activity to the learners.
- **Disclosure:** The Accredited Provider will ensure that the source of support from the Commercial Interest either direct or “in-kind”, is disclosed to the participants in program brochures (if known), syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a logo, trade name or a product-group message.
- **Agreement:** The Accredited Provider, Commercial Interest, and the Educational Partner(s) (if applicable) agreed to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) *Standards for Commercial Support of Continuing Medical Education*. This agreement constitutes the entire agreement between the parties relating to the supported activity and supersedes all other agreements, express or implied, between the parties as to its subject matter. This Agreement may be modified only by a writing signed by both parties which states it is an amendment to this Agreement. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas.

