

PHASE 1 TO APPLICATION FOR CME JOINT PROVIDERSHIP OF A LIVE ACTIVITY

PLANNING COMMITTEE SELECTION AND DISCLOSURE (C7) **COLLECT, REVIEW, RESOLVE**

All individuals in a position to control content of this activity are required to disclose all financial relationships with any commercial interests, as defined by the ACCME for themselves and spouse/partner that occurred in the last 12 months to the ATS. According to the ACCME definition, a *commercial interest* is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.

1. List the name and contact information for all members of the Planning Committee. Planners listed will receive a link to complete and online disclosure form. The Planning Committee Chair will receive a link to review Planner disclosures and resolve conflicts of interest if any. These steps must be completed before topics and speaker selection can be discussed.

Planning Committee (<i>Chair must be an ATS member</i>)							
First Name	Last Name	Degree	Institution	Title	Email	Chair or Member	ATS Member (Y/N)

2. Sunshine Act

Under the Physician Open Payments ("Sunshine Act"), which began August 1, 2013, applicable manufacturers and group purchasing organizations are required to report all payments and transfers of value to physicians and teaching hospitals to the Centers for Medicare and Medicaid Services (CMS). If you receive commercial support for your activity, you are responsible for collecting and reporting the required information. Please see instructions to joint providers of CME Activities.

3. Acknowledgment

Please read the instructions (link to instructions on ATS Education page) and check below to acknowledge that you have read the instructions and agree to follow instructions and deadlines

I acknowledge that I have read the instructions and Sunshine Act fact sheet and agree to follow the instructions, deadline and comply with the ACCME Standards for Commercial Support

☒ (check box)

Full Name:

Email:

Chapter:

Meeting Date:

PHASE 2: APPLICATION AND BUDGET

This application and required documents are due to the ATS no later than **90 days prior to the activity**. If you are seeking commercial support, we recommend that you submit your completed application at least 4 months prior to your activity.

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SECTION 1: BASIC INFORMATION

1. Activity Information

Title:

Start date:

End date:

Is this a repeat course? ☐ Yes ☐ No

Venue name:

Venue address:

2. Credit Detail Credit is calculated so that 1 hour of educational instruction equals 1 credit. Meals, breaks and Chapter business meetings are not eligible for credit.

Number of AMA PRA Category 1 Credit(s)™ requested:

3. Have you applied to other professional societies for accreditation of this activity (i.e., ANCC, AART)?

☐ Yes ☐ No

4. If yes, please list:

5. Do you intend to use this activity or its content in another format for CME Credit (i.e., enduring material)? ☐ Yes ☐ No

6. Joint Provider/Chapter Information

Name of Chapter:

Administrator Name:

Address:

Phone:

Email:

SECTION 2: FACULTY

7. List the name and contact information for all faculty. Faculty listed will receive a link to complete and online disclosure form. The Planning Committee Chair will receive a link to review Faculty disclosures and resolve conflicts of interest if any.

Faculty					
First Name	Last Name	Degree	Institution	Title	Email

SECTION 3: AGENDA

8. Attach an agenda in Word or PDF format that contains:

- Date
- Start and end time of each session
- Session title
- Faculty name(s)
- Meals, break and Chapter business meetings (these are not eligible for CME credit).

SECTION 4: NEEDS ASSESSMENT AND EDUCATIONAL DESIGN

(C2, C3, C5, C6)

9. ACTIVITY SUMMARY: Include a brief summary of the activity content which runs no longer than 100 words.

10. TARGET AUDIENCE: Who will benefit from attending this activity?

11. DESIRABLE PHYSICIAN ATTRIBUTES: Under each of the two systems below please indicate the competency(ies) targeted by this session (check all that apply) **(C6)**

ACGME/ABMS Competencies

<input type="checkbox"/> Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health	<input type="checkbox"/> Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals
<input type="checkbox"/> 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	<input type="checkbox"/> Professionalism , as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
<input type="checkbox"/> Practice-based learning and improvement that involves investigation and evaluation of their patient care, appraisal and assimilation of scientific evidence, and improvements in patient care	<input type="checkbox"/> 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

Institute of Medicine Core Competencies

<input type="checkbox"/> 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	<input type="checkbox"/> 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
<input type="checkbox"/> Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable	<input type="checkbox"/> Utilize informatics – communicate, manage, knowledge, mitigate error, and support decision making using information technology
<input type="checkbox"/> 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	

12. SESSION FORMAT: Choose from the following teaching methods. Choose all that apply. (C5),

- | | |
|--|--|
| <input type="checkbox"/> ABIM Learning Session (built around a SEP or PIM)
<input type="checkbox"/> AMA Quality Improvement Model CME (PI CME)
<input type="checkbox"/> Break-out sessions (smaller groups)
<input type="checkbox"/> Case studies (alone or as follow up to lecture)
<input type="checkbox"/> Consecutive Case Conference
<input type="checkbox"/> Consensus Conference with Jury
<input type="checkbox"/> Didactic lecture (with Q & A)
<input type="checkbox"/> Hands on skill building workshop
<input type="checkbox"/> Internet course (with live audience either in one place or dispersed)
<input type="checkbox"/> Research results/poster presentation | <input type="checkbox"/> Lecture with interactive components (e.g. audience response)
<input type="checkbox"/> Medical guideline presentation
<input type="checkbox"/> Meet the professor (bring cases/questions from your practice)
<input type="checkbox"/> Pathology case w/ quiz (alone or part of wider case discussion)
<input type="checkbox"/> Pre-test or post test discussion
<input type="checkbox"/> Pro Con debate
<input type="checkbox"/> Radiology presentations with quiz (alone or as part of a case)
<input type="checkbox"/> Simulation (e.g. a PFT lab, or a patient undergoing a diagnostic procedure)
<input type="checkbox"/> Other (Please explain) |
|--|--|

13. CLINICAL SCIENTIFIC IMPORTANCE & REFERENCES (C2) Please state in 250 words or less the educational need for this activity. Your statement must address the following questions:

- What is the difference between current and optimal practice you wish to address with this educational activity? (This is called the “professional practice gap” or the “learning gap”.)

- In order to narrow or eliminate the gap, will your activity increase knowledge, competence (knowing how to do something), skills and/or performance in work or practice or patient health/quality of life?

14. What sources did you use to assess the needs of this target audience? Check all the sources that apply.

- | | |
|--|---|
| <input type="checkbox"/> Requests from ATS members/similar learners | <input type="checkbox"/> Self-assessment tests (e.g. pre-test, post-test, case vignettes in surveys) |
| <input type="checkbox"/> Expert Opinion (if checked, provide the names and credentials of the experts) | <input type="checkbox"/> Advice from authorities in the field (If checked, provide details and authorities) |
| <input type="checkbox"/> This is a follow-up at a higher level to a previous course | <input type="checkbox"/> Review of literature |
| <input type="checkbox"/> Previous course evaluation asking for suggestions | <input type="checkbox"/> New medical findings |
| <input type="checkbox"/> Survey of target audience | <input type="checkbox"/> New guidelines |
| | <input type="checkbox"/> Formal needs assessment(s) by scholarly investigators |
| | <input type="checkbox"/> Other (If checked, provide details) |

15. Please cite 2 or 3 resources or references (in standard citation format) in support of your needs assessment.

- 1.
- 2.
- 3.

16. LEARNING OBJECTIVES: Your objectives should focus on closing the gap/solving the problem you identified under the Statement of Clinical/Scientific Importance. What will the learner be able to do/do better after attending your session? At least one of your objectives should state how the learner will be able to apply new knowledge competence or performance/skill to his/her practice or work or improve quality of life or health of patient. **(C3)**

At the conclusion of this session, the participant will be able to:

Objective	This objective will result in a change in (check all that apply):
1.	<input type="checkbox"/> competence <input type="checkbox"/> performance <input type="checkbox"/> patient outcomes
2.	<input type="checkbox"/> competence <input type="checkbox"/> performance <input type="checkbox"/> patient outcomes
3.	<input type="checkbox"/> competence <input type="checkbox"/> performance <input type="checkbox"/> patient outcomes

17. OUTCOMES ASSESSMENT (C11)

All CME activities are required to assess changes in learner competence, performance or patient outcomes as a result of participating in the activity. How do you intend to assess if this activity met its stated learning objectives? Evaluation data may be collected either in paper format or electronically. Please check all that apply.

<input type="checkbox"/> Post-Test – paper format
<input type="checkbox"/> Post-Test – electronic format
<input type="checkbox"/> Follow-up survey
<input type="checkbox"/> Other (i.e. practical skills assessment by Faculty) (please explain)

SECTION 5: BUDGET AND STANDARD FOR COMMERCIAL SUPPORT (C8)

All ATS CME activities must be planned and implemented in accordance to the ACCME's Standard for Commercial Support which can be found at: <http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support>

18. Does you plan on seeking commercial support (grants or in-kind) for this activity? ☐ Yes ☐ No

19. If yes, please list the names of the companies that will be contacted:

20. Will there be exhibitors at this activity?

☐ Yes ☐ No

21. If yes, please list the names of the companies that will be contacted:

22. Will any governmental agencies or foundations be supporting your activity?

☐ Yes ☐ No

23. If yes, please list the names of the companies that will be contacted:

BUDGET

A budget is required for all activities. When preparing the budget, please refer to the ATS Honoraria Policy. You may not seek commercial support until after the ATS has designated your event for CME.

Attach a budget as an Excel document using the template found here

<http://www.thoracic.org/members/chapters/cme-sponsorship/>

SECTION 6: SIGNATURES AND APPROVALS

As the accredited provider, ATS assumes responsibility for ensuring the content, quality and scientific integrity of this jointly sponsored activity. Please check box to indicate agreement and complete approvals below:

- ☐ I understand that the ATS has the authority to and responsibility to withdraw designation of CME credit and revoke this agreement should there be a failure or inability to adhere to the terms of this application and to ACCME standards.
- ☐ I attest my organization's commitment to adhere to the Essentials of Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME), and agree to comply with all documentation and deadline requirements contained in this Application including submission of Post-Event materials described above.
- ☐ I attest that the information on this form is correct. Further, I acknowledge that keying in names and dates below indicates approval of this Application and is equivalent to my signature.

Name

Date:

PHASE 3: MEETING MATERIAL UPLOAD FOR APPROVAL

The following documents are required to be provided to the participants in your activity. You must submit meeting materials for approval at least 2 weeks prior to your activity. Templates are provided here <http://www.thoracic.org/members/chapters/cme-sponsorship/>

- ☐ Course Information Sheet must contain:
 - Accreditation statements as it appears on your certificate of designation
 - Target Audience
 - Learning Objectives
- ☐ Disclosure of Planner and Faculty financial relationships (or no relationships) with commercial interests within the last 12 months
- ☐ Attribution of sources of commercial support (grants and in-kind) if applicable
- ☐ Course and speaker evaluation
- ☐ Pre and Post-test
- ☐ All Letters of Agreement for Commercial Support
- ☐ Teaching by Design Forms for each session/speaker

PHASE 4: POST ACTIVITY DOCUMENTATION

The following documentation is required for a final report and completion of your activity's CME file. Your post-activity documents are due no later than *45 days after the close of your program*.

Number of physicians in attendance:

Number of non-physicians in attendance:

Commercial Support

Do you have commercial supporters? ☐ Yes ☐ No

Name of Commercial Supporter	Amount	Notes

In-Kind Support

Do you have in-kind supporters? ☐ Yes ☐ No

Name of In-Kind Supporter	Support Received	Notes

☐ Budget

- ☐ Reconciled budget with all receipts and invoices
- ☐ Letters of agreement for commercial support received (educational grants and in-kind support)
- ☐ Exhibitor list

☐ Final brochure

☐ Attendee Kit

☐ Documentation of last minute faculty substitutions (if applicable)

- ☐ Disclosure was made to Planning Committee
- ☐ Planning Committee reviewed and resolved any conflicts
- ☐ Disclosure was made to learners

☐ Physician participation records due 2 weeks after activity for issuing CME Certificates

- ☐ Sign in sheets
- ☐ Attendance summary in Excel format broken down by physicians and non-physicians. Must include name, credentials as it should appear on CME certificate and email -

☐ Activity Summary

- ☐ Summary of course and speaker evaluations in Excel format or link to download results
- ☐ Summary of Pre/Post-Test results in Excel format or link to download results