

Section I. Educational Activity Information

Name of Activity Director/Planner:

Date & Time of Activity:

Contact Email:

Department:

Type of Educational Activity:

☐ Grand Rounds

☐ Morbidity & Mortality (M&M) Conference

☐ Multidisciplinary Conference

☐ Tumor Board

☐ Journal Club

☐ One-time activity

☐ Non-Clinical Topic (e.g. leadership, communication skills)¹

☐ Other: _____

Will the activity be planned & presented in partnership
with a third-party organization? No Yes

If Yes, please indicate the organization's name below:

Do you intend to receive financial or commercial
support from a third-party organization?

No

Yes

Requester's Prospective Role(s):

☒ Planner (e.g. involved in selecting the topic, presenter, and/or content)

☐ Faculty Physician

☐ Content Reviewer

☐ Author

☐ Speaker

☐ Other: _____

Title of Activity: _____

Location: _____

Education Duration: _____ Hour(s) _____ Min (15-min increments)

Frequency of Educational Activity:

☐ One-time

☐ Weekly

☐ Bi-Weekly

☐ Monthly

☐ Quarterly

☐ Other: _____

Attendance (select all that apply):

☐ In-Person

☐ Virtual/Live Stream

Instruction Method (select all that apply):

☐ Lecture Presentation

☐ SIM/Skills Lab

☐ Case Presentation

☐ Panel Discussion

☐ Audience Participation

☐ Other: _____

Intended Audience(select all that apply):

☐ Faculty Physicians

☐ Resident Physicians

☐ Specialty Physicians

☐ Medical Students

☐ Physician Assistants

☐ Nurses/NPs

☐ Pharmacists

☐ Other: _____

1. Please finish completing Section I of this form. You do not need to complete the remainder of the application. Instead, email Denise.Hargrave@kernmedical.com for our non-clinical topic application form.

Section II. Educational Activity Design

CME activities **must** address **at least one professional practice gap** (the difference between current practice and optimal practice) with the intent of **changing physician competence, performance and/or patient outcomes**.

Please describe the difference between current practice and desired or optimal practice. What will learners be expected to do differently as a result of participating in this activity:

What methods or data sources were used to determine the need for this activity (select all that apply)?¹

- | | |
|---|---|
| <input type="checkbox"/> Formal or Informal Survey Results from Learners | <input type="checkbox"/> Literature Review from Peer-Reviewed Journals |
| <input type="checkbox"/> Evaluations from Previous Educational Activities | <input type="checkbox"/> Electronic Health Record Chart Review |
| <input type="checkbox"/> Performance/Quality Improvement Data | <input type="checkbox"/> Patient Safety Data |
| <input type="checkbox"/> National Practice Guidelines | <input type="checkbox"/> Legislative, Regulatory, and/or Organizational Changes |
| <input type="checkbox"/> New Clinical Skills, Knowledge, or Technology Identified | <input type="checkbox"/> Other: _____ |

What practice-based problems or issues necessitate the need for this educational activity (select all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Learners are unaware of new methods for diagnosis and treatment | <input type="checkbox"/> Areas of Patient Care Within the Department and/or Organization Need Improvement |
| <input type="checkbox"/> Learners do not know how to apply new information into practice | <input type="checkbox"/> Gap(s) were Identified by the Performance and/or Quality Improvement Process |
| <input type="checkbox"/> Learners are not applying evidenced-based practice guidelines into practice | <input type="checkbox"/> Broad Variations of Patient Care Exist Among Clinicians Within the Department and/or Organization |
| <input type="checkbox"/> Learners are having difficulty managing patient care scenarios | <input type="checkbox"/> Issues Reported by Patients that Need Closer Follow-up |
| <input type="checkbox"/> Patient problems and/or challenges that have not been adequately addressed | <input type="checkbox"/> Other: _____ |

Please identify the cause or reason for the gap (select all that apply)?

- ☐ Knowledge (i.e. Learners lack awareness/knowledge)
- ☐ Competence (i.e. Learners have difficulty applying their knowledge, skills, and/or strategies)
- ☐ Performance (i.e. Learners are performing at a less than desired level)

What is the the expected desired change(s) in the learners' behavior as a result of their participation (select all that apply)?

- ☐ Increased Competence (ability to apply knowledge, skills, and/or strategies)
- ☐ Improved Performance (modify practice to optimal levels as a result of learning)
- ☐ Improved Patient Outcomes (tangible improvements in patient health/outcomes measured by reviews of practices).²

1. Email attachments (i.e. description of treatment, safety goal, survey result, journal article, etc.) to the CME office.

2. Select this option only if you can document improvement at this level.

Section III. Educational Activity Design (Continued)

Please list 3-6 specific, measurable, outcome-focused learning objectives for this educational activity. Objectives should relate to the desired changes in skills, performance and/or patient outcomes that you wish to see in your learners after concluding the activity (i.e. Develop a plan to screen for...Describe the epidemiology of...Improve the screening rate for Hepatitis B among pregnant women by X number...):

Please indicate the desirable physician attributes(s) this activity will address (select all that apply):

☐ **Medical Knowledge** – Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and their application in patient care.

☐ **Patient Care** – Provide care that is compassionate, appropriate and effective for health problems.

☐ **Practice-based Learning and Improvement** – Able to investigate and evaluate their clinical practices, assess and assimilate scientific evidence, and improve their clinical practice.

☐ **Interpersonal and Communication Skills** – Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates.

☐ **Professionalism** – Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.

☐ **Work in Interdisciplinary Teams** – Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

☐ **Systems-Based Practice** – Demonstrate awareness of and responsibility to larger context and systems of healthcare. Be able to call on system resources to provide optimal care.

☐ **Evidence-Based Practice** – Integrate best research with clinical expertise and patient values for optimum care. Participate in research activities to the extent feasible.

☐ **Quality Improvement** – Identify errors and hazards in care; understand and implement basic safety design principles; continually understand and measure quality of care 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.

☐ **Utilize Informatics** – Communicate, manage knowledge, mitigate error, and support decision making using technology.

Section IV. Cultural & Linguistic Competency and Implicit Bias Standards

Continuing medical education courses that address the practice of medicine and patient care must address the cultural and linguistic competency and implicit bias standards in the curriculum (CA Assembly Bill (AB) 1195 and AB 241).

Please select one or more item from each section that will be integrated into the curriculum

Section 1: Cultural and Linguistic Competency (CLC)

- ☐ Designed and focused activities that will address the following four elements: a) Applying linguistic skills to communicate effectively with the target population. b) Utilizing cultural information to establish therapeutic relationships. c) Eliciting and incorporating pertinent cultural data in diagnosis and treatment. d) Understanding and applying cultural and ethnic data to the process of clinical care. e) Understanding and incorporating mitigation strategies to overcome implicit bias in patient care
- ☐ Incorporate translation/interpretation resources and/or integrate relevant strategies into materials for a CME activity.
- ☐ Incorporate a review and explanation of relevant federal and state laws and regulations regarding linguistic Access and Implicit Bias (please see CA AB 1195 for laws and regulations that must be included).

Section 2: Implicit Bias (IB):

- ☐ Incorporate examples that demonstrate how implicit bias affects perceptions and treatment decisions of physicians and surgeons, leading to disparities in health outcomes.
- ☐ Integrate strategies that mitigate how unintended biases in decision making may contribute to health care disparities by shaping behavior and producing differences in medical treatment (along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, or other characteristics).

COURSE IS INTENDED TO CHANGE: (Select all that apply)

- ☐ Abilities/Skills ☐ Quality Improvement ☐ Medical Knowledge ☐ Practice ☐ Patient Outcomes

Please list at least 1 learning objective related to CLC and IB standards (i.e. Demonstrate how cultural & linguistic bias manifests in Develop strategies to minimize impact of implicit bias in...):

What sources were used to determine the need for this activity?¹

1. Email attachments (i.e. survey result, journal article, etc.) to our CME coordinator at denise.hargrave@kernmedical.com

Course Planner Signature: _____

Date: _____