Dear Program Director:

Thank you for your interest in working with USF Health’s Office of Continuing Professional Development (OCPD) to develop a continuing medical education (CME) activity for physicians. Continuing medical education is defined by the American Medical Association (AMA) and the Accreditation Council for Continuing Medical Education (ACCME) as "educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships a physician uses to provide services for patients, the public or the profession. The content of CME is that body of knowledge and skills generally accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of healthcare to the public."

If your concept for a CME activity fits within this definition you should proceed with this planning form. If it does not, you should contact the OCPD prior to completing the planning form.

Enclosed is the program packet for a one-time CME activity (live conference, workshop, seminar, web-based or enduring material, i.e. CD-ROM, monograph, etc.). This material contains important information on how to proceed to obtain AMA PRA Category 1 Credit™ for your program. The OCPD MUST be integrally involved in the design and development of all CME activities that it certifies for category 1 credit. To assure this involvement, information regarding your proposed CME activity must be provided on the enclosed planning document and returned to the OCPD for review prior to the complete development of the program.

Included in the program packet are:

- USF Health Planning Document
- Program Management Fact Sheet
- Sponsorship Statement(s)
- Sample Faculty Correspondence
- Sample Faculty Correspondence
- Sample Registration Form
- Speaker Disclosure Declaration
- Commercial Support Letter of Agreement (CSLOA)
- Registration Fees, Faculty Honoraria, Expense Reimbursement
- GAP Analysis Worksheet
- Validation of Clinical Content Policy

The planning document must be completed in its entirety by the time the conference occurs. Initially, the sections marked with an asterisk (*) MUST be completed for initial approval. Documentation of any preliminary planning sessions should accompany the form. After review by USF Health’s CPD Advisory Committee, you will be notified regarding certification of your activity for credit and a staff member from the OCPD will be assigned to assist you with the development of the CME activity that is fully complaints with the ACCME criteria.

It is imperative that you carefully review the enclosed program management fact sheet. This documentation outlines USF Health’s OCPD Office’s requirements in order to certify CME activities for AMA PRA Category 1 Credit™.

If you have any questions, please contact the OCPD at (813) 974-4296. We look forward to working with you on this educational activity.

Deborah M. Sutherland, Ph.D.

Deborah M. Sutherland, Ph.D.
Associate Vice President, USF Health
Associate Dean, College of Medicine
Office of Continuing Professional Development
CME ACTIVITY CERTIFICATION CRITERIA:

A CME activity can be certified for *AMA PRA Category 1 credit™* if it is sponsored by an institution or organization accredited by the ACCME to provide CME activities for physicians. The activity must meet or exceed the following criteria:

- It is based on a demonstrated educational gap (substantiated by a needs assessment) and is designed to bridge the identified gap in knowledge, performance or practice.
- The educational objectives for the activity are stated and demonstrate a link to the gap.
- The content is appropriate for the specified objectives.
- The teaching/learning methodologies and format are suitable for the learning activity and adult learners.
- Outcome measurement and evaluation mechanisms are determined to assess the quality of the activity, the effectiveness of the learning activity and how well the objectives are met.
- There is documentation of the physicians’ participation (sign-in roster).
- The CME activity is fair balanced and evidence-based, as well as free of commercial bias

PROGRAM ANNOUNCEMENT(S) / BROCHURE(S):

The front cover of all announcement(s)/brochure(s) promoting continuing medical education for physicians must include the following sponsorship statement:

*Sponsored by USF Health*

For jointly sponsored and cosponsored activities there are several choices for the sponsorship statement (see attachment 1). If a logo from the non-accredited sponsor or other accredited sponsor is used then the USF Health logo must also be used. (Logos can be found on the right hand side of the web page located at [http://www.hsc.usf.edu/](http://www.hsc.usf.edu/))

In addition, brochures/informational flyers must include the following elements:

The ACCME Accreditation and *AMA/PRA Credit™* Designation Statement (word for word):

For USF Sponsored CME Activities:

USF Health is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

USF Health designates this educational activity for a maximum of ____ *AMA PRA Category 1 Credit(s)™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.
For Jointly Sponsored CME Activities:
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of USF Health and (insert name of non-accredited sponsor). USF Health is accredited by the ACCME to provide continuing medical education for physicians.

USF Health designates this educational activity for a maximum of ______ AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

For Cosponsored Programs:
USF Health is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

USF Health designates this educational activity for a maximum of ______ AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

- Title of Activity
- Type of Activity
- Date
- Time
- Location
- Target Audience and, if applicable, prerequisite knowledge or skill
- Course Description
- Learning Objectives (what the participant will learn as a result of attending the event and linked to gap analysis)
- Registration Fee (if applicable) and Registration Panel
- Commercial Support Acknowledgment (if applicable) (Not Exhibitors)

- Cancellation Statement: “The OCPD at USF Health reserves the right to cancel this activity due to unforeseen circumstances. In the event of such cancellation, the full enrollment fee will be returned to the registrant.”
  (This is for the protection of the University and the Program Director in the event of necessary cancellation.)

- ADA Statement: “Accommodations for Disabilities: Please notify the OCPD, 12901 Bruce B. Downs Blvd., MDC Box 46, Tampa, Florida, 33612 or call (813) 974-4296 a minimum of ten working days in advance of the event if a reasonable accommodation for a disability is needed.”

- Equal Opportunity Statement: “Events, activities and facilities of the University of South Florida are available without regard to race, color, sex, national origin, disability, age, or Vietnam veteran status as provided by law and in accordance with the University’s respect for personal dignity.”

- Refund Policy: Identify any administrative charges that will apply should a participant cancel his/her registration prior to the activity.

Under no circumstances should any promotional material and/or programs be distributed indicating that the program has been approved for AMA PRA Category 1 credit™ prior to official written notification from the USF Health’s OCPD. For example, promotional materials may not contain phrases such as “Category 1 credit applied for” or “credit pending” or any other statements relative to CME credit or the awarding thereof.
Recommended Content for Brochures:

- Gap analysis or needs assessment data
- Faculty Disclosure Statement as follows: USF Health adheres to the ACCME Standards regarding commercial support of continuing medical education. It is the policy of USF Health that the faculty and planning committee disclose real or apparent conflicts of interest relating to the topics of this educational activity, that relevant conflict(s) of interest are resolved, and also that speakers will disclose any unlabeled/unapproved use of drugs(s) or devices(s) during their presentation. Detailed disclosure will be made in the course syllabus.
- Agenda
- Faculty

FINANCIAL MANAGEMENT:

ACCME guidelines require that the accredited sponsor maintain financial oversight for all programs that it certifies for credit. All registration fees, commercial support and other program funds (i.e. exhibitor fees) must be deposited with the OCPD in a specific Health Professions Conferencing Corporation (HPCC) account designated for your activity. Funds will be disbursed from the account, by the OCPD, at the direction of the program director or designee. Original receipts must accompany all requests for payment. All checks for deposit must be made payable to “USF HPCC.”

After a CME activity has been completed, all outstanding accounts will be satisfied and the remaining fund balance transferred as authorized by the Letter of Agreement.

COMMERCIAL SUPPORT:

Whenever commercial support is provided for a CME activity, the OCPD must execute a commercial support letter of agreement between USF Health and the commercial supporter. For jointly sponsored programs, the letter of agreement must be between the accredited sponsor (USF Health) and the commercial supporter (not the non-accredited sponsor and the commercial supporter).

You must contact the OCPD once you confirm commercial support to allow time to generate the letter of agreement and process the educational grant. All checks for commercial support for CME activities must be made payable to “USF HPCC,” tax ID number 16-1765073.

ACCME Standards for Commercial Support require:

a. No commercial promotional materials be displayed or distributed in the same room immediately before, during or after the educational activity
b. Representatives of commercial companies not engage in sales activities while in the room where the CME activity takes place
c. Commercial support be acknowledged in printed announcements and brochures and no reference be made to specific products (commercial supporters are not called “sponsors”)
d. Hospitality, travel arrangements, and honoraria must be handled by the OCPD (or their designee), not by representatives of commercial companies
e. There is no review of course materials by the commercial interest.

FACULTY DISCLOSURE:

As an ACCME accredited provider, USF Health must insure balance, independence, objectivity and scientific rigor in all its directly or jointly sponsored educational activities. Therefore, any person who is in a position to influence or control the content of a CME activity must disclose any financial interest or other relationship with a commercial interest producing healthcare goods or services that has a direct bearing on the subject matter of the CME activity. A relevant financial interest or other relationship may include such things as grants or research support, employee, consultant, major stockholder, member of speaker’s bureau, etc. that has occurred for any dollar amount over the past 12 months. The intent of disclosure is not to prevent a speaker with a relevant financial or other relationship from making a
presentation, but rather to resolve any conflicts prior to the CME activity so the learner may participate in a balanced, unbiased CME event.

**SIGN-IN ROSTERS:**

Attendance must be taken daily and original sign-in rosters (which include name, title, address, & e-mail address) submitted to the OCPD for the CME file.

**OUTCOME MEASUREMENT AND EVALUATIONS:**

The ACCME requires the accredited sponsor to evaluate how well the program objectives were met; the quality of the speakers; if the program was free of commercial bias; the perceived impact the program will have on a physician’s medical practice and the change in physician competence, performance or patient outcomes.

The OCPD has a standard evaluation form, which is recommended. The standard evaluation form will be prepared, tabulated and summarized by the OCPD. If you elect to use a different evaluation form, prior approval of the OCPD must be obtained. You will be responsible for summarizing the evaluation and submitting the summary to the OCPD. **USF Health’s evaluation form is mandatory for all jointly sponsored programs.**

**CERTIFICATES OF COMPLETION:**

A certificate of completion will be provided to the participants by the OCPD at the end of the activity. Only the USF OCPD certificate may be issued for CME activities sponsored by USF Health.

**ON-SITE POLICY:**

A staff member from the OCPD must attend every activity certified for credit by USF Health to assure adherence to the ACCME Essentials, Guidelines and Standards. The OCPD representative will act as a resource regarding the ACCME Guidelines and OCPD policy, and be available to assist the program director as needed. A daily on-site fee, plus expenses, are charged for this service.

**PROGRAM REVIEW FORM:**

Following review and approval of the application by USF Health’s CPD Advisory Committee, a CME Program Review Form will be forwarded to you outlining the documents that the course director must supply to the OCPD at the completion of the CME activity. These documents are required for all sponsored and jointly sponsored activities. A staff member from USF Health’s OCPD will be assigned to assist you with the planning of your CME activity.

**LETTER OF AGREEMENT:**

Following review and approval of the application by the CPD Advisory Committee a letter of agreement (LOA) is generated between the OCPD and the internal College of Medicine (COM) department/division or in the case of jointly sponsored programs with the non-accredited entity. The LOA outlines the program, administrative, and financial responsibilities of each group and identifies profit disbursement following the completion of the CME activity. Profit disbursement must be clearly identified in the LOA to avoid delay in transferring funds from HPCC to a COM department or non-accredited entity following program completion.
OFFICE OF CONTINUING PROFESSIONAL DEVELOPMENT (OCPD)

Planning Document

(Please see instructions on page 11)

Telephone: (813) 974-4296; Fax: (813) 974-3217

Program Code: ___________________________ Division: ___________________________

On Brochure Print Program Code as Follows: __________________________

OCPD Use Only  □ Directly Sponsored  □ Jointly Sponsored

APPLICATION INFORMATION*

Department and/or Organization: ______________________________________________________

Program Director: ___________________________ Phone: (____) __________________________

Fax: (____) __________________________ E-mail:

Contact Person: ___________________________ Phone: (____) __________________________

(If other than Program Director)

Fax: (____) __________________________ E-mail:

Address:

City: ___________________________ State: ________ ZIP Code: __________________________

(Please Print or Type)

SCREENING CRITERIA

In order to be considered a continuing education (CE) activity, all of the criteria listed below must be met:

☐ Content will be based on evidence that constitutes “best practices.”

☐ A defined gap exists between current and best practices.

☐ Closing the defined gap will result in improved patient health or outcomes.

☐ The proposed educational intervention will result in changes in current knowledge, attitude and/or practice of the participant.

* Items marked with an asterisk (*) are required for preliminary approval of an activity. The planning document must be completed in its entirety by the conclusion of the activity.
PROPOSED ACTIVITY*

Title:______________________________________________________________

Type of Activity (Check all that apply):

☐ One-Time Activity (Indicate Date & Time): ________________________________
   Location: __________________________________________________________

☐ Repeating Activity: Dates: ___________________________ Locations: _________
   _________________________________________________________________
   _________________________________________________________________

☐ Enduring Material

☐ Journal-Based CME

☐ Performance Improvement Activity

☐ Internet Point of Care Learning

Projected Attendance: __________________________ Attendance Limit(s): ________

List Planning Committee: Phone #: E-Mail:                           
  1. ____________________________________________________________
  2. ____________________________________________________________
  3. ____________________________________________________________
  4. ____________________________________________________________
  5. ____________________________________________________________
  6. ____________________________________________________________
  7. ____________________________________________________________
  8. ____________________________________________________________

(Attach additional sheets, as needed.)

* Items marked with an asterisk (*) are required for preliminary approval of an activity. The planning document must be completed in its entirety by the conclusion of the activity.
TARGET AUDIENCE*

This CE activity is planned to meet the needs of what group(s) of practicing healthcare professionals? Check all that apply and list the number of credits requested.

☐ Physician _____  ☐ Nurse _____  ☐ Pharmacist _____
☐ Psychologist ______  ☐ Social Worker† _____  ☐ CHES _____
☐ Physical Therapist† _____  ☐ Occupational Therapist† _____  ☐ Athletic Trainer _____
☐ Addiction Professional _____  ☐ Dietitian _____  ☐ Chiropractor_______
☐ Healthcare Executive _____  ☐ Nursing Home Administrator† _____
☐ Other(s): ____________________________________________

List any prerequisite knowledge/skill for attending this CE activity:______________________________________________

GAP ANALYSIS

A. Identifying the Educational Gap(s)
What procedures were used to identify the existing gap(s) between current and best practices? Documentation must be summarized and attached.

☐ Survey of targeted learners  ☐ Review of peer-reviewed literature
☐ Clinical practice data  ☐ Faculty and/or planning committee’s perception of need
☐ Quality assurance studies  ☐ Focus panels (interviews)
☐ Practice profiles  ☐ Opinion leader interviews
☐ Opinion of experts in specialty field(s)  ☐ Summary of previous outcomes data
☐ Gap(s) identified by target audience/expert  ☐ Practice guidelines or specialty society clinical guidelines
☐ Requirements of state licensing board, specialty societies, etc  ☐ New information (diagnostic techniques, treatment plans, etc)
☐ Committee findings/audits
☐ Public health data

* Items marked with an asterisk (*) are required for preliminary approval of an activity. The planning document must be completed in its entirety by the conclusion of the activity.
† Credit for items marked with a dagger (†) is calculated based on a 50-minute hour. All others use a 60-minute hour.
B. Using Identified Gap(s) to Plan Content

Based on the information above, please summarize the needs identified and the results you intend to achieve. The desired results should be based on “best practices.” They are what learners will apply to their practice based on the knowledge and implementation strategies addressed in this activity.

<table>
<thead>
<tr>
<th>IDENTIFIED GAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT ARE THE LEARNERS’ NEEDS? (Current Practice)</td>
</tr>
<tr>
<td>DESIRED RESULTS</td>
</tr>
<tr>
<td>(Best or Evidence-Based Practice)</td>
</tr>
<tr>
<td>CONTENT FOCUS</td>
</tr>
</tbody>
</table>

- Knowledge
- Competence
- Performance
- Patient outcome

C. Physician Competencies and Attributes (CME activities only)

Competencies and attributes are national goals for physicians associated with the targeted specialty(ies) that should be addressed whenever possible in planning CME activities.

Based on the Maintenance of Certification (MOC) competencies designated by the American Board of Medical Specialties (ABMS), what competency areas will you address in this CME activity? Check all that apply. Refer to the appropriate specialty board’s criteria, as they identify additional needs to include in your planning for this activity; [http://www.abms.org/About ABMS/member boards.aspx](http://www.abms.org/About ABMS/member boards.aspx). (Attach documentation from ABMS Member Board.)

- Patient care (provide care that is compassionate, appropriate and effective treatment for health problems and to promote health)
- Medical knowledge (demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care)
- Practice-based learning and improvement (investigate and evaluate patient care practices, appraise and assimilate scientific evidence and improve practice of medicine)
- Systems-based practice (demonstrate awareness of and responsibility for larger context and systems of healthcare; call on system resources to provide optimal care, eg, coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites)
Professionalism (demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations)

Interpersonal and communication skills (demonstrate skills that result in effective communication and teaming with patients, their families and professional associates, such as fostering a therapeutic relationship that is ethically sound; using effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader)

**ACTIVITY OBJECTIVES**

Based on the desired results described above, list the learning objectives for this activity. Learning objectives are a tool to assist in identifying the specific steps that will be taken to address the gap between an identified need and the desired result. Learning objectives also help learners understand the specific result they can expect to achieve by participating in this educational activity.

As a result of participating in this activity, participants should be able to:

(Attach additional pages as needed.)

**EDUCATIONAL DESIGN**

What is (are) the educational format(s) for this CE activity? (check all that apply)

- [ ] Live Activity:
  - Lecture
  - Roundtable
  - Simulation
  - Internet
  - Case studies
  - Skill demonstration
  - Teleconference
  - Case studies
  - Skill demonstration
  - Teleconference
  - Internet

- [ ] Enduring Materials:
  - Monograph
  - Journal
  - CD-ROM/DVD
  - Podcast
  - Webinar
  - Internet
  - Newsletter
  - Other:

  Release date: Expiration Date: 

Comments:

- [ ] Journal-Based CME
- [ ] Performance Improvement Initiative (PI)
- [ ] Internet Point-of-Care Learning
- [ ] Other:
FACULTY

Who are the potential teaching faculty for this activity? (Attach biosketch and disclosure form for each.)

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Title and Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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</tbody>
</table>

All faculty (or anyone in a position to influence content) will be required to complete a disclosure form. USF Health discloses to the learners all relevant financial relationships and adheres strictly to the ACCME Standards for Commercial Support.

EVALUATION

A. Outcomes Evaluation Strategies

Evaluations are tools used to determine whether the result you intended for learners has actually been achieved. The choice of evaluation tools depends on (1) the goal of the activity (ie, knowledge transfer, competency), (2) the mode of education and applicability of the tool (ie, live activity, online, print), and (3) available resources, (ie, budget, personnel). Please indicate the outcome tool(s) selected for this activity and the rationale for their selection:

<table>
<thead>
<tr>
<th>METHOD SELECTED</th>
<th>RATIONALE FOR SELECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pre- and Posttest</td>
<td>(measures immediate learning)</td>
</tr>
<tr>
<td>☐ Commitment-to-Change Statement</td>
<td>(commitment-to-change question)</td>
</tr>
<tr>
<td>☐ Audience Response System</td>
<td>(identifies whether learners understand content and provides learning reinforcement)</td>
</tr>
<tr>
<td>☐ Focus Group</td>
<td>(qualitative measurement to collect more in-depth information)</td>
</tr>
<tr>
<td>☐ Posttest</td>
<td>(measures transfer of knowledge or verifies current knowledge)</td>
</tr>
<tr>
<td>☐ Case Discussions or Vignettes</td>
<td>(measures application)</td>
</tr>
<tr>
<td>☐ Simulation Demonstration</td>
<td>(demonstrates competency/skill)</td>
</tr>
<tr>
<td>☐ Post-Activity Follow-up Survey</td>
<td>(Identifies change in practice)</td>
</tr>
<tr>
<td>☐ Other (please specify):</td>
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</table>

(Attach additional sheets, as needed.)
B. Activity Evaluation Method(s) (check all that apply)

- Standard CE evaluation form (provided by the OCPD)
- Other evaluation form (Attach a sample for review and approval by the OCPD)
- Debriefing with course director/planning committee (summary to be provided to OCPD)
- Other: ________________________________

EDUCATIONAL BARRIERS

Planners are encouraged to give consideration to the system of care in which the learner will incorporate new information or practices or validate existing behaviors and/or knowledge. Planners must address anticipated barriers that could prevent implementation (e.g., formulary restrictions; insufficient time for implementation of new skills or behaviors; lack of insurance reimbursement; lack of organization’s support; lack of resources; policy issues within organization).

- No relevant system barriers have been identified at this time for this activity.
- The following barriers have been identified and will be addressed in the educational intervention (add lines as needed):

<table>
<thead>
<tr>
<th>IDENTIFIED SYSTEM BARRIER</th>
<th>PLANNED DISCUSSION IN CONTENT</th>
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PATIENT SAFETY

Planners should examine CE activities for patient safety concerns in accordance with the national public interest. Please list issues of patient safety associated with these educational interventions that need to be addressed in this activity.

- No patient safety issues apply to this activity.

<table>
<thead>
<tr>
<th>IDENTIFIED PATIENT SAFETY ISSUES</th>
<th>PLANNED DISCUSSION IN CONTENT</th>
</tr>
</thead>
<tbody>
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</table>
SUPPLEMENTAL EDUCATIONAL TOOLS

Planners are encouraged to develop and employ thoughtful tools that support the achievement of your intended results for this activity. These tools are called “non-educational interventions.” List any non-educational interventions/strategies that will be used in this activity to enhance the potential for physician change or to reinforce the desired educational result(s). Examples of non-educational interventions include wall charts, patient handouts and pocket guides.

<table>
<thead>
<tr>
<th>TOOL</th>
<th>PURPOSE OF TOOL</th>
<th>SOURCE OR ASSIGNED DEVELOPER</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

BUDGET / FINANCE*

What revenue source(s) will pay for the expenses of the CE activity? (Check as many as apply)

Attach a proposed budget with this planning document.

☐ Participant registration fees: $__________ (per person)
☐ Internal department funds: $__________
☐ Commercial support *(Vendor contract must be initiated by the OCPD when commercial support is solicited)
☐ Grant (State, Federal, etc):__________________________
☐ Institutional Support:______________________________
☐ Other: __________________________________________

ACTIVITY PROMOTION*

How will prospective participants be notified of the activity?

☐ Brochure/Flyer  ☐ E-Mail  ☐ Health Sciences Center Newsletter
☐ Posted Announcement  ☐ Fax  ☐ Internet
☐ Other: ________________________________

* Items marked with an asterisk (*) are required for preliminary approval of an activity. The planning document must be completed in its entirety by the conclusion of the activity.
CONTINUING EDUCATION CREDIT HOURS

The *proposed* agenda, including topics and *proposed* speakers, *must* be submitted with the planning document in order for the OCPD to calculate the appropriate number of continuing education credit(s).

I certify that the information contained in this document is true and correct to the best of my knowledge.

Activity Director Signature:________________________________________________________

Department/Institution:____________________________________________________________

Return Planning Document to:
USF OCPD
12901 Bruce B. Downs Blvd., MDC Box 46
Tampa, FL 33612
Fax:(813) 974-3217
E-Mail: bhughes@health.usf.edu

<table>
<thead>
<tr>
<th>OCPD Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date received: ____________ By: _____ ☐ Mail ☐ Fax ☐ Hand Delivered ☐ E-Mail</td>
</tr>
<tr>
<td>CE Committee Review: ____________________________________________ Date</td>
</tr>
<tr>
<td>Committee Action: ____________________________________________ Date</td>
</tr>
<tr>
<td>☐ Approved for ________ hour(s) of continuing education credit.</td>
</tr>
<tr>
<td>☐ Provisional approval, pending: ____________________________________________</td>
</tr>
<tr>
<td>☐ Denied: ____________ Reason: ____________________________________________ Date</td>
</tr>
</tbody>
</table>

Associate Vice President/Associate Dean, USF Health, OCPD: ____________________________________________

Date: ____________________________________________
The American Board of Allergy and Immunology
111 S. Independence Mall East, Suite 701
Philadelphia, PA 19106
phone: (215) 592-9466
fax: (215) 592-9411
online: www.abai.org

The American Board of Anesthesiology
4101 Lake Boone Trail, Suite 510
Raleigh, NC 27607
phone: (919) 881-2570
fax: (919) 881-2575
online: www.theaba.org

The American Board of Colon and Rectal Surgery
20600 Eureka Road, Suite 600
Taylor, MI 48180
phone: (517) 332-4800
fax: (517) 332-2234
online: www.abcrs.org

The American Board of Dermatology
Henry Ford Health System
1 Ford Place
Detroit, MI 48202
phone: (313) 874-1088
fax: (313) 872-3221
online: www.abderm.org

The American Board of Emergency Medicine
3000 Coolidge Road
East Lansing, MI 48823
phone: (517) 332-4800
fax: (517) 332-2234
online: www.theabem.org

The American Board of Family Medicine
2228 Young Drive
Lexington, KY 40505
phone: (859) 269-5626 or (888) 995-5700
fax: (859) 335-7501
online: www.theabfm.org

The American Board of Internal Medicine
310 Walnut Street, Suite 1700
Philadelphia, PA 19106
phone: (215) 446-3500 or (800) 441-2246
fax: (215) 446-3473 or (215) 446-3590
online: www.abim.org

The American Board of Medical Genetics
9650 Rockville Pike
Bethesda, MD 20814
phone: (301) 634-7316
fax: (301) 634-7320
online: www.abmg.org

The American Board of Neurological Surgery
6050 Fannin Street, Suite 2139
Houston, TX 77030
phone: (713) 441-6015
fax: (713) 794-0207
online: www.abns.org

The American Board of Nuclear Medicine
4555 Forest Park Boulevard, Suite 119
St. Louis, MO 63108
phone: (314) 367-2225
fax: (314) 362-2806
online: www.abnm.org

The American Board of Obstetrics and Gynecology
2915 Vine Street, Suite 300
Dallas, TX 75204
phone: (214) 871-1619
fax: (214) 871-1943
online: www.abog.org

The American Board of Orthopaedic Surgery
400 Silver Cedar Court
Chapel Hill, NC 27514
phone: (919) 929-7103
fax: (919) 929-8988
online: www.abos.org

The American Board of Otolaryngology
5615 Kirby Drive #600
Houston, TX 77005
phone: (713) 850-0399
fax: (713) 850-1104
online: www.aboto.org

The American Board of Pathology
4830 Kennedy Blvd., Suite 690
Tampa, FL 33609
phone: (813) 286-2444
fax: (813) 289-5279
online: www.abpath.org

The American Board of Pediatrics
111 Silver Cedar Court
Chapel Hill, NC 27514
phone: (919) 929-0461
fax: (919) 929-9255
online: www.abp.org

The American Board of Preventive Medicine
330 S. Wells, Suite 1018
Chicago, IL 60606
phone: (312) 939-2276
fax: (312) 939-2218
online: www.abpm.org

The American Board of Psychiatry and Neurology
2150 E. Lake Cook Road, Suite 900
Buffalo Grove, IL 60089
phone: (847) 229-6500
fax: (847) 229-6600
online: www.abpn.com

The American Board of Radiology
5441 East Williams Blvd., Ste. 200
Tucson, AZ 85711
phone: (520) 790-2900
fax: (520) 790-3200
online: www.theabr.org

The American Board of Surgery
1617 John F. Kennedy Boulevard, Suite 807
Philadelphia, PA 19103
phone: (215) 568-4000
fax: (215) 563-5718
online: www.absurgery.org

The American Board of Thoracic Surgery
633 N. St. Clair Street, Suite 2320
Chicago, IL 60611
phone: (312) 202-5900
fax: (312) 202-5960
online: www.abts.org

The American Board of Urology
2216 Ivy Road, Suite 210
Charlottesville, VA 22903
phone: (434) 979-0059
fax: (434) 979-0266
online: www.abu.org

The 24 Member Boards of ABMS, including current contact information and Web site addresses, are:
OCPD PLANNING DOCUMENT INSTRUCTIONS AND CHECKLIST

**INSTRUCTIONS**

To receive **preliminary approval** for a CE Activity, please complete the required sections of this Planning Document and provide the necessary attachments (listed below). Preliminary approval allows for the creation of an activity file in the OCPD database, and for assignment of a unique activity number.

*Continuing education credit is contingent upon appropriate documentation of the planning process, as outlined in this Planning Document.*

The entire document MUST be completed by the conclusion of the activity. Relevant sections should be completed in detail as information becomes available during the planning process. Updates to existing information should be made on a timely basis throughout the planning process.

**CHECKLIST**

Please be certain to attach the following materials with your planning document:

- [ ] Gap Analysis – Summarized list of procedures used to identify the existing gap(s) between current and best practices
- [ ] Documentation from ABMS Member Board regarding core competencies to be addressed
- [ ] Biosketch for each potential faculty member
- [ ] Proposed budget for the program
- [ ] Proposed program agenda and any available marketing materials (brochure, flyer, etc)
- [ ] Disclosure Forms for all speakers, planner, authors, etc, who are in control of content
ATTACHMENT #1
SPONSORSHIP STATEMENTS FOR JOINTLY SPONSORED OR COSPONSORED ACTIVITIES

Jointly sponsored programs (one institution is accredited by the ACCME or the FMA, the other is not) may select from the following statements:

All Children’s Hospital
  Presents
Issues and Advances in Pediatrics
  Sponsored by
  USF Health

  or

Issues and Advances in Pediatrics
  Jointly Sponsored by
  USF Health
  and
  All Children’s Hospital

  or

Issues and Advances in Pediatrics
  Sponsored by
  USF Health
  In Collaboration
  with
  All Children’s Hospital

Cosponsored programs (both institutions are accredited by the ACCME or the FMA) may select from the following statements. The institution responsible for planning the educational content and designation of credit should be listed first.

Issues and Advances in Trauma Management
  Cosponsored by
  USF Health
  and
  The University of Florida

  or

Issues and Advances in Trauma Management
  Sponsored by
  USF Health
  and
  Cosponsored by
  The University of Florida
Dear Dr. {{LastName}}:

Thank you for agreeing to serve as a faculty member for USF Health's upcoming medical education activity “{Name of Program}” which will be held (Date and Place).

You are scheduled as follows:

(Times and Titles of Presentations)

You will be reimbursed for (round trip coach airfare, # nights at hotel, etc.) The hotel room will be charged to our master account; incidental expenses are your responsibility. Please keep in mind we must have original receipts for reimbursement purposes and we must received these within 30 days of the end of the program. An honorarium of (amount) is also being offered.

The CME planning committee for this conference formulated the following objectives for the course. Your presentation should encompass these objectives as appropriate:

At the completion of this CME activity the participant will be able to:

(Insert Course Objectives)

If you have any questions concerning these objectives or need clarification regarding the expectations of the planning committee, please contact me.

As an accredited CME sponsor, USF Health requires that its speakers comply with the ACCME Standards for Commercial Support. We will be disclosing to our participants that this CME activity has been supported by an educational grant from (Name(s) of companies).

As our speaker you are required to disclose any significant financial interest or relationship that you may have with these companies or the manufacturer(s) of any commercial product/service that is discussed as part of your presentation. To this end, we ask that you complete the enclosed "Disclosure Statement" and return it to me by (Date).
The Commercial Support Standards also require that your presentation be free of commercial bias and that any information regarding commercial products/services be based on scientific methods generally accepted by the medical community. When discussing therapeutic options, it is our preference that you use only generic names. If it is necessary to use a trade name, then those of several products must be used. **Further, should your presentation include discussion of any unlabeled/investigational use of a commercial product, you are required to disclose this to the participants.** Should you determine that you cannot comply with these requirements or any of the provisions of the Commercial Support Standards (see copy enclosed), please call me as soon as possible.

In order to ensure that your presentation is HIPAA compliant, please do not include any patient information or identifiers as part of your presentation. If patient identifiable information is included, it will require patient consent and authorization for use.

Please complete the enclosed Faculty Information Form and return to me as soon as possible along with a copy of your Curriculum Vitae.

The Office of Continuing Professional Development (OCPD) is responsible for providing uniform syllabus materials for the participants. **In order to meet our printing deadlines it will be necessary for us to receive your syllabus materials no later than (Date).** Material received after this date will not be included in the program syllabus; however, you may bring copies to distribute during program registration.

Thank you for your willingness to participate in this CME conference. The planning committee has worked hard to develop a program which will meet the needs of the participants. We have specifically promoted this activity to (Take Information from the brochure).

If you need additional help or clarification on any of the above statements, please contact me by phone at (insert phone number), by fax (813) 974-3217, or e-mail: (insert e-mail address).

Sincerely,

Your name

Enclosures
SAMPLE REGISTRATION FORM

(NAME OF PROGRAM)

Name: __________________________________________________________ Title: ________________________________ (MD, RN, PhD, etc.)

Address: _______________________________________________________

City: __________________________ State: _____ Zip: __________ *County: ____________________

Daytime Phone: ___________ Fax #: _____________ Professional License #: ____________

E-Mail Address: __________________________________________________ Specialty: _______________________

Gender: ☐ Male ☐ Female Date of Birth (month and day only): (Mo) _______ (Day) ___________

*☐ Faculty: USF ☐ Other: ____________________ ☐ Private Practice ☐ Resident ☐ Other: _______

*☐ USF COM Alumni (Y/N)_________ Year of Graduation: ________________

Course Fee Information: Make checks payable to: "USF HPCC" (University of South Florida Health Professions Conferencing Corporation)

Charge Card Information: ☐ MasterCard ☐ Visa ☐ American Express Amount: $ __________

Card Number: ___________________________ Expiration Date: _____ CCV #: ______________

Cardholder: ____________________________ Signature: __________________________ Date:

________________________________________

If paying by check, return registration form and payment to: OR If paying by credit card, please register online at:

University of South Florida
Office of Continuing Professional Development
P O Box 864249
Orlando FL 32886-4240

www.cme.hsc.usf.edu

* These three sections are required for CME programs held within the state of Florida

(PROGRAM NUMBER GOES IN RIGHTCORNER:
EXAMPLE: #CK2008123/1234)
Disclosure Statement

As an ACCME accredited provider, USF Health must insure balance, independence, objectivity and scientific rigor in all its directly or jointly sponsored educational activities. Therefore, any person who is in a position to influence or control the content of a CME activity must disclose any financial interest or other relationship with a commercial interest producing healthcare goods or services that has a direct bearing on the subject matter of the CME activity. A relevant financial interest or other relationship may include such things as grants or research support, employee, consultant, major stockholder, member of speaker’s bureau, etc. that has occurred for any dollar amount over the past 12 months. The intent of disclosure is not to prevent a speaker with a relevant financial or other relationship from making a presentation, but rather to resolve any conflicts prior to the CME activity so the learner may participate in a balanced, unbiased CME event.

TITLE OF CME ACTIVITY_________________________________________PROGRAM # __________________

NAME___________________________________________________________

ROLE IN CME ACTIVITY        ☐ Speaker ☐ Activity Director ☐ Planning Committee ☐ Author ☐ Other____

TITLE OF PRESENTATION(S) __________________________________________

Check (1) OR (2) and provide the details (Type of Affiliation/Financial Interest, Name of Corporate Organization) in the next section:

(1)_______ I, or an immediate family member, including spouse or partner, have no financial relationship(s) relevant to the content of this CME activity.

(2)_______ I, or an immediate family member, including spouse or partner, have a personal financial relationship with a commercial interest and have control over educational content about the products of the commercial interest that could be perceived as a real or apparent conflict of interest within the context of this CME activity. (Provide specific information below.)

<table>
<thead>
<tr>
<th>Type of Affiliation/Financial Interest</th>
<th>Name(s) of Corporate Organization(s)</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory Board or Panel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants/Research Support</td>
<td></td>
<td></td>
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<tr>
<td>Other Financial or Material Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(royalties, patents, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary, Contractual Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaker’s Bureau</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock/Shareholder (self-managed)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Off-Label Discussion

I intend to discuss unlabeled/investigational use(s) of a drug(s) or device(s) in my presentation. Yes_____ No_______

Please specify the drug/product and the use (PRINT LEGIBLY).
Guidelines Regarding Commercial Support and Disclosure

Disclosure
- Speakers/authors/planning committee members/content reviewers/OCPD staff must complete and submit the disclosure statement on the front side of this document prior to their involvement in planning or presenting/authoring a CME activity.

- Speakers/authors/planning committee members/content reviewers/OCPD staff are required to disclose all relevant and financial relationships that they have with a commercial interest producing healthcare goods and services related to the subject of the CME activity that have occurred in the previous 12 months.

Content Validation
- Speakers/authors are required to prepare fair and balanced presentations that are objective and scientifically rigorous. All clinical recommendations must be based on evidence accepted within the medical profession. All scientific research referred to, reported or used to support a clinical recommendation must conform to accepted standards of experimental design, data collection and analysis.

Unlabeled and Unapproved Uses
- Presentations that provide information in whole or in part related to non FDA approved uses of drugs and/or devices must clearly disclose the unlabeled indications or the investigational nature of their proposed uses to the audience.

Please document on the front of this form.

Use of Generic vs. Trade Names
- Speakers/authors should use scientific or generic names when referring to products in their lectures or enduring materials.
- Should it be necessary to use a trade name, then the trade names of all similar products or those within a class should be used.

Commercial Supporter Influence
- Speakers/authors are not permitted to receive any direct remuneration or gifts from the commercial supporter(s) of a CME activity nor should they receive direct input from a commercial entity regarding the content or in the preparation of the presentation(s).

DECLARATION

In the context of the relationships/affiliations that you designated, WE ASK THAT YOU ATTEST THAT:
1. relationships/affiliations will not bias or otherwise influence your involvement in the CME activity;
2. practice recommendations that are relevant to the companies with whom you have relationships/affiliations will be supported by the best available evidence or absent evidence will be consistent with generally accepted medical practice;
3. all reasonable clinical alternatives will be discussed when making practice recommendations.

Additional information may be requested to resolve a conflict of interest. All identified conflicts of interest will be resolved and disclosure made to activity participants prior to the start of the CME activity.

Signature_________________________________________ Date______________________

Return Form to: USF Health OR Fax to: (813) 974-3217
Office of Continuing Professional Development Attn:
12901 Bruce B. Downs Blvd., MDC 46
COMMERCIAL SUPPORT LETTER OF AGREEMENT
FOR A CONTINUING MEDICAL EDUCATION ACTIVITY

**Introduction**
Accredited providers of Continuing Medical Education activities have a responsibility to ensure that activities they certify for credit meet the Essentials and Standards of the Accreditation Council for Continuing Medical Education (ACCME). Compliance with the Standards for Commercial Support of Continuing Medical Education is an integral part of the process. One of the key factors related to the use of commercial support is the execution of a Letter of Agreement (LOA) between the Accredited Provider and the Commercial Interest (grantor) providing funding to support the activity. The purpose of the LOA is to document the independence of the Accredited Provider from any control of the commercial interest in the development and conduct of the educational activity and to establish the terms and conditions under which this grant will be processed.

<table>
<thead>
<tr>
<th>This Letter of Agreement between USF Health (institution) Office of Continuing Professional Development [OCPD] (sponsor) and ________________________________ (company) contains the purposes, terms and conditions for which an educational grant in support of continuing medical education (CME) activities is made.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title of CME Activity:</strong></td>
</tr>
<tr>
<td><strong>Location:</strong></td>
</tr>
<tr>
<td><strong>Commercial Interest (Company Name/Branch):</strong></td>
</tr>
<tr>
<td><strong>Address:</strong></td>
</tr>
<tr>
<td><strong>City, State, Zip:</strong></td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
</tr>
<tr>
<td><strong>Fax:</strong></td>
</tr>
<tr>
<td><strong>Contact Person:</strong></td>
</tr>
</tbody>
</table>

The above company wishes to provide support for the named continuing medical education activity by means of (indicate which option):

1. Unrestricted educational grant for support of the CME activity in the amount of $______________
2. Restricted grant to reimburse expenses for:
   - A. Speaker(s) 1. ___________________________ 2. ___________________________
     - To include: All expenses _______ Travel only _______ Honorarium Only _______
   - B. Support for catering functions (specify): ___________________________
     - in the amount of $______________
   - C. Other in-kind support (e.g., equipment loan, brochure distribution, etc.): ___________________________

<table>
<thead>
<tr>
<th>Educational Partner(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Name)</td>
</tr>
<tr>
<td>(Phone)</td>
</tr>
</tbody>
</table>
CONDITIONS

1. **Statement of Purpose:** Program is for scientific and educational purposes only and will not promote the company’s products, directly or indirectly.

2. **Control of Content & Selection of Presenters & Moderators:** Sponsor is solely responsible for control of content and selection of presenters and moderators. The Company agrees not to attempt to direct the content of the program.

3. **Disclosure of Financial Relationships:** Sponsor will ensure meaningful disclosure to the audience, at the time of the program, of (a) Company funding and (b) any significant relationship between the Sponsor and the Company (e.g., grant recipient) or between individual speakers, moderators, planning committee, staff and the Company.

4. **Involvement in Content:** There will be no “scripting”, emphasis, or direction of content by the Company or its agents. There will be no content review by the company.

5. **Ancillary Promotional Activities:** No promotional activities will be permitted in the same room as the educational activity. No product advertisements will be permitted in the program room or in the activity syllabus.

6. **Objectivity & Balance:** Sponsor will make every effort to ensure that data regarding the Company’s products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments based on scientific evidence.

7. **Limitations on Data:** Sponsor will ensure, to the extent possible, meaningful disclosure of limitations on data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.

8. **Discussion of "Off-Label" or Unapproved Uses:** Sponsor will require that presenters disclose when a product is not approved in the United States for the use under discussion and that information will be disclosed to the audience.

9. **Opportunities for Debate:** Sponsors will ensure meaningful opportunities for questioning or scientific debate.

10. **Independence of Sponsor in the use of Contributed Funds:**

    a. Funds should be in the form of an educational grant made payable to **USF HPCC (USF Health Professions Conferencing Corporation) - program # __________________________.** Tax ID # 16-1765073.

       Checks should be mailed to:
       USF Health, Office of Continuing Professional Development,
       12901 Bruce B. Downs Blvd., MDC 46,
       Tampa, FL  33612-4799

    b. All other support associated with the CME activity (e.g., distributing brochures, etc.) must be given with the full knowledge and approval of the OCPD.

    c. No other funds from the commercial company will be paid to the Program Director, faculty or others involved with the CME activity (additional honoraria, extra social events, etc.)

The Commercial Interest agrees to abide by all requirements of: 1) the ACCME Standards for Commercial Support of Continuing Medical Education (appended); 2) in compliance with applicable laws; and 3) the PhRMA Code.
The Accredited Sponsor and all educational partners agree to: 1) abide by the ACCME Standards for Commercial Support of Continuing Medical Education; 2) acknowledge educational support form the commercial interest in program brochures, syllabi, and other program materials, and 3) upon request, furnish the commercial interest a report concerning the expenditure of the funds provided.

11. **Entire Agreement:** This agreement constitutes the sole and only agreement of the parties and supersedes any prior understandings, or written or oral agreements between the parties with respect to the subject matter of this Agreement.

```
AGREED

Commercial Interest Representative (name)

Signature ____________________________ Date ____________________

Associate VP/Associate Dean, USF Health OCPD (name)  Deborah Sutherland, Ph.D.

Signature ____________________________ Date ____________________
```
CONTINUING PROFESSIONAL DEVELOPMENT

Registration Fees, Faculty Honoraria, Expense Reimbursement

The purpose of this policy is to assist course directors in establishing registration fees for participants attending USF sponsored activities and to establish guidelines for faculty honoraria for programs certified for credit through USF Health.

**Registration Fees:** It is the responsibility of the course director and the planning committee for the activity to determine the registration fee for a specific activity. It is the prerogative of the course director to reduce or waive the registration fee for full-time faculty and/or residents. The course director must make his/her decision at the time of the initial application for credit. The decision must also be acceptable to the CPD Advisory Committee based on the budget projections for the course. The processing fee will be charged to the program budget for each participant, including those for whom the registration fee has been waived by the course director.

**Honoraria:** It is the responsibility of the course director, in collaboration with members of the planning committee, to establish the honorarium for each faculty member. The honorarium should be determined based on the program budget, faculty expertise, and time commitment related to the CE activity (see attached worksheet).

The honorarium for USF sponsored courses may range from $1000 to $10,000 per presentation depending on the expertise of the faculty and time commitment for the activity. It may always be less than this amount or waived entirely.

An additional honorarium may be paid to the course director for the responsibilities related to this role. The honorarium for the course director shall not exceed $5000 unless responsibilities over and above the typical course director role are documented. This amount may be paid in addition to the speaker honorarium.

**Expense Reimbursement:** The following expenses may be reimbursed in addition to a speaker honorarium:

- Coach airfare (non-upgradeable or upgradeable)
- Business Class airfare, (overseas travel)
- Ground transportation
- Airport parking
- Meals (not included in the program)
- Valet Parking
- Hotel Room
- Mileage
- Rental car
- Reproduction of handouts (approved by the Office of Continuing Professional Development (OCPD))
- Books

The allowable expenses may include all or any part of the above list as determined by the course director based on the budget for the activity.

Faculty honorarium and expenses must be paid by the USF OCPD. Under no circumstances may a commercial vendor directly pay a speaker’s honorarium or travel expenses.
USF faculty may not be compensated for speaking at COM grand rounds (rounds associated with their department/division or any other COM department/division) as this is considered part of the faculty’s assigned duties within the College of Medicine.
CRITERIA FOR ESTABLISHING FACULTY HONORARIUM

Please check all of the categories below that best describe the speaker and the CE activity:

Live Program:
☐ Professor
☐ Assistant Professor
☐ Associate Professor
☐ Private Practice
☐ Chair at a University
☐ MD ☐ PhD ☐ Other
☐ Weekday (out-of-office)
☐ Weekend
☐ Local Program (Tampa Bay area)
☐ Regional Program (drive-to program)
☐ State/National program (requires air travel)
☐ International program (requires air travel)
    # of travel days __________
☐ Total Number of lectures given _______
☐ Nobel Laureate
☐ Researcher
☐ Scientific Publications in peer reviewed journals
☐ Invited publications
☐ Books
☐ New Lecture
☐ Repeating Lecture
☐ Length of Lecture: __________________________________________
☐ Other: ______________________________________________________
☐ Other: ______________________________________________________

Enduring Materials:
☐ Professor
☐ Assistant Professor
☐ Associate Professor
☐ PhD ☐ MD/DO ☐ Other
LOP: _________
☐ # of references in the enduring material: ________
☐ Hours spent in review: ________

10/00; 11/01; 5/05; 6/08
GAP ANALYSIS WORKSHEET

Identification of Learner Gaps

1. Describe the Current Practice:

A. Direct measurement of learners (identify source: i.e. previous outcomes survey)
   - Clinical practice data
   - Quality assurance studies
   - Practice profiles
   - Gap(s) identified by target audience/experts
   - Committee findings/audits
   - Faculty and/or planning committee’s perception of learners’ need
   - Focus panels (interviews)
   - Opinion leader interviews
   - Summary of previous outcomes data

B. Summarize current practice as indicated by external sources. (Identify source: i.e., practice guidelines by AAP (www.aap.org)
   - Public health data
   - Review of peer-reviewed literature
   - New information, diagnostic techniques, treatment plans, etc.
   - Data from mainstream sources including journals and websites
   - National quality data sources such as The Joint Commission – www.jointcommission.org)
2. **Describe the Best Practice:**

A. External Sources (Identify source: i.e. specialty societies, ACC)

B. Other (Identify source: i.e. TGH credentialing requirements for medical staff)
   - Performance mandates by various external agencies (e.g. the Joint Commission)
   - Specialty specific requirements as determined by departments and divisions of the medical school and/or affiliate hospitals
   - Institutional credentialing requirements as mandated by USF Health’s affiliate hospitals
   - Authoritative national or specialty society guidelines and consensus statements
   - Core competencies from AGME
   - MOC

3. **Compare the description above outlining current practice and best practice, and identify the gap that exists between. This is the professional practice gap.**

   *Is it a gap in:*
   - Knowledge
   - Competence
   - Performance
4. Once the professional practice gap has been determined, review the IOM and ABMS core competencies and determine if there are IOM, ABMS, AGME or other competencies related to this gap(s) and link the core competencies.

- Patient care (provide care that is compassionate, appropriate and effective treatment for health problems and to promote health)
- Medical knowledge (demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care)
- Practice-based learning and improvement (investigate and evaluate patient care practices, appraise and assimilate scientific evidence and improve practice of medicine)
- Systems-based practice (demonstrate awareness of and responsibility for larger context and systems of healthcare; call on system resources to provide optimal care, e.g., coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites)
- Professionalism (demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations)
- Interpersonal and communication skills (demonstrate skills that result in effective communication and teaming with patients, their families and professional associates, such as fostering a therapeutic relationship that is ethically sound; using effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader)

5. Needs Statement:

A. Once the professional practice gaps have been determined and linked to the core competencies, the next step is to translate this into the needs statement for the activity. The needs statement will drive the development of the activity objectives and ultimately the outcomes measurement.

State the educational need below:

B. What is this activity designed to change?

This activity will focus on bringing about a change in physician:

- Competence
- Performance
- Patient outcomes
6. Based on the desired results of the activity, what are the objectives of the activity?
CONTINUING PROFESSIONAL DEVELOPMENT

Validation of Clinical Content

1. PURPOSE

To establish policy and process for the validation of clinical content of CE activities in accordance with the ACCME value statements and the content requirements of the ACPE and ANCC.

2. POLICY

A. The CE activity director and planning committee, in conjunction with the Office of Continuing Professional Development (OCPD) staff, must review the planned content of all CE activities to be certified by USF Health and provide documentation that recommendations and treatments promulgated in CE activities are efficacious in the care of patients, are scientifically objective and conform to research principles generally accepted by the scientific community. These expectations, taken from the ACCME value statements, should be used in planning all certified CE activities, regardless of discipline.

1. Presented data must be “based on evidence that is accepted within the profession of medicine.” Presentations that provide information in whole or part related to non-FDA approved uses of drugs and/or devices must clearly disclose the unlabeled or investigational uses to the audience. The best available evidence must be presented when making clinical recommendations. Presented data within continuing pharmacy and nursing education activities must similarly be based on evidence that is accepted within the pharmacy and nursing professions.

2. Materials used in CE must “conform to the generally accepted standards of experimental design, data collection and analysis.”

3. CE activities are not eligible for certification if they:
   (1) promote “recommendations, treatment or manners of practicing medicine that are not within the definition of CME or are (2) known to have risks or dangers that outweigh the benefits or are (3) known to be ineffective in the treatment of patients.” Similarly, activities that offer recommendations, treatment or practice manners outside of the definition of continuing pharmacy or nursing education, or that have risks or dangers that outweigh the benefits or are known to be ineffective are not eligible for certification.

4. The content of CE activities planned for nurse practitioner audiences must be appropriate for advanced practice nursing education by exceeding that of basic nursing and fundamental nurse practitioner education.

5. CE activities must be developed and presented utilizing the principles of adult learning, which includes thorough assessment of learners’ needs and a focus on participant involvement in the learning process.
B. Definition of CE

USF Health accepts the following definition of CE:

Continuing Education (CE) is a process of learning that serves to maintain, develop, or increase the knowledge, skills, professional performance, and relationships that clinicians use in the care of patients. Learning activities that respond to a clinician’s non-professional educational need or interest, such as personal financial planning or appreciation of literature or music for example, are not CE.

3. IMPLEMENTATION

A. Faculty will be advised of content standards in their confirmation letters.

B. Content validation to resolve a conflict of interest must occur and be documented during the planning process by a member of USF Health’s faculty, identified content expert or member of the planning committee. Comments of the content validation process are shared with all members of the planning team for the activity and documented in the CME activity file.

C. Evidence of content validation and resolution of a conflict of interest will be placed in the activity files. Evidence of compliance with the content validation policy includes:

1. Faculty Letter
2. Faculty Disclosure Statement
3. CME Application/Planning Document
4. Documentation of content review by independent evaluator and evidence that recommendations have been incorporated into the presentation prior to the CME activity.
5. Documentation of peer reviewer, who attended the CE activity, with evidence that presentation was objective, scientifically sound and free of commercial bias.
6. Summary of participant evaluation forms indicating that the presentation was free of commercial bias.
7. Evidence-based reference list included in activity syllabus