



You may not request and/or help plan a CME activity if you and/or your spouse/partner have a conflict of interest, i.e. a financial relationship with a commercial interest relating to the topic. The definition of a commercial interest is: *Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.*

A financial relationship can be, but is not limited to, any one of the following: *Employee; grants/research support recipient; board member; independent contractor; stock shareholder (excluding mutual funds); speaker's bureau; honorarium recipient; royalty recipient; clinical trials; and/or holder of intellectual property rights.*

Please complete the disclosure section below and return with the completed Activity Request Form in order for your topic submission to be considered. **If more than one person collaborated in the planning of this activity, make multiple copies of this cover page and make sure each person involved has completed it before proceeding.** If one of the potential planners is found to have a conflict of interest, they must not move forward with planning or controlling any content.

Name: _____

DISCLOSURE

Yes No Have you (or your spouse/partner) had any relevant financial relationship in the last 12 months with any commercial interest, as defined above, which may be discussed in any CME activity?

If no, sign just below this box. If yes, please list your relevant financial relationships and sign below.

Commercial Interest	Nature of Relevant Financial Relationship
Name of Company	Employee, grants/research support recipient, board member, independent contractor, stock shareholder (excluding mutual funds), speaker's bureau, honorarium recipient, royalty recipient, holder of intellectual property rights, clinical trials, other
1.	
2.	
3.	
4.	

- To the best of my ability, I will ensure that any speakers or content are independent of commercial bias.
- I know disclosure will be made to participants prior to the educational activity.

Signature: _____ Date: _____

Activity Request Form

You should not proceed with this application if you have a conflict of interest, as defined above, or have not yet completed the disclosure segment on the previous page.

Requester Information* <i>*No one with a "Conflict of Interest" is Allowed to Control Planning Content</i>	Faculty Member Responsible for this Activity:		Email:	
	Phone:		Fax:	
	Department/Division			
	Planner(s) Disclosure Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Coordinator Information <i>Disclosure form must be completed by coordinator</i>	Coordinator Name:			
	Phone:		Fax	
	Email:			
Info	Activity Information <i>(If more than 1 hour attach a timed agenda)</i>	Activity Title:		
		Date(s):	# of Credits:	
		Start Time:	End Time:	
		Scheduled Location:		
	Topic Must be Found in Evidence-Based Literature	Found in evidence-based literature?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		If No or N/A, please explain answer:		
	Type of Credit	<input type="checkbox"/> AMA PRA Category 1 Credit™ <input type="checkbox"/> Attendance Only-No CME Credit <input type="checkbox"/> MOC Part 2 Credit <input type="checkbox"/> Direct-Sponsored <input type="checkbox"/> Joint Sponsored		
	Type of Activity	<input type="checkbox"/> Live Activity <input type="checkbox"/> Multi-Hour Event <input type="checkbox"/> Regular Scheduled Series (RSS) <input type="checkbox"/> Online (Internet) <input type="checkbox"/> Enduring Material <input type="checkbox"/> Other:		
		Frequency	<input type="checkbox"/> 1/Week <input type="checkbox"/> 2/Week <input type="checkbox"/> 2/Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Other:	
	C2	Need Assessment Consider the difference between what the targeted learners do now vs. ideal or best practices and explain the issue(s) you want this activity to correct.	<i>When documenting why the gap exists below, please consider the following gaps:</i> <u>Knowledge Gap</u> - What is not known by the learners; new information. <u>Competence Gap</u> - What skill or strategy the learners don't have or can't apply. <u>Performance Gap</u> - What learners aren't doing correctly but have knowledge of; Noncompliance.	
		Describe Current Practice and Best Practice, and How They Differ		
		Describe the Resulting Gap		
Why the Gap Exists (Choose 1 or more)	Please Explain Why The Gaps You Selected Exist	Targeted Learners (C4) Whose Gap Is it?		
<input type="checkbox"/> Knowledge gap <input type="checkbox"/> Competence gap <input type="checkbox"/> Performance gap				

Activity Request Form

<p>How Do You Know These Gaps Exist? What is the evidence to prove the gaps identified? Please check all that apply.</p>	<input type="checkbox"/> New medical information <input type="checkbox"/> Legislative requirement <input type="checkbox"/> New drugs <input type="checkbox"/> New technology <input type="checkbox"/> County sources <input type="checkbox"/> Expert sources <input type="checkbox"/> Federal sources <input type="checkbox"/> Consensus of experts (who?) <input type="checkbox"/> Focus groups (who?) <input type="checkbox"/> Institute of Medicine (IOM) <input type="checkbox"/> Practice Guidelines <input type="checkbox"/> Literature review/search <input type="checkbox"/> Medical Chart review <input type="checkbox"/> Morbidity & Mortality data <input type="checkbox"/> Patient survey data <input type="checkbox"/> Patient outcome(s) <input type="checkbox"/> Patient safety <input type="checkbox"/> Peer review <input type="checkbox"/> Sentinel event(s)	<input type="checkbox"/> Prior activity feedback <input type="checkbox"/> Quality improvement data <input type="checkbox"/> Regulatory requirements <input type="checkbox"/> New hospital policies/procedures <input type="checkbox"/> Infection control data <input type="checkbox"/> Drug Utilization data <input type="checkbox"/> Research findings <input type="checkbox"/> Survey of intended audience (survey or interview) <input type="checkbox"/> Admission/Discharge diagnosis data <input type="checkbox"/> Referral patterns <input type="checkbox"/> Licensure requirements <input type="checkbox"/> Institutional/organizational requirement <input type="checkbox"/> Public health trends <input type="checkbox"/> Risk management <input type="checkbox"/> Pathology/Lab Findings <input type="checkbox"/> Specialty curriculum requirements for training, certification or maintenance of certification <input type="checkbox"/> Other (please specify):		
	Can you substantiate choices above with documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please provide it:</u>		
	Do you have data?	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, please explain the data:</u>		
<p>AB 1195 Cultural & Linguistic Competency (CLC) Relating to this topic, what should our learners be able to do better or know about our patient demographics?</p>	<p><i>When an activity has a clinical care component, the planners (not faculty) must identify as part of their planning process at least one cultural or linguistic health disparity that is relevant to the targeted physician learners or their patient community.</i></p>			
	<input type="checkbox"/> Age <input type="checkbox"/> Socioeconomics <input type="checkbox"/> Religion <input type="checkbox"/> Gender <input type="checkbox"/> Disparities in Care <input type="checkbox"/> Health Literacy <input type="checkbox"/> Ethnicity <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Culture <input type="checkbox"/> Language <input type="checkbox"/> Communication <input type="checkbox"/> Other:			
	<p><u>Explain choice(s) above:</u></p>			
<p>CLC-Related Need Assessment</p>	<p><i>Considering cultural and linguistic competency, please describe the difference between what the targeted learners do now vs. ideal or best practices. Explain the issue(s) you want this activity to correct.</i></p>			
<p>What are the CLC (Cultural and Linguistic Competency) Gap(s) of the learners?</p>	<input type="checkbox"/> Knowledge Gap (What is not known by your learners) <input type="checkbox"/> Competence Gap (What skill or strategy your learners don't have) <input type="checkbox"/> Performance Gap (What your learners are not doing correctly but have knowledge about)			
<p>How do you know that about CLC and the learners? What is the evidence to prove the CLC gaps identified?</p>				
<p>C3 Desired Outcomes What will your learners be able to do when the activity is over?) (Must relate to improved skill, strategy, performance, patient care, and/or systems)</p>	<p><i>You may have 1 or more desired outcomes. At least one needs to address the Cultural & Linguistic Competency professional practice gap identified above.</i></p>			
	<p>At the conclusion of the activity, learners will be able to:</p>			
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			

C7-C10	Commercial Influence	Please review the ACCME Standards for Commercial Support by clicking this link: http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf						
		Please review the ACCME Standards for Commercial Support <u>FAQ page</u> by clicking this link: http://www.accme.org/index.cfm/fa/faq.home/Faq.cfm						
		If you cannot access these links, please let us know and copies will be sent to you.						
		After reviewing the ACCME Standards of Commercial Support, do you agree to abide by them?	<input type="checkbox"/> Yes <input type="checkbox"/> No A NO selection will disqualify you from requesting and/or planning an activity.					
		Was this activity planned independently from all commercial influence?	<input type="checkbox"/> Yes <input type="checkbox"/> No - Explain:					
		Will there be any grants sought?	<input type="checkbox"/> No <input type="checkbox"/> Yes - From which companies(y)?					
Will there be any exhibits sought?	<input type="checkbox"/> No <input type="checkbox"/> Yes - From which companies(y)?							
Will entertainment overshadow education?	<input type="checkbox"/> No <input type="checkbox"/> Yes - Explain:							
Additional Comments								
C6	Desirable Physician Attributes Which relate to this activity? List the # of the desired outcome in C3 (above) that applies to each attribute.	<i>CME activities should address core competencies as determined by national or specialty society, specialty credentialing boards, or other sources of national priority. Please indicate the competency addressed in the development of this activity, and note which of the desired outcomes above was written to address it.</i>						
		The ACGME/ABMS Core Competencies are addressed in which of the desired outcome(s) (C3) above?	(Check all that apply)					
			1	2	3	4	5	6
		<input type="checkbox"/> Patient Care & Procedural Skills Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.						
		<input type="checkbox"/> Medical Knowledge Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.						
		<input type="checkbox"/> Professionalism Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.						
		<input type="checkbox"/> Interpersonal & Communication Skills Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associate (fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).						
		<input type="checkbox"/> Practice-Based Learning & Improvement Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.						
<input type="checkbox"/> Systems-Based Practice Demonstrate awareness of a responsibility to larger context and systems of health care. Be able to call on system resources to provide optimal care (coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).								

Activity Request Form

FUNDING SUPPORT: EDUCATIONAL GRANTS and EXHIBIT FEES

1. Funding for this activity will be from (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Departmental Funding | <input type="checkbox"/> Unrestricted Educational Grants from Industry |
| <input type="checkbox"/> Exhibitor Fees | <input type="checkbox"/> Not-for-Profit Grants |
| <input type="checkbox"/> Governmental Grants | <input type="checkbox"/> Tuition |
| <input type="checkbox"/> Other: | |

Notice: All above conflicts have been adjudicated on previous correspondence

i. Please list ALL potential sources of funding for this activity and the amount contributed by each:

NAME OF GRANTOR	\$ SUPPORT	CME FEE

****Letter of Agreements must be approved and signed by the Chair of the CHLA CME Committee prior to the course.****

ii. Will there be exhibitors? YES NO If yes, please list all exhibitors:

****Exhibitors must NOT be on an obligate path to the auditorium****

CME ACTIVITY BUDGET

NOTE: If attaching a separate budget, you must use the categories listed below to facilitate review by the CME Committee.

ESTIMATED EXPENSES	
SPEAKER HONORARIA:	
<i>(list for each speaker; attach additional list if needed)</i>	
	\$
	\$

Activity Request Form

	\$
	\$
Faculty housing, travel, meals, miscellaneous	\$
Room rental and A/V rental	\$
Meals/coffee breaks	\$
Advertisements/marketing	\$
Syllabi/handouts	\$
Supplies for CME (badges, certificates, etc.)	\$
Messengers/FedEx/taxis	\$
FAX/phones	\$
Contract personnel	\$
Contingency	\$
Other expenses:	\$
<i>SUB-TOTAL OF EXPENSES</i>	\$

ESTIMATED REVENUE	
<i>SOURCES OF ESTIMATED REVENUE:</i>	
CHLA Divisional / Departmental Funding	\$
Tuition-full	\$
Tuition-discounted (residents, fellows, affiliates, medical students)	\$
NON-PROFIT SUPPORT (List):	
	\$
	\$
	\$
COMMERCIAL SUPPORT (List): (for commercial supporters, a signed LOA must be attached to the application) All LOAs must be signed in advance of the activity by the Chair of the CHLA CME Committee and the Commercial Supporter)	
	\$
	\$
	\$

EXHIBIT FEES (List):	\$
	\$
	\$
	\$
	\$
OTHER SUPPORT List all other commercial supporters/organizations providing outside support and intended use of funds	

Activity Request Form

	\$
	\$
	\$
	\$
TOTAL ESTIMATED REVENUE	\$

ESTIMATED TOTAL EXPENSES	\$
ESTIMATED TOTAL REVENUE	\$
ESTIMATED NET INCOME/LOSS	\$
Honoraria will be paid to speakers from the following CHLA Account:	
Income from this course will be deposited to the following CHLA Account:	
Deficits and all CME related fees for this activity will be the responsibility of the Division / Department and the following CHLA account will be debited:	

In compliance with our Honoraria and Expense Reimbursement Policy, all expenses must be paid from a CHLA Account.

Course Director's Signature

Date

Activity Request Form

OPTIONAL SECTIONS (Not required for approval of credit)

C16	The provider operates in a manner that integrates CME into the process for improving professional practice.	<p><i>If you plan to integrate CME into the process for improving professional practice, describe how this integration occurs. Include examples of explicit organizational practices that have been implemented.</i></p>																				
C17	The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).	<p>What non-educational (non-CME) strategies have you implemented or do you plan to implement in order to effect change?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Provider reminders</td> <td><input type="checkbox"/> Provider feedback</td> </tr> <tr> <td><input type="checkbox"/> Posters / Flyers (placed where?)</td> <td><input type="checkbox"/> Department Meeting Announcement</td> </tr> <tr> <td><input type="checkbox"/> CME activity PPT slide show</td> <td><input type="checkbox"/> Follow-up Literature</td> </tr> <tr> <td><input type="checkbox"/> Patient Literature</td> <td><input type="checkbox"/> Standing orders</td> </tr> <tr> <td><input type="checkbox"/> Algorithm Worksheet</td> <td><input type="checkbox"/> Community Education</td> </tr> <tr> <td><input type="checkbox"/> System Changes (policies/procedure)</td> <td><input type="checkbox"/> List of bibliographies</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table>	<input type="checkbox"/> Provider reminders	<input type="checkbox"/> Provider feedback	<input type="checkbox"/> Posters / Flyers (placed where?)	<input type="checkbox"/> Department Meeting Announcement	<input type="checkbox"/> CME activity PPT slide show	<input type="checkbox"/> Follow-up Literature	<input type="checkbox"/> Patient Literature	<input type="checkbox"/> Standing orders	<input type="checkbox"/> Algorithm Worksheet	<input type="checkbox"/> Community Education	<input type="checkbox"/> System Changes (policies/procedure)	<input type="checkbox"/> List of bibliographies	<input type="checkbox"/> Other:							
<input type="checkbox"/> Provider reminders	<input type="checkbox"/> Provider feedback																					
<input type="checkbox"/> Posters / Flyers (placed where?)	<input type="checkbox"/> Department Meeting Announcement																					
<input type="checkbox"/> CME activity PPT slide show	<input type="checkbox"/> Follow-up Literature																					
<input type="checkbox"/> Patient Literature	<input type="checkbox"/> Standing orders																					
<input type="checkbox"/> Algorithm Worksheet	<input type="checkbox"/> Community Education																					
<input type="checkbox"/> System Changes (policies/procedure)	<input type="checkbox"/> List of bibliographies																					
<input type="checkbox"/> Other:																						
C18	The provider identifies factors outside the provider's control that impact on patient outcomes.	<p><i>Have you identified factors outside of the provider's (hospital) control that will have an impact on patient outcomes? If so, please describe those factors.</i></p>																				
C19	The provider implements educational strategies to remove, overcome or address barriers to physician change.	<p><i>CME activities should give consideration to the system of care in which the learner will incorporate new or validate existing learned behaviors. Planners must be sure to a) identify barriers that could block and b) apply strategies to address, discuss strategies to overcome or remove those barriers (if possible) in the content of the CME activity. Please indicate what barriers you have identified:</i></p> <p>Which of the following barriers exist and may impede change?</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Cost (Economic)</td> <td><input type="checkbox"/> Patient Compliance Issues</td> </tr> <tr> <td><input type="checkbox"/> Cultural</td> <td><input type="checkbox"/> Technical</td> </tr> <tr> <td><input type="checkbox"/> Educational</td> <td><input type="checkbox"/> Lack of resources</td> </tr> <tr> <td><input type="checkbox"/> Policy issues within institution</td> <td><input type="checkbox"/> Formulary Restrictions</td> </tr> <tr> <td><input type="checkbox"/> Lack of time for implementation</td> <td><input type="checkbox"/> Technology not available or inadequate</td> </tr> <tr> <td><input type="checkbox"/> Lack of Administrative Support/Resources</td> <td><input type="checkbox"/> No Relevant Barriers</td> </tr> <tr> <td><input type="checkbox"/> Lack of Consensus on Professional Guidelines</td> <td><input type="checkbox"/> Other:</td> </tr> </table> <p>Strategies you will employ in this activity to address or remove the barriers:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Patient education and navigation</td> <td><input type="checkbox"/> Acquisition of new technology</td> </tr> <tr> <td><input type="checkbox"/> Insurer (Medicaid/Medicare) communication</td> <td><input type="checkbox"/> Other (please describe)</td> </tr> <tr> <td><input type="checkbox"/> Hospital administration education</td> <td></td> </tr> </table> <p>What strategies have been taken or can/will be taken to remove, overcome, or address these barriers?</p>	<input type="checkbox"/> Cost (Economic)	<input type="checkbox"/> Patient Compliance Issues	<input type="checkbox"/> Cultural	<input type="checkbox"/> Technical	<input type="checkbox"/> Educational	<input type="checkbox"/> Lack of resources	<input type="checkbox"/> Policy issues within institution	<input type="checkbox"/> Formulary Restrictions	<input type="checkbox"/> Lack of time for implementation	<input type="checkbox"/> Technology not available or inadequate	<input type="checkbox"/> Lack of Administrative Support/Resources	<input type="checkbox"/> No Relevant Barriers	<input type="checkbox"/> Lack of Consensus on Professional Guidelines	<input type="checkbox"/> Other:	<input type="checkbox"/> Patient education and navigation	<input type="checkbox"/> Acquisition of new technology	<input type="checkbox"/> Insurer (Medicaid/Medicare) communication	<input type="checkbox"/> Other (please describe)	<input type="checkbox"/> Hospital administration education	
<input type="checkbox"/> Cost (Economic)	<input type="checkbox"/> Patient Compliance Issues																					
<input type="checkbox"/> Cultural	<input type="checkbox"/> Technical																					
<input type="checkbox"/> Educational	<input type="checkbox"/> Lack of resources																					
<input type="checkbox"/> Policy issues within institution	<input type="checkbox"/> Formulary Restrictions																					
<input type="checkbox"/> Lack of time for implementation	<input type="checkbox"/> Technology not available or inadequate																					
<input type="checkbox"/> Lack of Administrative Support/Resources	<input type="checkbox"/> No Relevant Barriers																					
<input type="checkbox"/> Lack of Consensus on Professional Guidelines	<input type="checkbox"/> Other:																					
<input type="checkbox"/> Patient education and navigation	<input type="checkbox"/> Acquisition of new technology																					
<input type="checkbox"/> Insurer (Medicaid/Medicare) communication	<input type="checkbox"/> Other (please describe)																					
<input type="checkbox"/> Hospital administration education																						
C20	The provider builds bridges with other stakeholders through collaboration and cooperation.	<p><i>Whenever possible, you should identify other stakeholders applicable to this topic, with which collaboration could make a positive impact on your intended results. Note: Collaborators are purposefully chosen and not necessarily a joint sponsor or educational partner whom you have contracted to assist in managing the activity. A collaborator is an organization with special expertise in the subject matter or influence over the targeted learners.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">Please list any collaborators:</td> <td style="width: 40%; border-bottom: 1px solid black;">What was their role in planning/participating?</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td><input type="checkbox"/> Involved in planning content -disclosure?</td> </tr> </table>	Please list any collaborators:	What was their role in planning/participating?		<input type="checkbox"/> Involved in planning content -disclosure?																
Please list any collaborators:	What was their role in planning/participating?																					
	<input type="checkbox"/> Involved in planning content -disclosure?																					

Activity Request Form

		<hr style="border: 0; border-top: 1px solid black; margin-bottom: 2px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 2px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 2px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 2px;"/>	<input type="checkbox"/> Data source for gaps <input type="checkbox"/> Data source for CLC <input type="checkbox"/> Resource exhibits <input type="checkbox"/> Community education <input type="checkbox"/> Health fair <input type="checkbox"/> Other (please describe)
C21	The provider participates within an institutional or system framework for quality improvement.	<i>A CME provider should always be focused on integrating and contributing to healthcare quality improvement so that the CME program becomes integral to institutional or system QI efforts. Indicate below the 'quality connections' you have made for this activity and the contribution the activity will make to quality improvement or patient safety at your institution or to the framework for quality to which you are connected for this discipline of medicine</i>	
		Quality Connections Made	Contribution Activity Will Make to QI/Patient Safety
		<input type="checkbox"/> Hospital QI/QM Department <input type="checkbox"/> Clinical data analysis <input type="checkbox"/> Patient safety regulations <input type="checkbox"/> Sentinel Events/Root Cause Analysis <input type="checkbox"/> Managed Care HEDIS Data <input type="checkbox"/> Risk Management Reports <input type="checkbox"/> Other:	
C22	The provider is positioned to influence the scope and content of activities/educational interventions.	<i>Include examples of how the provider is positioned to influence the scope and content of activities/educational interventions:</i>	

Signature of Faculty Member Preparing Application

Date

Signature of Division Chief

Date

Return Completed Packet To:

Lisa McDonald
 CME Manager
 Office of Academic Affairs
 Children's Hospital Los Angeles
 4650 Sunset Blvd., MS#71
 Los Angeles, CA 90027
 Email: lmcdonald@chla.usc.edu

For CME Committee Completion Only

Accreditation Decision					
CME Definition	Does this CME meet IMQ's definition of CME?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Criterion #1	Is this type of activity outlined in the CME Mission Statement?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	By:		Date:	
Type:	<input type="checkbox"/> <i>AMA PRA Category 1 Credit™</i>		<input type="checkbox"/> Attendance only		# of Credits:
	<input type="checkbox"/> Direct-Sponsored		<input type="checkbox"/> Joint Sponsored		
Comments:					