

## Basic Information

### Specify the following for your activity

Activity Name: \* 

Planned Learning Technique(s): Select all methods planned to enhance learner engagement during the activity: \*

- |  |   |
|--|---|
| <input type="checkbox"/> Case Based Learning   | <input type="checkbox"/> Debate   |
| <input type="checkbox"/> Didactic Sessions   | <input type="checkbox"/> Panel Discussion   |
| <input type="checkbox"/> Patient Perspective (e.g., live patient/patient advocate speaker) | <input type="checkbox"/> Polling/Interaction  |
| <input type="checkbox"/> Reflective Learning   | <input type="checkbox"/> Project Based Learning (e.g., quality improvement project) |
| <input type="checkbox"/> Skill-Based Training/Hands-On Workshop                            | <input type="checkbox"/> Simulation   |
| <input type="checkbox"/> Standardized Patients/Medical Actors                              | <input type="checkbox"/> Small Group Learning                                       |
| <input type="checkbox"/> Use of Medical Equipment  | <input type="checkbox"/> Use of Cadavers  |
|  | <input type="checkbox"/> Other (specify)  |

If other technique(s), please specify:

AMA Activity Format: \* 

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> Option | <input type="checkbox"/> Option2 |
|---------------------------------|----------------------------------|

If other format, please specify:

Does the content of this activity contain clinical or non-clinical (i.e. leadership, communication, ethics, professional responsibilities, etc.) or a combination of both? \*

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="radio"/> Yes, Clinical | <input type="radio"/> No, Non-Clinical | <input type="radio"/> Combination of Both |
|-------------------------------------|--|---|

Select the Course Director's primary affiliation: \*

- |  |
|--|
| <input type="radio"/> UC San Diego                 |
| <input type="radio"/> Rady Children's Hospital     |
| <input type="radio"/> AAMC                         |
| <input type="radio"/> Other, please specify below. |

If other primary affiliation, please specify:

Sponsoring Department: \* 

## Target Audience

To select all Specialties, check the checkbox below:

All Specialties

Select specific Specialties from the dropdown. To add additional Specialties, click the green plus (+) sign.

Specialties Section +

Specialties i

List other specialties here:

Professions (check all that apply):

Option 1

Option 2

If other profession, please specify:

What is the Geographic reach/scope for this activity/series: (select all that apply): \*

- UC San Diego/RCHSD only
- Local
- Regional
- National
- International

## Interprofessional Planners and Learners

Interprofessional continuing education (IPCE) is when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes.

Will the planning process include health care professionals from 2 or more professions? \*

Yes  No

Is there an intent to achieve outcome(s) that reflect a change in skills, strategy, or performance of the health care team and/or patient outcomes? \*

Yes  No

## Activity Details

Please upload the activity agenda (LIVE), schedule (RSS), content outline (ENDURING/Other). Accepted file


types: Excel, Word, PDF




[Link to resources and templates](#)

Synopsis (Brief description of activity on website calendar listing - 300 character max):

**Character Count:**

Activity Description (Description of the overall goal of the educational activity—also utilized for marketing purposes: \* 

If you are collaborating with any other organizations in the planning and delivery of this activity, please enter below:

Enter the number of credits or contact hours that you are requesting to be awarded to the activity (for RSS enter credit per session): \* 

### Maintenance of Certification (MOC)


Interested in offering MOC? \* 

Yes  No

### Location and Dates/Times of Activity


**Please complete the fields below based on where your meeting/activity will be held.**

Location (building/facility/hotel/conference room/online) *select Online for Enduring Materials:* \* 

If other location, please specify: 

City: 

State:

CA 

Country:

 UNITED STATES 

## Activity Start and End Dates

Start Date: End Date: 

## Activity Start and End Times

Start Time: \* End Time: \* Time Zone: 

## Equity, Diversity and Inclusion

Planners and faculty of CME/CPD education are expected to consider equity, diversity, and inclusion in the planning, development, delivery, and evaluation of activities. This includes consideration of the specific needs of the populations served and disparities that may influence the health outcomes of patients. At a minimum, all activities that are related to patient care must include curriculum that includes the understanding of cultural and linguistic competency (CLC) and implicit bias (IB), per [California legal mandates](#).

Check the appropriate box(s) indicating which elements you will consider and include in the planning and delivery of this activity (Select all that apply): \*

- Specific content and/or open discussion on implicit bias along the lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, etc.
- Consideration of the risks, experiences and needs of vulnerable or marginalized population groups including indigenous peoples, age-related groups, immigrants, refugees, ethnocultural and racialized (IRER) groups, linguistic groups, different genders
- Inequities in health status, health outcomes or quality of care among population groups
- Equity-based improvements in program or service delivery, decision making or resource allocation
- Other, please specify
- None, please specify reason

Application Comments:

[Save and Continue](#)

# Planners and Faculty

## Planning Committee and Faculty/Speakers

Please consider diverse and inclusive representation when selecting planning committee members and speakers to ensure that content is selected and designed to include meaningful discussion of health disparities and provide various perspectives and understanding of the delivery of care.

### WHO TO INCLUDE:

FOR RSS: Course Director(s), Planning Committee Members, Coordinators, Meeting Planners, Content Reviewers, Moderators. Presenters are NOT assigned at this time.

FOR NON-RSS LIVE ACTIVITIES: Course Director(s), Planning Committee Members, Coordinators, Meeting Planners, Content Reviewers, Authors, Reviewers. All known Speakers and Moderators.

FOR ENDURING/OTHER: Course Director(s), Planning Committee Members, Coordinators, Project Managers, Authors, Editors, Content Reviewers, Faculty/Presenters.

### INSTRUCTIONS TO ADD INDIVIDUALS:

1. Use “Find Disclosures” button to your left to determine if person has a profile in system
  - Search by any part of first or last name
  - If person has existing profile, make note of email address associated with account
2. Click on the Green + Sign below to add a person
  - If person is in the system, enter the email from step 1. Information will auto populate.
  - If person is not in the system, enter their email address (**for UC San Diego affiliates, use @ucsd.edu**). Populate all required fields.
3. Once entered into the table, an email will automatically be issued to persons who are new to the system or need to update the disclosure information on file.
4. Repeat steps 1-3 for each person.
5. Click the Green “Update Missing Disclosures, if available” button. Wait while system retrieves disclosure information. This may take several minutes.
6. Look for “Update Complete” message before proceeding.
7. Once all persons are entered, click Save and Continue at the bottom of the form.

 **Update Missing Disclosures, if available**

**To add more planners or faculty, click the green plus (+) sign. To remove a planner or faculty, click the red minus (-) sign.**

### Upload Faculty List (Acceptable File Types: Word, Excel, or PDF)

 **Add Files**

## Gaps and Needs

### Gap Analysis

What is the “problem or gap in practice” (difference between current state and desired state or opportunity for improvement) that this activity is designed to address? [i](#)

### Needs Assessment

Type of needs assessment method used to plan this event; check all that apply: \* [i](#)

Option 1

If other, please specify:

Upload Needs Assessment Documentation (Accepted file types: Word, Excel, PDF)

[Add Files](#)

Will you be providing non-educational intervention(s) with this activity? \*

Yes

No

### Barriers

What potential barriers do you anticipate learners may encounter when trying to make the changes this activity is designed to promote? \* (required)

Provider Barriers [i](#)

Option 1

Team Barriers [i](#)

Option 1

Patient Barriers [i](#)


Option 1

System/Organization Barriers [i](#)

Option 1

Other Barriers [i](#)

Option 1

None 

No Barriers

How will you incorporate strategies to remove, overcome, or address these barriers in your activity? What tools will you provide the learners with? \*

 Save and Continue

# Objectives, Learning Outcomes and Competencies

## Objectives/Learning Outcomes

Learning objectives must be measurable and provide linkage to the desired outcome(s) of the activity. For more information, use the following [resource for writing objectives](#).

To enter your objectives/learning outcomes, type an objective/learning outcome into the table below. Typical activities list approximately 1-2 learning objectives per practice gap, or 3-4 learning objectives per overall activity.

To add additional objective/learning outcomes, click the (+) plus icon. To remove objectives, click the (-) minus icon.

**At the conclusion of this activity, participants will be able to:**

*NOTE: These objectives will be included in the activity listing/web-page and syllabus provided to learners.*

## Competencies

CME/CPD activities must be developed in the context of desirable physician attributes. Indicate which of the Accreditation Council for Graduate Medical Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaborative (IEC) core competencies will be addressed by this CME activity. Please only select the core competencies that most **closely** reflect the educational agenda of your activity.\* (required)

### ACGME/ABMS

- Patient Care or Procedural Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal & Communication Skills
- Professionalism
- System-Based Practice

### Institute of Medicine

- Provide Patient-Centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice
- Apply Quality Improvement
- Utilize Informatics

### Interprofessional Education Collaborative

- Values / Ethics for Interprofessional Practice
- Roles / Responsibilities
- Interprofessional Communication



- Interprofessional Communication
- Teams & Teamwork

**Other Competencies**

[➔ Save and Continue](#)

Here's what your form will look like to your users. If you want to try behavior (validation, rules etc), you must first close this window, finish editing the form and save it. [Close this window now.](#)

## Financial Information

Enter information about funding for this activity in this section and upload a projected budget. Note that all commercial support pursued must be in compliance with the **ACCME Standards for Integrity and Independence in Accredited Continuing Education.**

Will you pursue commercial support for this activity (financial and/or in-kind)? \*

 Yes No

Will you pursue other non-commercial financial support such as government grants or private donations? \*

 Yes No

Will you provide exhibits and/or other promotional opportunities in conjunction with this activity? \*

 Yes No

You may retrieve our [budget template](#) to use, or upload your own format.

Upload Projected Budget (Accepted File Types: Excel, Word, PDF)

 Add Files

 Save and Continue

# Commendation Criteria

## ACCME Commendation Criteria (Optional)

The ACCME encourages and rewards accredited CME providers for implementing best practices in educational methods, engagement, evaluation, assessment of change, and generating meaningful outcomes.

For this activity, please consider whether any of the following criteria may apply. If you are uncertain, please leave blank or contact the CME team.

### Promotes Team-Based Education

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

▶ Requirements for C23, C24 & C25 (click to expand/collapse):

### Addresses Public Health Priorities

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

▶ Requirements for C26, C27 & C28 (click to expand/collapse):

### Enhances Skills

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

▶ Requirements for C29, C30, C31 & C32 (click to expand/collapse):

### Achieves Outcomes

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

▶ Requirements for C36, C37, & C38 (click to expand/collapse):

# JA Commendation Criteria

Select all that apply:

- Option
- Option 1

▶ Requirements for JA Criteria (click to expand/collapse):

➔ Save and Continue

Here's what your form will look like to your users. If you want to try behavior (validation, rules etc), you must first close this window, finish editing the form and save it. [Close this window now.](#)

# Signatures

**Attestation:**

Please review the **UC San Diego CME Application Terms and Conditions** before submitting your application.

By submitting this application, I attest to the accuracy and completeness of the application, accept responsibility for the planning, implementation and evaluation of this activity, and agree to the UC San Diego Application Terms and Conditions and associated accreditation fees.

Please indicate payment method (billed separately):

- Credit Card
- RMP recharge via a UC San Diego Chart of Accounts (COA)
- Check (mailed separately)
- Other, please specify

Signature: \*

Date: \*

 Save Application

Cancel 