This educational plan describes how this CME activity has been designed to comply with ACCME’s Standards and expectations. Please review this plan, make any corrections needed, and send back to UUCME either with your approval or with additional concerns. UUCME accepts only electronic forms; no signatures are required.

EDUCATIONAL PLANNING

1. What is the professional practice gap you would like to address? Shortcomings we want to address in any area of professional practice like delivery of care, diagnosis, decision making, teaching, research, administration, leadership, communication. (Educational Needs)

   Current state:
   
   Desired state:
   
   Identified gap:

2. Why does the gap exist? What are the root causes? What are the educational need(s) that are the cause of the gap? (Educational Needs)

   Knowledge: (Don’t know data or factual information, recent advances or mistaken facts or information)  
   Competence/Strategy/Strategies: (Don’t know how, incomplete or outmoded strategies)  
   Performance: (Don’t do or should stop doing)

3. What do you want to change? What piece of the gap or part of the cause will this activity aim to change? (what learners know, what they will do, what they actually do, their patient outcome) (Designed to Change)

   Designed to change:  ☐ Competence/Strategy/Strategies  ☐ Performance  ☐ Patient Outcome

4. What factors outside your control might impact the desired change (physician, systemic or population based)? What strategies can you use to remove, overcome or address those barriers? (JA10)

   Patients and/or public representatives who are not healthcare professionals (Engages Patients/Public)

PLANNING BY, WITH AND FOR THE AUDIENCE

5. Who is your target audience? Will you have the right people who can work together to close the professional practice gap?

<table>
<thead>
<tr>
<th>No</th>
<th>Planners</th>
<th>Speakers</th>
<th>Audience</th>
</tr>
</thead>
</table>

   Event ID: xxxxx  Series, Course, Enduring, Other
   Approved for xx.xx AMA PRA Category 1 Credit(s)™ on date by UUCME staff person
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Health professions’ students (Engages Students)

More than one profession, representative of the target audience (Engages Teams)

Promote Team-based Education:
Interprofessional activity = members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes. (Must be interprofessional planners, content deliverers, and audience.)

If you are including more than one profession, is the activity designed to change competence &/or performance of the healthcare team? ☐ No ☐ Yes

Will you evaluate change to the healthcare team? (Engages Teams) ☐ No ☐ Yes

☐ Commitment to change ☐ Other:

7. Who specifically is on your Planning Committee?

<table>
<thead>
<tr>
<th>Name (&amp; Organization, if not U)</th>
<th>Role in planning (Director, coordinator)</th>
<th>Healthcare professional type (physician, APC, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

8. Will you collaborate with other organizations to more fully achieve healthcare goals, enhance the efficacy of the activity, and address community/population health? (Collaborates Effectively) ☐ No ☐ Yes: __________________________ (list organization(s))

☐ Addressing population health issue? ☐ No

☐ Joint providership? (name for statements: __________________________) ☐ No

EDUCATIONAL APPROACHES

9. What formats will you include?

☐ Case based discussion ☐ Lecture ☐ Panel discussion

☐ Simulation ☐ Skill based training ☐ Small group discussion

☐ Other:

10. Why is this educational format appropriate for what you’re trying to change?

For changing strategies and skills, a panel discussion, pair-share or other type of small group discussion may allow learners to reflect, analyze or apply new knowledge. If the goal is changing performance, practice with simulation and feedback might be useful. (Appropriate Formats)

11. Will you include any innovations or creative approaches? If so, what approaches? (ex. educational approaches, design, assessment, use of technology) (Demonstrates Creativity/Innovation)

12. Will you utilize support strategies for attendees to support changes in learner practice (tools, resources, reminders, flow sheets, online instructional material)? (Utilizes Support Strategies, JA9) ☐ No ☐ Yes (please provide to UUCME) AND

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ANALYZING CHANGE

13. How will you know if you’ve been effective in producing change? (Analyzes Change)

☐ Commitment to change survey
  (☐ UUCME □ Department)
☐ Pre & post test

☐ Skill evaluation during or after activity
☐ Chart or Database Reviews
☐ Other:

Commtiments to change:

A commitment to change is a statement learner’s make reflecting how they plan to implement what they learned into their professional practice. Requesting learners to make commitments to change can be useful in evaluating effectiveness.

List up to 3 specific changes you want to see the learners incorporate into their current practice. Think about desired changes that are specific, measurable, achievable, relevant and time-bound. Wording might start “I will…” or “I have a strategy to…”

1. I will incorporate what I learned into my healthcare team.
2. 
3. 

UUCME will create a survey to ask learners about their commitments to change as they claim their credit. Please let UUCME know if you would like to add additional questions to this survey about your activity.


☐ No ☐ Yes (Please provide to UUCME)

☐ Measures performance changes of learners? ☐ No  AND
☐ Demonstrate improvements in performance of learners? ☐ No

How? ☐ RSS Annual Review ☐ Other (specify):

Following your activity, UUCME will request and End of Course or annual RSS Renewal to be completed. You will be asked to provide your reflections of the change your activity had on your learners and their professional practice. We will provide any survey data we have collected and will ask that you include any other evidence of change that you might have.

STANDARDS FOR INTEGRITY AND INDEPENDENCE

Ineligible company, as defined by ACCME, are companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Some examples are: drug or device companies; bio-medical startups that have begun a governmental regulatory approval process; growers, distributors, manufacturers or sellers of medical foods and dietary supplements; manufacturers of health-related wearable products.
STANDARD 1: ENSURE CONTENT IS VALID
STANDARD 2: PREVENT COMMERCIAL BIAS AND MARKETING IN ACCREDITED CONTINUING EDUCATION

As your educational partners, we remind you to keep the education educational not promotional. See UUCME Expectations for more details or get in touch if you have questions or would like to discuss further. Please work with your faculty and planners to be sure:

✓ All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
✓ All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
✓ Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. Do not include content that is advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
✓ Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
✓ All decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made without any influence or involvement from the owners and employees of an ineligible company.
✓ Free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during accredited education.
  o Note that this includes book or device sales. Faculty cannot promote or sell anything during the education. They can reference their publications, but not sell.
✓ Do not share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

STANDARD 3: IDENTIFY, MITIGATE, AND DISCLOSE RELEVANT FINANCIAL RELATIONSHIPS

15. Will this activity include clinical content related to products of ineligible companies?
☐ Yes, Disclosure Forms Required
This educational activity includes content related to the products Ineligible Companies by ACCME definition. A Disclosure form is required for anyone in control of content and any conflicts must be mitigated prior to the start of the activity. See UUCME’s Disclosure Policy for more information.

☐ No, Disclosure Forms Not Required
This educational activity does not require disclosure or mitigation. Explain why:
  ☐ Learner group that is in control of the content (e.g., spontaneous case conversation)
  ☐ Self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, PI-CME)
16. Will speakers include any employees or owners of an Ineligible Company? □ No □ Yes
If yes, see employee/owner policy and instructions.

STANDARD 4: MANAGE COMMERCIAL SUPPORT APPROPRIATELY AND
STANDARD 5: MANAGE ANCILLARY ACTIVITIES OFFERED IN CONJUNCTION WITH ACCREDITED CONTINUING EDUCATION
17. Will this activity have financial support from an ineligible company? □ No □ Yes
 Grants or in-kind financial support? □ No □ Yes
 UUCME must have a fully executed LOA with you, the ineligible company & UUCME signatures in place at least a week before the activity.
 UUCME will request a Financial Summary of the funding upon completion.
 Exhibitor space? □ No □ Yes
 Any non-accredited activity happening along with the accredited? □ No □ Yes
 Exhibitor and non-accredited activity must take place in a separate time and space than the accredited education. If in the same physical space/virtual link, there must be a full stop of educational activity with 30-minute delays on either side to keep the education separate.

TOPICS COVERED
18. Will the following topics be included in this activity? Check all that apply.
Note to UUCME staff: include this activity for any checked items on the Commendation tracking spreadsheet found on the shared drive.
□ Health informatics and the use of practice data for practice and/or quality improvement.
(Advances Data Use) Must use health/practice data AND teach about collection, analysis or synthesis of health/practice data.
□ Health of populations, public health. Implement change in health behaviors, social and economic factors, and the public’s physical environment, impact on community health outcomes.
□ Collaborates AND Demonstrate improvements of improving patient or community health? (Improves Patient/Community Health)
□ Teaches strategies that learners can use to achieve improvements in population health. (Addresses Population Health)
□ Communication skills: learner becomes more self-aware of their communication skills, and implement educational interventions to improve those skills. (Optimizes Communication Skills) Must include observed communication skills AND formative feedback to learners.
□ Technical and procedural skills: updating, reinforcement, and reassessment of psychomotor skills (ie. Operative skill, device use, physical exam). (Optimizes Technical/Procedural Skills) Must include observed technical and procedural skills AND formative feedback to learners.
☐ **Healthcare quality improvement** by Collaborating AND Demonstrating improvements in healthcare quality improvement changing processes of care or system performance? (Improves Healthcare Quality)

☐ Use **individualized learning plans** for learners that includes repeated longitudinal learning tracked over weeks/months with **individual feedback** to the learner to close identified practice gaps? (Creates Individualized Learning Plans)

### EDUCATIONAL THEORY APPLICATION

19. Which competencies does this activity address? (Competencies)

**ACGME/ABMS**
- [ ] Patient Care & Procedural skills
- [ ] Medical Knowledge
- [ ] Practice-based learning & improvement
- [ ] Interpersonal and Communications skills
- [ ] Professionalism
- [ ] Systems-based Practice
- [ ] Other:

**National Academy of Medicine (IOM) Competencies**
- [ ] Provide patient-centered care
- [ ] Work in interdisciplinary teams
- [ ] Employ evidence-based practice
- [ ] Apply quality improvement
- [ ] Utilize informatics

**Interprofessional Education Collaborative Competencies**
- [ ] Values/Ethics for Interprofessional Practice
- [ ] Roles/Responsibilities
- [ ] Interprofessional Communications
- [ ] Teams & Teamwork

20. What is the highest level of outcome measurement that this activity will meet? (Analyzes Change)

- [ ] Level 1: Participation (attendance records)
- [ ] Level 2: Satisfaction (questionnaires completed by attendees)
- [ ] Level 3A: Learning: Knows (pre and post tests of knowledge of facts, data)
- [ ] Level 3B: Learning: Knows How (pre and post tests of applying information)
- [ ] Level 4: Learning: Shows How (observation during activity, commitment to change)
- [ ] Level 5: Performance (observation in a patient care setting, chart review)
- [ ] Level 6: Patient health (health status measures from chart or administrative databases)
- [ ] Level 7: Community health (epidemiological data, local/state/national reports)
- [ ] Other:

### UUCME LOGISTIC OPTIONS

21. Disclosure from all those in control of content obtained via survey monkey link:

Tracking link for coordinator/director to monitor progress:

Who will resolve any conflicts of interest (review any reported financial relationships)?

__________________________________________(name of non-conflicted reviewer)

22. CME & Disclosure statements (Standards for Integrity and Independence) to learners prior to activity start via □ Flyer or email □ Website/course syllabus □ Other:

23. Learners claim credit via □ Event Callin (event code calculated by department)
24. CME Fees (paid to UUCME at the end of the activity) for this activity are $______ and will be paid via:
- [ ] Covered by School of Medicine, University Hospital and Clinics support of UUCME (internal audiences only)
- [ ] Chartfield, specify chartfield numbers:
- [ ] Check, to be mailed upon invoice
See Expectations document for explanations and more detail.

25. Is there MOC for this activity?  [ ] No  [ ] Yes  If yes, which one(s): [ ] ABA  [ ] ABS  [ ] ABPeds  [ ] ABIM  [ ] AB Pathology  [ ] AB Otolaryngology  [ ] AB Ophthalmology

If edited, please return to UUCME via email so we have the final copy for our files. Please refer to the UUCME Expectations document for the next steps or contact UUCME with any questions.