Stanford MEDICINE

Stanford Center for Continuing Medical Education (SCCME)
Application/Planning Worksheet for CME Certification of a Symposia Activity

Stanford has developed a planning process that meets the ACCME Criteria, including the Standards for Commercial Support. Planning of CME activities is based not only on need, but also on thoughtful consideration of Adult Learning Principles. Please submit this document, completed, along with the requested supplemental documents at least ***9-12 months*** in advance of the date you propose for this CME activity. Submit an electronic version, including budget and other attachments, to your assigned CME coordinator.

To check boxes throughout the application, double click on the checkbox and a dialog box will pop up; click the "Checked" radio button beneath "Default value".

Section 1: General Information

Date of Activity:	March 6th, 2015
Activity Title:	Managing Sleep Health in the Primary Care Setting
Location of Activity:	Francis C. Arrillaga Alumni Center, Stanford, CA
Stanford Department/Division:	Stanford Center for Sleep Sciences and Medicine
☐ Hospital course ☒ Department course	
Expected number of attendees:	100
Estimated credit hours:	3.00
Course Director:	**Name: Susan Smith, MD** **Title: Clinical Assistant Professor, Psychiatry and Behavioral Sciences-Stanford Center for Sleep Sciences and Medicine** **Address: xxx Broadway Street** **Phone: xxx-xxx-xxxx** **Fax: xxx-xxx-xxxx** **E-mail: ssmith@stanfordmedicine.org**
Co-Course Director (if applicable):	**Name: N/A** **Title:** **Address:** **Phone:** **Fax:** **E-mail:**
SCCME Coordinator:	**Name: Shelly Swells/Sharon Dwells** **Title: CME Conference Coordinator/CME Conference Manager** **Address: 1070 Arastradero Road, Suite 230, PA, CA** **Phone: (645)-497-XXXX/(650)-497-XXXX** **Fax: 650-497-XXXX** **E-mail: sswells@stanford.edu/sdwells@stanford.edu**

PTA/Cost Center for certification fee: A PTA cost center will be opened for this activity by the Center for CME. All course expenses and revenue will be managed by the Center and will flow through the assigned PTA. The course director's department/division/institute must provide a guarantee account to cover any activity deficits.

Departmental Financial Account: 100000-100-HAXXX Sleep Medicine for guarantee backstop.

Please list the financial contact for your department/division/institute: Stephanie XXXXXX-Associate Director of Finance and Administration, Department of Sleep Medicine **XXX-XXX-XXX**

CME PTA (assigned by SCCME): **117XXXX-100-XXXX**

Section 2: Target Audience (C-4)

Select all that apply – at least 1 box from provider type, geographic location, and specialty.

Provider Type	*Geographic Location*	*Specialty*	
☒ Physician (MD/DO) ☒ Other (Specify): Allied Health Professionals and Residents/Fellows in training	☐ Stanford Only ☒ Local/Regional ☐ National ☐ International	☐ All Specialties ☐ Cardiology ☒ Family Practice ☒ Primary Care ☐ General Surgery ☒ Internal Medicine ☒ Neurology	☐ Oncology ☒ Pediatrics ☒ Psychiatry ☐ Radiology ☐ Urology ☒ Other (specify): Psychologists

Section 3: Planners Disclosure/Attestation (C-7)

INSTRUCTIONS: SCCME/ACCME encourages more than one planner. List all planners/course directors and complete disclosure/attestation forms. If there are relevant financial relationships with commercial interests they must be resolved and documented using the "Resolution of Conflict of Interest" form. **All planners must complete and sign the attestation and disclosure forms prior to the start of the planning process.** Course Director must also sign the Course Director Responsibility Agreement.

Name	*Role in Activity*	*Attach with Application*	*Attach (if applicable)*
Susan Smith, MD	Course Director	☒ Disclosure ☒ Attestation	☐ Resolution of Conflict of Interest
N/A	Co-Course Director	☐ Disclosure ☐ Attestation	☐ Resolution of Conflict of Interest

Stephanie Tickle	Planner	☒ Disclosure ☒ Attestation	☐ Resolution of Conflict of Interest
Anna Countess	Planner	☒ Disclosure ☒ Attestation	☐ Resolution of Conflict of Interest
Jessica Born	Planner	☒ Disclosure ☒ Attestation	☐ Resolution of Conflict of Interest
Emmanuel Smith, MD	Planner	☒ Disclosure ☒ Attestation	☒ Resolution of Conflict of Interest
Stephanie Lovely	Planner	☒ Disclosure ☒ Attestation	☐ Resolution of Conflict of Interest
Scott Born	Planner	☒ Disclosure ☒ Attestation	☐ Resolution of Conflict of Interest

Section 4: Gap Analysis and Needs Documentation (C-2, C-3)

Identifying Gaps in Knowledge, Competence and/or Performance-in-Practice

In accordance with Stanford's CME Mission, this educational activity must be designed to improve (1) physician competence, and/or (2) physician performance-in-practice, and/or 3) patient outcomes.

ACCME Definitions:

- **Competence:** ability to apply knowledge plus a strategy in practice when the opportunity presents
- **Performance in Practice:** the application of new strategies or skills in the practice setting
- **Gap:** the difference between what physicians are currently doing in practice and what is considered best or ideal practice
- **Patient Outcomes:** self reported or data supported improvements in patient outcomes as a result of physician performance improvement

Note: Gaps may be based upon problems faced in practice, expert opinion, quality issues, hospital mandates, regulatory requirements, published literature, MOC, previous evaluation data from learners, department surveys or other identified sources.

The key to planning this CME activity is that you have clearly identified the 'gap'. The gap is based on the difference between what the learners **do now** in practice **versus what you want them to do based on best evidence** (also known as 'Best Practice').

Practice gaps are based on underlying causes, such as a need for *knowledge* about a particular topic, a need to improve *competence* (know when and how to apply new strategies in practice) and/or improved *performance* (such as adoption of new skills or behaviors).

In the table below, answer the following questions to help identify the purpose of this CME activity.

1.What are the clinical problems or issues you want to address in this activity?	The National Center on Sleep Disorders Research estimates that between 50 and 70 million Americans are affected by a sleep-related problem; and sleep disorders are prevalent in adults as well as children. In the 2008 Sleep in America poll by the National Sleep Foundation, 65 percent of respondents reported having experienced a sleep disturbance at least a few nights a week in the prior month, and 44 percent reported sleep problems occurring every night or almost every night. Common problems including insomnia, breathing disorders, and abnormal movements, and these are known to have a significant impact on health, daytime performance, and well-being. However, little structured, didactic time is given to these topics in the medical school curriculum, with the average curriculum devoting fewer than 2 hours to sleep and sleep disorders over the four years of medical education. Indeed, 46 percent of medical schools have reported allocating no structured didactic time at all to sleep disorders. We wish to target an audience of primary care physicians and other "front line" providers, with a goal of addressing sleep disorders that are prevalent, can be readily identified by primary providers with appropriate tools, and can be largely managed by primary providers. Specifically, we will address clinical characteristics and management approaches for: • Pediatric sleep (for example, including relevant topics such as behavioral insomnia, changes in normal sleep through childhood, and the influence of technology); • Sleep behaviors and movements that are commonly encountered; • Evaluating the complaint of sleepiness in primary care; • Circadian rhythms, sleep timing, and performance
2. Why do these issues exist? Is there a lack of knowledge, or competence, or an issue with performance? It can be more than one or a combination of all.	These issues exist because 1) there is a lack of formal medical education training in sleep disorders (knowledge); 2) many primary care physicians have not had the opportunity to explore or stay up-to-date on current information and recommendations on sleep medicine (knowledge); and due to the prevalence of sleep deprivation and disorders, PCPs, Allied Health Professionals and Residents/Fellows in training, require strategies (competence) on diagnosing and managing sleep disorders.
3.What do you want to change?	Based upon the clinical gaps and objectives outlined in this program, practitioners and front line providers will have the opportunity to increase their knowledge, and apply new strategies (competence) to counsel patients on treatment options for sleep disorders (performance).

Using the table below, state the current practice, the best practice that you intend for the learner to achieve as a result of this activity, and the resulting gap which is the difference between the two. Please include references to support your statements. State the underlying cause of the gap and the learning objectives.

Current Practice (i.e. what physicians are currently doing in practice)	***Best Practice (i.e. what physicians should be doing based on best available evidence)***	***Resulting Gap (i.e. Learner needs)***	***Cause of Gap (i.e. lack of knowledge, competence or performance)***	***Learning Objectives (What the learners should be able to achieve as a result of the activity) See Addendum A.***
EXAMPLE: *Many Stanford physicians do not utilize protocols in the administration and monitoring of heparin* ***Source:*** *Expert opinion of course directors and quality manager.* *Stanford Hospital and Clinics quality data*	***EXAMPLE:*** *Physicians adhere to the National Patient Safety Goal on Anticoagulation and follow Stanford Hospital and Clinics protocols for administering heparin and monitoring heparin levels.* ***Source:*** *National Patient Safety Goal on Anticoagulation NPSG.03.05.01* *Stanford Heparin protocol* *Stanford Warfarin protocol*	*Stanford physicians need to have a strategy to ensure the safety of patients receiving anticoagulants and to follow the Stanford protocols.*	☐ Knowledge ☒ Competence (Knowledge + Strategy) ☒ Performance-in-Practice	*Evaluate the various heparin protocols and apply the appropriate anticoagulation protocol to reduce the risks of adverse drug events and to ensure patient safety.*
1. Current Practice: Most sleep disorders are currently undiagnosed and untreated. • PCPs receive little exposure to sleep medicine (less than 4 hours) in medical training and therefore have limited knowledge. • PCPs do not commonly evaluate patients' sleep during routine check-ups. In practice, a little over half (52%) of PCP's polled indicated that they always or	1.***Best Practice:*** PCP's include sleep evaluation in their medical evaluations, and have the knowledge base necessary for work-up and management. ***Source:*** ☒ National Guidelines or Consensus Statements [Epstein LJ, Kristo D, Strollo PJ Jr, et al; Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep	***Resulting Gap:*** Primary care practitioners need to develop evidence-based strategies to evaluate and manage sleep disorders. Specifically: • Behavioral insomnia, understanding changes in normal sleep	☒ Knowledge ☒ Competence (Knowledge + Strategy) ☐ Performance-in-Practice	***Learning objective for this gap:*** 1. Work-up and manage:

Current Practice (i.e. what physicians are currently doing in practice)	***Best Practice (i.e. what physicians should be doing based on best available evidence)***	***Resulting Gap (i.e. Learner needs)***	***Cause of Gap (i.e. lack of knowledge, competence or performance)***	***Learning Objectives (What the learners should be able to achieve as a result of the activity) See Addendum A.***
usually screened their patients for sleep problems during routine check-ups. ***Source:*** (site references): ☐ Evaluation data or survey data from learners. ☒ Peer Reviewed Literature Lack of Training in Sleep and Sleep Disorders. Medical students could learn more about sleep and sleep disturbances by having these topics integrated into the medical school curriculum. Christopher M. Miller, MD http://virtualmentor.ama-assn.org/2008/09/medu1-0809.html Institute of Medicine. Sleep disorders and sleep deprivation: an unmet public health problem. Washington, DC: The National Academies Press; 2006. Available at http://www.iom.edu/cms/3740/23160/33668.aspx. (Mis) Perceptions and Interactions of Sleep Specialists and Generalists: Obstacles to Referrals to Sleep Specialists and the Multidisciplinary Team Management of Sleep Disorders. J Clin Sleep Med. 2012 Dec 15; 8(6): 633–642. Published online 2012 Dec 15. doi: 10.5664/jcsm.2252	Medicine. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. J Clin Sleep Med. 2009;5(3):263–276] http://www.ncbi.nlm.nih.gov/pubmed/19960649 ☐ Hospital Mandates or regulatory requirements ☐ Quality and Patient Safety Indicators (hospital, National, Department) ☐ Other	through childhood, and the influence of "screens" on sleep • Sleep behaviors and movements that are commonly encountered in clinic • Use of clinical tools and resources • Circadian rhythms, sleep timing, and performance		a. Common issues in pediatric sleep (such as behavioral insomnia, understanding changes in normal sleep through childhood, and the influence of "screens" on sleep). b. Sleep behaviors and movements that are commonly encountered in clinic. 2. Evaluate the complaint of sleepiness in primary care using clinical tools (such as questionnaires) and resources. 3. Evaluate and treat patients with circadian rhythm disturbance; including sleep timing and performance.

Current Practice (i.e. what physicians are currently doing in practice)	***Best Practice (i.e. what physicians should be doing based on best available evidence)***	***Resulting Gap (i.e. Learner needs)***	***Cause of Gap (i.e. lack of knowledge, competence or performance)***	***Learning Objectives (What the learners should be able to achieve as a result of the activity) See Addendum A.***
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3501659/ ☐ Other				

Add rows as needed for additional gaps.

Section 5: Expected Result for This Activity (C-3)

INSTRUCTION AND BACKGROUND: The ACCME and Stanford's CME Mission require that every CME activity focus on improvement in (1) competence and/or (2) performance-in-practice and/or (3) patient outcomes. You must designate the type of outcome this activity is intended to achieve. Once designated, outcomes measurement tools will be selected that match this designation. Please note that patient outcomes may be self-reported and anecdotal. This activity is designated to change: **(check all that you will measure post activity):**

☒ Competence (Knowledge + Strategy) ☒ Performance-in-Practice ☐ Patient Outcomes

Section 6: Measuring Educational Outcomes (C-11)

Stanford must measure for changes in learner competence, performance in practice or patient outcomes, as required by the ACCME.

Educational Outcome Measures (EOM) are used to assess changes in learners, based on the desired results of the CME activity. Based on your designation for the activity as stated in Section 5 above (change in competence, performance in practice or patient outcomes), please indicate the evaluation tool you wish to use to measure changes in your learners.

Competence *– measured at conclusion of activity*	
☒ **Competence –** knowledge plus a strategy to use it in practice	*What new strategies do you want your targeted learners to apply in practice? Please provide one question per gap that will help to measure changes.*
☒ Pre-/post-tests: audience response system for pre/post ☐ Paired questions that will measure competence before and after the educational intervention ☒ *Intent to change* questions ☐ Focus group assessment of changes ☐ Other (please specify method):	Paired questions should be written in terms of what the learner is *currently* doing in practice and what they *will do differently in the future as a result of their participation in the CME activity.*

Performance- *measured 2 months post activity*	
☒ **Performance –** new strategies or skills *adopted* in practice	Describe what the learners should be able to do differently after attending this activity

Please provide 2-3 performance questions based on the learning objectives that will assist learners to achieve the desired results.

Example:

-Have you developed a treatment plan utilizing stage grouping and evidence-based evaluation management guidelines for your patient diagnosed with Cancer?

-Have you diagnosed arrhythmias in adolescent athletes based on physical exam, ECG and patient and family history?

1. _____

2. _____

Patient Outcomes - *measured 9-12 months post activity*
☐ Observed improvements in patient care as a result of the educational activity.
☐ Analysis of QI/QA data collected before and after the educational activity

Section 7: Format and Design Related to Desired Results (C-5)

Format and design of each educational activity should be based on the designation for the activity (designed to change competence, performance-in-practice or patient outcomes). Educational design should include the appropriate method to engage the learners in the educational process.

Venue and/or Mode of Educational Activity	
☒ Live symposium	Didactic setting: Presentation of information often followed with Q&A Simulation, breakout sessions, panel discussions
☐ Enduring material (Internet, iPad, Podcast, etc.)	Self-directed learning at a time convenient for learners
Rationale for Mode of Instruction *Please explain how the formats will engage the learners in the educational activity, facilitating the achievement of the learning objectives and desired results.*	**This section must be completed by planners:** This conference will enable participants to interact with the expert faculty as well as colleagues to have specific questions answered. Through the use of the audience response system, we will increase participant interaction, allow them to apply the concepts learned through cases, and see the difference in their knowledge from pre- to post-course.

Check all that apply for your activity:

Methods to Engage Learners	
☐ Case studies	Provides an actual problem or situation an individual or group has experienced. An effective method of provoking controversy and debate on issues for which definite conclusions do not exist.
☒ Audience response/interaction	Provides a simultaneous large audience response to faculty questions, allowing the faculty to interact with their audience.
☐ Debate ☐ Panel discussion	Provides an opportunity for experts or a group of learners to present differing viewpoints on a topic, issue, or problem to other panelists and the audience.
☒ Question/Answer	Provides an opportunity for faculty to answer specific participant questions.
☐ Small group work/discussion	Provides a less formal setting for peer interaction, discussion and problem-solving.
☐ Patient Simulation	Provides a standardized method for physicians to assess their individual skills of diagnosis, treatment and management of a patient.
☐ Other (please indicate below):	*RATIONALE:*

Section 8: Processes or Tools to Reinforce and Sustain Learning Goals (Supplemental Educational Tool/Non-educational Intervention) (C-17)

☐ Patient information packet/Patient handout material available ☐ System interventions (i.e. reminder to wash hands in patient rooms) ☐ Algorithm worksheet ☐ Email reminders to learners (i.e., new staging guidelines, summary points from session) ☐ Online resources or guidelines available to reinforce learning ☐ Educational take-away points sent to physicians to sustain learning ☐ Physician handout material to aid in diagnosis, management or treatment ☐ Pocket reference card ☒ Other, specify: ☐ No plans at this time for adjunct tools	Involves the use of ancillary tools or processes that are not actually part of the CME activity but support learners changes in practice. Example: Email reminders may be used to remind learners of changes they reported they would make in practice. CONTENT: We will provide a copy of the clinical guidelines that will be discussed. SOURCE: http://www.ncbi.nlm.nih.gov/pubmed/19960649

Section 9: Desirable Physician Attributes Must Be Applied To CME Content (C-6)

INSTRUCTION AND BACKGROUND: CME activities should be developed in the context of "desirable physician attributes" that are related to specialty board Maintenance of Certification (MOC). Identify 1-3 competencies from the IOM/ABMS/ACGME (see below) that will be addressed in this CME activity. Place an 'X' in the appropriate checkbox.

National Priorities for Physician Attributes

Institute of Medicine Competencies	*ABMS (MOC)/ACGME Competencies*
☒ **Provide patient-centered care** – identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educated patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of health lifestyles, including a focus on population health. ☐ **Work in interdisciplinary teams –** cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. ☐ **Employ evidence-based practice –** integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible. ☐ **Apply quality improvement –** identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality. ☐ **Utilize informatics –** communicate, manage, knowledge, mitigate error, and support decision making using information technology.	☐ **Patient care that is** compassionate, appropriate, and effective for the treatment of health problems and the promotion of health ☒ **Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care ☐ **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care ☐ **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professional ☐ **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population ☐ **Systems-based practice,** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

For more information on these physician attributes, visit: http://www.iom.edu/CMS/3809/4634/5914.aspx, www.acgme.org, www.abms.org

Section 10: Identified Factors/Barriers and Strategies to Address or Overcome Factors/Barriers (C18, C19)

INSTRUCTIONS: Planners are encouraged to identify factors/barriers that could prevent implementation of changes in practice that will impact on patient outcomes (see potential barriers listed below). Explain how your activity will address these factors/barriers so that physicians may overcome them and make changes in practice that will impact on patient care.

Identified Factors/Barriers	***Please describe how you will address the identified factors/barriers in the activity:*** ***Example: If the identified barrier is cost, you would attempt to address the barrier by stating "The agenda will allow for the discussion of cost effectiveness and new billing practices."***
☒ Lack of time to assess or counsel patients	The agenda will include practical tips for working sleep evaluation into visit in a time effective manner.
☐ Lack of administrative support/resources	
☐ Insurance/reimbursement issues	
☐ Patient compliance issues	
☐ Lack of consensus on professional guidelines	
☐ Cost	
☐ No perceived barriers	
☐ Other, specify:	

Section 11: Collaboration with Other Stakeholders (C-20)

INSTRUCTIONS: The ACCME recognizes that CME provides many opportunities for planners to collaborate with other stakeholders, such as quality departments, other medical departments within the system, specialty medical societies, risk management, etc. to participate in the planning process in order to enhance the education for the learners. Please list collaborations you plan to engage in to enhance this activity.

☐ No, I do not intend to collaborate with other stakeholders	
☒ Yes, I intend to collaborate with the stakeholders listed below:	
Collaborator	***How Will Collaboration Enhance The Activity Results?***
National Sleep Foundation (NSF)	Two members of the NSF have actively participated in all phases of the planning as committee members and provided input to the agenda and faculty.

Section 12: Institutional or Systems Framework for Quality/Patient Safety (C-21)

INSTRUCTIONS: All CME activities should focus on integrating and contributing to healthcare quality improvements. Indicate below any quality connections you intend to address within your CME activity that will improve patient safety or outcomes.

- ☐ Hospital goals/Initiatives
- ☐ Hospital QI
- ☐ Departmental quality goals
- ☐ Maintenance of Certification (MOC) requirements
- ☒ National quality initiatives
- ☐ Other, specify:

Please describe the contributions this activity will make to quality improvement and/or patient safety:

Healthy People 2020 (Department of Health and Human Services) is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the US. This conference, *Managing Sleep Health in the Primary Care Setting*, addresses the following Healthy People 2020 national health improvement objectives:

- Increase the proportion of persons with symptoms of obstructive sleep apnea who seek medical evaluation
- Increase the proportion of students in grades 9 through 12 who get sufficient sleep
- Increase the proportion of adults who get sufficient sleep

In addition, the Institute of Medicine's 2006 report titled *Sleep Disorders and Sleep deprivation: An Unmet Public Health Problem* (http://iom.nationalacademies.org/Reports/2006/Sleep-Disorders-and-Sleep-Deprivation-An-Unmet-Public-Health-Problem.aspx) calls for expanding awareness among health care professionals through education and training and establishing a workforce required to meet the clinical and scientific demands of the field.

Please indicate how this CME activity will comply with AB1195.

Cultural and Linguistic Competency - AB1195 - California Assembly Bill 1195 requires continuing medical education activities with patient care components to include cultural and linguistic competency curriculum. It is the intent of the bill, which went into effect July 1, 2006, to encourage physicians and surgeons, CME providers in the State of California, and the ACCME to meet the cultural and linguistic concerns of a diverse patient population through appropriate professional development. The Stanford University School of Medicine Multicultural Health Portal contains many useful cultural and linguistic competency tools including culture guides, language access information and pertinent state and federal laws. Found at: **http://lane.stanford.edu/portals/cultural.html**

- ☒ Provide learners with resources on cultural and linguistic competency
- ☒ Guide CME faculty presenters to address relevant cultural issues
- ☐ Other (please specify):

IN-KIND COMMERCIAL SUPPORT (C-8)

In-kind commercial support (loan or donation of equipment, supplies, technology, etc.) must have a Stanford CME letter of agreement (LOA) executed by the SCCME and the commercial supporter prior to the commencement of the activity.

Will this activity receive in-kind commercial support from a company such as a pharmaceutical or medical device manufacturer?
☒ No ☐ Yes - I have the written approval of the Associate Dean for Postgraduate Medical Education and have read and agree to abide by the ACCME Standards for Commercial Support and Stanford's CME Policy on Commercial Support. If yes, **list commercial supporters and the nature of the in-kind support**:

ONLINE ADVERTISEMENT

Would you like the SCCME to post this CME activity on our website calendar?
☐ No ☒ Yes

Marketing Materials

The SCCME must review and approve all marketing materials (including save-the-date cards, brochures, advertisements, web postings, etc. prior to distribution).

Please provide a statement of need that must be included in the marketing material and syllabus for this activity:
Example: This CME workshop seeks to fulfill the need in the practicing anesthesiology community to increase and improve the fund of knowledge as well as procedural skillset in performing the large variety of regional anesthesia techniques possible to optimize patients' post-operative analgesia. The workshop will utilize lectures, cadaver demonstration, human models for surface anatomy and ultrasound practice, phantom models for practicing needle placement and computerized simulator models to assess learning.
This CME conference will focus on gaps in medical knowledge and competence related to sleep disorders. The course will present didactic lectures and Q&A sessions that will provide the learner with strategies to implement when addressing sleep disorders that are prevalent, readily identified using appropriate tools, and can be largely managed by primary providers. Topics will include pediatric sleep, sleep behaviors and movements that are commonly encountered, evaluating the complaint of sleepiness in primary care and circadian rhythms, sleep timing, and performance.

FACULTY SELECTION

Faculty that you select should have a demonstrated expertise in the therapeutic field, strong presentation and communication skills, and ability to address the gaps and learning objectives expressed in this planning document. You should select faculty with expertise and teaching ability. Faculty chosen to achieve the objectives of this activity and their qualifications are (add more lines as necessary):

Faculty Name	***Title and Affiliation***	***Qualifications (i.e. content expert)***
Charles B. Count, PhD, MD, FRCP	Baldino Professor of Sleep Medicine, Kentucky Medical School Senior Physician, Division of Sleep and Circadian Disorders, Departments of Medicine and Neurology, Kentucky Hospital Affiliated Faculty, Department of Neurobiology, Kentucky Medical School	Content Expert
William C. Drexel, MD	Lowell W. and Josephine Q. Berry Professor in the Department of Psychiatry and Behavioral Sciences and Professor, By Courtesy, of Psychology	Content Expert
Paul P. Peter, MD	Family Medicine, Collegeville Family Practice	Content Expert
Christian Christopher, MD	Professor of Psychiatry and Behavioral Sciences	Content Expert
Mark W. Malot, MD	Former-Director of the Arizona Regional Sleep Disorders Center and Professor of Neurology at the University of Arizona Medical School and Visiting Professor of Psychiatry and Behavioral Medicine at Stanford.	Content Expert
Emmanuel Great, MD	Professor of Psychiatry and Behavioral Sciences at Stanford University and Xxxxxxxx of the Stanford Center for Sleep Sciences and Medicine.	Content Expert
Rafael Santos, MD	Clinical Professor, Psychiatry and Behavioral Sciences, Stanford Center for Sleep Sciences and Medicine.	Content Expert

Faculty Name	***Title and Affiliation***	***Qualifications (i.e. content expert)***
Stephen H. Stephon, DO	Professor in Pediatrics-Pulmonology Medicine and Neurology, Northwestern University Feinberg School of Medicine	Content Expert
Shannon Velvet, MD	Clinical Assistant Professor, Psychiatry and Behavioral Sciences-Stanford Center for Sleep Sciences and Medicine	Content Expert
Juliane Walker, MD	Professor of Neurology and Psychiatry and Behavioral Sciences.	Content Expert

Signatures

Please read and check boxes below.

☒	I attest that the information entered into this CME Application form is true and accurate to the best of my knowledge.
☒	I agree to abide by the Stanford Center for CME policies and procedures.
☒	By affixing my signature below, I am approving the transfer of fees to the Stanford Center for CME for this activity.
☒	I have read, signed and agree to abide by the Course Director Responsibility Agreement.

Course Director

Susan Smith, MD

Print Name of Course Director

Susan Smith 8-4-14

Signature of Course Director Date

Departmental Approval

Johnathon Jointly, MD

Print Name of Department Chair

Signature of Department Chair 8/7/14 Date

CME Certification Approval (for SCCME use only)

This application has been reviewed and the CME activity has been approved for

_____ ***AMA PRA Category 1 Credit(s)™.***

Date Range:_____

_____ _____

Griffith Harsh, MD Date
Associate Dean for Postgraduate Medical Education
Stanford University School of Medicine

(Note: This activity is not certified for CME credit until Application has been signed by Associate Dean and approval letter has been issued by SCCME.)

DOCUMENTATION REQUIREMENTS

The following attachments must be included with the submission of this CME Application:

- Course Director Responsibility Document. (dated and signed)
- Disclosure forms for all planners; current within previous 12 months of planning. (dated and signed)
- Attestation forms for all planners. (dated and signed)
- Resolution of Conflict of Interest (COI) forms for all conflicted planners. (dated and signed)
- Draft Agenda with times, topics, and speakers.
- Supportive documentation of "professional practice gaps" (i.e., citation for literature, survey results, evaluation analysis, planning meeting notes, etc.)
- Sample evaluation form.
- Budget detailing projected income and expenses. SCCME form required, including backstop agreement.

Prior to distribution:

- Draft brochure and/or other marketing material (website, postcard, etc): refer to "Brochure Elements" document when developing promotional material; all material(s) must be reviewed and approved by SCCME prior to printing or posting.

Prior to this activity the following documents must be submitted:

- At least 4 weeks before activity date:
  - Disclosures and COI review for all speakers, moderators, etc (anyone involved with development and/or implementation of content; COI documents must be current within 12 months of course date): Alphabetized disclosure forms should be submitted including COI resolution spreadsheet. All conflicts of interest must be resolved through one or more of the following:
    - Independent review of content for the faculty or planner with conflicts
    - Individuals with conflicts relevant to content must cite evidence based medicine
    - Individuals with conflicts must also attest that they will present a fair balanced presentation free of any commercial bias
- In-Kind (LOA):
  - In-Kind (LOA) support to be accepted from a pharmaceutical company and/or medical device manufacturer requires a completely executed LOA (signed by the commercial interest/grantor and the Associate Dean of Postgraduate Medical Education) prior to the activity.
- Draft syllabus or handout: refer to the "Syllabus Elements" document when developing the syllabus/handout; syllabus/handout material must be reviewed and approved by SCCME prior to printing.

Within 60 days of the conclusion of this activity:

- Promotional Materials: Final copies of all promotional materials (3 copies of the brochure and all flyers, web listings, advertisements, etc).
- Syllabus (1 copy)
  - Commercial Interest Affiliations – Disclosure to Learners. This lists *all* presenters/moderators/planners/reviewers who can control content, with and without affiliations.
  - Acknowledgement/Disclosure of Commercial Supporters
- Original Sign In Sheets for all learners.
- Electronic Learner List (in excel format)
- Evaluation Analysis (signed by course director).
- CME Final Activity Budget with honoraria and itemized expenses for each faculty member.

Checklist for Application Submission

1. ☐ **Agenda for Course (including speakers and topics)**
2. ☐ **Disclosure/Attestation forms** for course directors, planners and/or reviewers (dated & signed)
3. ☐ **Resolution of Conflict of Interest forms** for those who identified relevant financial relationships (dated and signed)
4. ☐ **Course Director Responsibility Agreement** (dated and signed)
5. ☐ **Signatures of both the course director and the departmental chairman must be on the application form.**
6. ☐ **Examples of non-educational tools, if developed**
7. ☐ **Budget detailing projected income and expenses reviewed and signed off by course director, department chair and reviewed by SCCME Executive Director.**
8. ☐ **Signature of department chair or hospital to backstop course**

Include attachments with submission of application.

Addendum A

GUIDELINES FOR DEVELOPING CME LEARNER-CENTERED OBJECTIVES

CME providers are now expected to design CME activities with the intent of **changing physician competence, performance and/or patient outcomes**, *as opposed to merely increasing knowledge.* Objectives must be *behavioral* rather than *instructional.*

- competence (knowing how to do something; having the knowledge/ability to apply knowledge, skills and judgment in practice; new strategies one might consider putting into practice)
- performance (what one actually puts into practice)
- patient outcomes (patient health status)

Tips for Writing Good Objectives:

- Objectives should address these questions:
  - What should the result of the educational activity be for participants?
  - What should the participant be able to do after attending the activity?
- Make sure that objectives are measureable and relate directly to reducing the identified practice gap
- State what the *learner might do differently* (behavioral change) because of what has been learned
- Use verbs which allow measureable outcome and thus can then be used in the evaluation process

VERBS that can used to measure changes in COMPETENCE:					
Differentiate	Analyze	Compare	Contrast	Plan	Recommend
Distinguish	Evaluate	Assess	Develop	Design	Formulate

VERBS that can used to measure changes in PERFORMANCE:					
Apply	Manage	Perform	Integrate	Interpret	Diagnose
Examine	Prescribe	Incorporate	Employ	Counsel	Utilize

Avoid words or phrases such as think, understand, know, appreciate, learn, comprehend, be aware of, be familiar with, etc.
These are <u>not measureable</u> actions.

Examples of Well Written Objectives:

- Critically review and analyze cases to improve quality and safety of patient care in management of hyperglycemia *(competence)*
- Manage patients diagnosed with ovarian cancer incorporating stage grouping, evidence-based evaluation management guidelines and clinical trial data *(performance)*
- Differentiate the clinical presentations of acute rhinosinusitis vs acute bacterial rhinosinusitis to develop treatment plans *(competence)*
- Diagnose possible life-threatening arrhythmias in adolescent athletes based on patient/family history, physical exam and ECG *(performance)*