

**Continuing Medical Education
Application for Designation of CME Credit**

Activity Title: WAPI's 18th Annual Interdisciplinary CME conference

Activity Date(s):10/10/2020

Activity Chair(s): Subbulaxmi Trikudanathan MD

Department/Division: Internal Medicine / Endocrinology, diabetes & Metabolism

Location (Venue Name/City/State): Swedish Issaquah ,751 N.E. Blakely Dr, Issaquah

ACTIVITY TYPE (C5)

What type of educational activity are you planning? (check one)

Live Course

Regularly Scheduled Series (Grand Rounds, Case Conference, etc.)

Live Webcast/Webinar

Enduring Material (Recorded content that endures over time)

Internet Print CD-ROM

Other – explain:

A. PLANNING

PLANNING COMMITTEE:

A regular UW School of Medicine faculty member must be the course chair or on your planning committee. Completed Disclosure and Attestation forms **must** be attached to the application for all members who have control of the content. Disclosure forms are active for 12 months.

<i>Planning Members:</i>		
Activity Chair:	Subbulaxmi Trikudanathan MD	Internal Medicine / Endocrinology, diabetes & Metabolism
Planning Members:	Sanjiv Parikh MD Ashish Trivedi MD Amish Dave MD	Surgery / Interventional Radiology Internal Medicine / Neurology Internal Medicine / Rheumatology

Does any person involved in the **planning** of the CME content have a relevant disclosure with a commercial interest?

Yes No

If yes, how has the disclosure been resolved? (please utilize the conflict of interest resolution form)

B. NEEDS ASSESSMENT: SEE ATTACHED CME NEEDS ASSESSMENT

How was the educational need/practice gap for this activity identified? Place an **X** by each source utilized to identify the need for this activity.

Attach copies of documentation for each source indicated (REQUIRED)

* please make sure when selecting your needs assessment data and references that you highlight applicable components.

Method:	Example of required documentation:
Previous participant evaluation data	Copy of tool and summary data
Research/literature review	Abstract(s) or articles
Expert opinion	Summary
Target audience survey	Copy of tool and summary data
Data from public health sources	Abstract, articles, references
Quality care/patient outcome data	Quality dashboards, patient satisfaction reports
New/Updated Guidelines/Processes	Guidelines or processes
Clinician request	Documentation from clinician (eval, email)
Needs assessment survey	Survey results from target audience
Other (describe):	

C. PRACTICE GAP ANALYSIS: SEE ATTACHED PRACTICE GAP ANALYSIS

Describe the problems or gaps in practice this activity will address:

What are you trying to change?

What is the problem?

How did you assess and/or measure these issues?

Describe the needs of learners underlying the gaps in practice:

What are the causes of the gaps in practice?

Why does the gap exist?

What do learners need to be able to know or do to be able to address the gaps in practice?

D. ACTIVITY DESCRIPTION/OBJECTIVES: SEE ATTACHED CME OBJECTIVES

Please provide a paragraph that describes the general focus, content, format and educational purpose for this activity.

ACTIVITY OBJECTIVES

Based on the results described (G), state at least three or more things that participants should be able to do after they participate in this CME activity. *Please note these objectives should be measurable, specific, actionable and timely.*

Upon completion of this activity, attendees should be able to:

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-
-

E. COMPETENCIES: SEE ATTACHED CME COMPETENCIES

What ACGME or IOM related competency is associated with this activity? (C6, 8) (check all that apply)

<input type="checkbox"/>	Patient Care	<input type="checkbox"/>	Practice-Based Learning and Improvement	<input type="checkbox"/>	Medical/Clinical Knowledge
<input type="checkbox"/>	Procedural Skills	<input type="checkbox"/>	Interdisciplinary Teams	<input type="checkbox"/>	Teams and Teamwork
<input type="checkbox"/>	Communication Skills	<input type="checkbox"/>	Professionalism	<input type="checkbox"/>	Systems-based Practice
<input type="checkbox"/>	Quality Improvement	<input type="checkbox"/>	Utilization of Informatics	<input type="checkbox"/>	Evidence-based Practice

Based on the needs/gaps described above, what is the activity designed to change? (C2, 3) (check which will apply)

<input type="checkbox"/>	Competence (knowing how to do something)
Selecting this option requires the CME activity being planned provide participants with an opportunity to: <ul style="list-style-type: none">• hear information related to advances or best practice• hear examples of application in practice of information presented	
<input type="checkbox"/>	Performance (actually doing something)
Selecting this option requires the CME activity being planned provide participants with an opportunity to: <ul style="list-style-type: none">• practice what they have learned during the CME activity• receive feedback about doing what they have learned during the CME activity	
<input type="checkbox"/>	Patient Outcomes (actually measure change in patients)
Selecting this option requires the CME activity track change in patient outcomes: <ul style="list-style-type: none">• provide tangible improvements and data to support overall change to patient outcomes	

What potential barriers do you anticipate attendees may encounter when incorporating new objectives into their practice? (select all that apply) (C18,19) See Potential Barriers

<input type="checkbox"/>	Lack of time to assess or counsel patients	<input type="checkbox"/>	Lack of administrative support/resources	<input type="checkbox"/>	Insurance/reimbursement issues
<input type="checkbox"/>	Cost	<input type="checkbox"/>	Patient Compliance Issues	<input type="checkbox"/>	Lack of consensus on professional guidelines
<input type="checkbox"/>	No perceived barriers	<input type="checkbox"/>	Other – describe:		

Describe how will this educational activity address these potential barriers and the strategies used?

F. RESULTS: See attached Expected Outcomes

Based on D & E above, please describe the results expected (outcomes) for this activity in terms of specific improvements in patient care and/or other work related to the practice of medicine.

G. MEASUREMENT: SEE ATTACHED EVALUATION TOOLS

Describe what data will you use to measure your success and how you will measure if change occurs?

Attach a copy of your evaluation tool. (Utilize the template form provided by the CME Office and select any additional measurement tools you plan to utilize)

x	Evaluation Form (required)		Demonstration of adherence		M&M Rates
	ARS		Direct Observation	x	Pre/Post Test
	Patient Satisfaction Data		Physician/Patient Surveys	x	Patient feedback
	Follow-Up Survey/ Interview/ Focus Group		Observe changes in health measures		Observe changes in quality/cost of Care
	Other (describe):				

H. DESIGN, METHOD & PLANNING

Indicate the format(s) to be utilized in order to achieve the objectives (check all that apply)

x	Lecture		Audience response system		Demonstration
	Video presentation		Audio presentation		Teleconference
	Case presentation		Panel discussion		Procedure lab
	Skills workshop		Small group workshop/ discussion		Web-Based/Internet
	Other (describe):				

Other Non-Educational Strategies

What other non-educational strategies are happening in your department that could be used to enhance change in your learners. Example: include patient surveys, patient information packets, email reminders to the learner, posters, department newsletters, etc.

x	PowerPoint presentation of lecture on WAPI website
x	CME survey results mailed to learners
x	Email reminder and info placed on website for learners
x	Topic Information Brochures given at CME

TARGET AUDIENCE

Describe the physician or other health professions attributes or specialties and geographic area.

Our target audience includes University of Washington physicians, community physicians, and physician extenders who are currently involved in the diagnosis and treatment of patients presenting for Health care needs in the Seattle and Eastern Washington Area

PLANNING PROCESS: **See Attached Planning Process**

Describe the planning process utilized by the planning committee linking the identified educational needs/practice gaps described in **section "B & C"** to the content, speaker selection, format and expected results for this activity.
(1-2 paragraphs if possible or attach other documentation such as meeting minutes or notes)

I. MISSION STATEMENT: See Attached WAPI MISSION AGENDA

ALIGN WITH UW CME MISSION STATEMENT (C3)

UW CME activities are designed to change competence, performance, and/or patient outcomes. Please select which your activity is designed to change:

- Develop or increase knowledge, skills and/or professional performance and relationships that physicians and healthcare professionals can utilize to provide service to patients, public or the profession.
- Address professional practice gaps of target audience
- Assist in dissemination of new medical and clinical knowledge
- Promote the practice of evidence-based medicine
- Address faculty development or physician wellness issues
- Promote interprofessional education
- Increase teamwork and communication
- Other (specify):

K. FACULTY BIOGRAPHICAL DATA See Attached documents -

Please complete the form or attach a CV or Biosketch for all presenters.

Activity Title: WAPI 18th Annual Interdisciplinary CME conference Activity Date: October 10, 2020

First Name	Middle Initial	Last Name	Degrees
Academic or other Title			
Department			
Division			
School or Institutional Affiliation			
Email	Daytime Phone	Cell Phone/Assistant Phone	
Other Affiliations for listing in publicity (e.g. Director, Alzheimer's Disease Research Center)			

L. OBJECTIVES: SEE ATTACHED OBJECTIVES

Fill this portion out for each lecture.

See Attached Topic Info

Title of your lecture: _____

At the conclusion of this presentation, attendees should be able to:

1. _____

2. _____

3. _____

M. EDUCATIONAL FORMAT (C5)

Select the education format(s) for your presentation that will be used to change attendee competence, performance or patient outcomes. Select all that apply and provide rationale as to why appropriate:

Presentation Type

- Case Studies
- Panel Discussion
- Hands-on Lab
- Small work groups

- Lecture with Q&A
- Audience Response
- Debate
- Simulation
- Other:

Rationale for Format:

N. DISCLOSURE

The University of Washington School of Medicine policy requires that all speakers complete a Speaker Disclosure and Attestation form. **Completed forms for each speaker must accompany the application.** Attach all forms and complete the syllabus disclosure summary page. If a disclosure is present, a resolution will need to occur prior to the faculty participating in the educational offering.

O. COMMERCIAL INVOLVEMENT

All CME content and decisions must be made free of the control of a commercial interest. This includes a) identification of CME needs; b) determination of educational objectives; c) selection and presentation of content; d) selection of all persons and organizations that will be in a position to control the content; e) selection of educational methods; and f) evaluation of the activity.

A. Do you plan to apply for commercial support (educational grants)? List those companies that you plan to submit applications to*

NO

YES

COMPANY NAME	AMOUNT OF GRANT REQUEST
<i>Gilead</i>	
<i>Abbvie</i>	
<i>Johnson and Johnson</i>	
<i>Pfizer</i>	

* Please forward any updates to UW CME. A completed letter of agreement must be signed by the UW CME Office for all educational grants before the activity begins. Accurate documentation detailing the receipt and expenditure of the commercial support is required upon completion of the activity.

B. Do you plan to have exhibitors at this CME activity?

NO

YES

* UW CME policy requires exhibitors pay the exhibit fees established for the activity. Exhibit fees cannot be waived based on approval of grant funding.

ALL commercial involvement (grants and exhibits) must be acknowledged and announced to the participants. Utilize the templated form provided by the CME Office.

P. FINANCIAL

**University of Washington School of Medicine
Office of Continuing Medical Education
Summary of CME Finances**

REVENUE	BUDGETED	ACTUAL
Registration Fees	1250.00	
Exhibit Fees	6000.00	
Commercial Support (Educational Grants):	24000.00	
Other Revenue, Specify:		

TOTAL REVENUE	31,250.00	
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DIRECT EXPENSES	BUDGETED	ACTUAL
Speaker Expenses		
Speaker Fees	8775.00	
Staff Expenses	875 .00	
Marketing Expenses (brochure, mailing, etc.)	2500.00	
Food and Beverage Service	4000.00	
Facilities	2000.00	
Course Materials	4050.00	
Audio-visual	500.00	
Other Expenses, Specify: Outcome Assessment	2550.00	

TOTAL DIRECT EXPENSES		
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INDIRECT EXPENSES	BUDGETED	ACTUAL
CME Application Fee	2500.00	
CME Certificate Fees	1250.00	
MOC Fee	150	
Other Indirect Costs, Specify:		

TOTAL INDIRECT EXPENSES	3750.00	
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TOTAL EXPENSES (Direct + Indirect)	BUDGETED	ACTUAL
	29,000.00	

DIFFERENCE (Total Revenue - Total Expenses)	BUDGETED	ACTUAL
	2250.00	

Please note:

*Financial information for this CME activity in this budget format must accompany this request for credit.

*A financial summary using the same format must be submitted with the final paperwork after the CME activity.

Q. PUBLICITY AND ACCREDITATION

- Please note that all publicity, (i.e., advertisements, brochures, websites, flyers) must be approved by the CME office prior to their release.
- No publicity will be approved by the UW/CME office prior to approval of this application with the exception of “save the date” notices.
- All “Save the Date” flyers must be approved by the CME Office prior to distribution.
- Website listings must contain all of the same information contained in the approved hard copy marketing material. Website postings must be approved by the CME Office prior to activation.

A. Please briefly describe your marketing plan (advertising, brochures, email, etc.)

This will be done in stages

Stage 1: Save the date:

- **Flyer attached**
 - Will announce on our website and social media
 - Will send save the date flyers to our members
 - Posters of save the date flyers

Stage 2: Once Program is confirmed Will publish completed flyer/Brochure

- Registration on Website and Social Media
- Registration by Email all our members
- Word of mouth
- **Sample Brochure attached**

Stage 3: One month prior

- Will remind physicians regarding conference and to register

B. Are you planning to advertise this activity on a website? Yes* No

* If yes, please provide the website URL:

_____ www.wapiusa.com _____

C. Please indicate the geographical areas planned for marketing this activity:

- Regional
- National
- International
- OTHER (describe)

R. ACCREDITATION:

UW Continuing Medical Education designates activities for *AMA PRA Category 1 credit™*.

S. CME FEES

Application fee:	Regularly Scheduled Series, Course or Conference	
	\$ 650 → 8 hours or less	\$ 950 → 16.25-64.0 hours
	\$ 800 → 8.25-16.0 hours	\$ 1200 → 64.24 hours or more

Certificate fee: (per person)	\$25 pp → 8.0 hours or less	\$55 pp → 64.25- 99.75
	\$35 pp → 8.26-16.0 hours	\$65 pp → 100 hours or more
	\$45 pp → 16.25- 64.0 hours	
MOC fee:	\$150	Board:

Application Fee: budget number or payment selection must accompany application – see below
Certificate Fee: per participant requesting credits

Please select one of the options for the certificate fee:

- Participants will pay the certificate fee directly to UW CME
 We will collect the Attendance Verification Form/Attestation and forward along with fee per participant to UW CME.

Rush Fee:

- Application submitted less than 90 days before start of program - \$150.00 rush fee.
 Application submitted less than 30 days before start of program - \$300.00 rush fee.


T. APPROVAL

This CME activity, the content and presenting speaker(s), must be approved and confirmed by the course chair, the SOM faculty member, the department chair and the department administrator. Signatures indicate that this proposed activity has been developed in accordance with the ACCME Essential Areas and adheres to the Standards of Commercial Support and will provide valid clinical content. Specifically,

1. All the recommendations included in this CME activity involving clinical medicine are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All disclosures will be resolved prior to the start of the activity and will not bias or otherwise influence the program.
3. All scientific research referred to, reported, or used in this CME activity in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis.

Please note: submission of an application does not equate approval. Accreditation is only granted if the application submitted is complete and meets ACCME standards and criterion. If any additional action items are not received PRIOR to the start of the program or if at any time during the activity or planning UW CME is concerned about the accredited offering, we will make every effort to help resolve the issues, however CME credit can only continue for programs that meet all policies and ACCME standards.

By signing this application, you are attesting that the content submitted is accurate and meets all ACCME standards.

Name: Subbulaxmi Trikudanathan MD	
Activity Chair (Type or Print) Name:	Signature of Activity Chair 
SOM Faculty (if not course chair) (Type or Print) Name:	Signature of SOM Faculty <i>I approve the sponsorship of this CME activity by my department/division and accept responsibility on behalf of my department/division for the financial outcome.</i>
Department/Division Chair (Type or Print) Name:	Signature of Department/Division Chair
Department/Division Administrator (Type or Print)	Signature of Department/Division Administrator

U. CONTACT INFORMATION

Indicate the contact person responsible for ensuring that the CME Essential Areas and Policies of Accreditation are upheld for this activity and providing UW CME with the required documentation.

Contact Name	<i>Usha M Reddy</i>		
Department	Executive Director, WAPI	Box Number	1100 Bellevue Way NE, Ste.8A- #132, Bellevue, WA 98004
Email address	<i>admin@wapiusa.com</i>		(425)302-6317

Provide the information below for processing the CME Application Fee

UW Budget Name		Budget Number	
Budget Contact		Contact Box #	

APPLICATION ATTACHMENTS

1. Planning Committee Disclosure Forms
2. Needs Assessment Documentation
3. Evaluation Form Template
4. Planning Process Documentation
5. Activity Agenda or Schedule
6. Speaker Bio Forms or CV's
7. Speaker Disclosure and Attestation Forms
8. Disclosure Summary Form
9. Marketing Draft