



Continuing Medical Education Policies and Procedures Manual

2013-2015

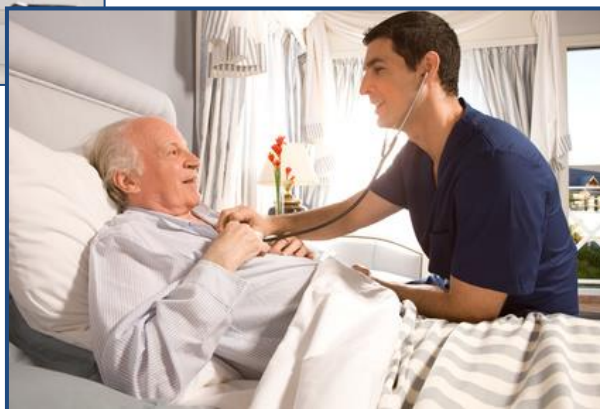
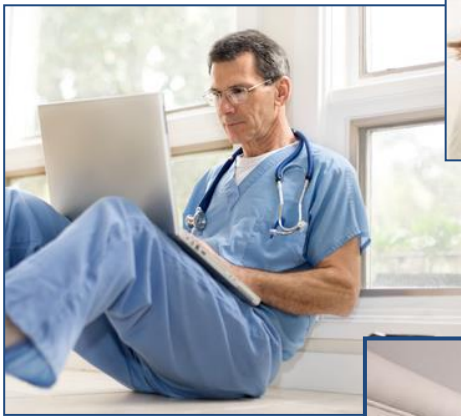


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LMU-DCOM Office of CME Mission



LMU Campus – Harrogate, TN

The mission of the Office of Continuing Medical Education (CME) at Lincoln Memorial University-DeBusk College of Osteopathic Medicine (LMU-DCOM) will remain consistent with the mission of the DeBusk College of Osteopathic Medicine in its commitment to prepare outstanding osteopathic physicians who are committed to the premise that the cornerstone of meaningful existence is service to humanity. Planned educational programs will focus on the health and wellness needs of people within the Appalachian region while emphasizing primary care for underserved rural communities. The Office of CME will invest in quality academic programs for physicians and other health care professionals supported by superior faculty and technology while embracing the principles of holistic care, diversity, and public service as an enduring commitment to responsibility and high ethical standards.

Continuing Medical Education (CME)

Continuing medical education consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public (*Source: National Task Force on CME Provider/Industry Collaboration*).

Accreditation

LMU-DCOM is accredited by the American Osteopathic Association (AOA) Council on Continuing Medical Education (CCME) to sponsor continuing medical education for physicians and other health care professionals.

Purpose

The LMU-DCOM CME program aligns with the AOA's continuing medical education program to continually improve the quality of patient care and the physician's ability to care for patients through the growth of knowledge, the improvement of skills, and physician-to-physician interaction.

Target Audience

LMU-DCOM's CME Program develops educational activities primarily for clinicians, targeting osteopathic and allopathic clinical adjunct faculty in the hospital, ambulatory, and community-based settings. A secondary audience for these programs includes:

- Community health care professionals
- Nursing/allied health professionals
- Professional Administrators and managers
- Residents
- Medical students, PA students, and nursing students
- Emergency Medical Services

Type of Activities (current and in development)

- Courses
- Lectures
- Podcasts
- Workshops
- Newsletters
- Recorded presentations
- Grand rounds webinars
- Educational lecture series
- Online modules and tutorials

Expected Results

LMU-DCOM is dedicated to providing continuing medical education opportunities which lead to the development of new understandings, skills, and capabilities. Our educational efforts will strive for continuous and integrated planning and assessment for improving physician competence, performance, and patient health outcomes.

Performance Improvement CME

Performance Improvement CME is an activity based on a learner's participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in education experiences to meet the need, integrates the education into patient care, and then reevaluates his/her performance.

"Teaching is the profession that teaches all of the other professions."

--Author Unknown

The Benefit of Continuing Education (CE) to Patients and the Public



Every day, media outlets report research findings about optimal health prevention, diagnosis, and treatment methods. Medical discoveries offer hope to patients and the public for improved health care outcomes. However, despite the wealth of existing knowledge and the continuous advances in medicine, gaps persist between optimal care and the care that is provided in many health care settings.^{1,2} Continuing Education (CE) for healthcare providers helps bridge these gaps.

What is CE?

After completing the traditional education and training pathway for a healthcare profession, health care providers engage in CE activities to stay up-to-date and rapidly adopt proven medical advances.

Before creating a CE activity, educators and clinicians work together to identify gaps in patient care and outcomes, determine why these gaps exist, and then design education that will address the causes of the gaps. By sifting through mountains of existing and emerging data, and then presenting educational content based upon strong scientific evidence, CE professionals improve clinical practice, patient care and outcomes.

Why is CE important to health care and patient outcomes?

CE has been proven effective at improving patient outcomes and saving lives.^{3, 4} The Institute for Healthcare Improvement reports that “a key factor in closing the gap between best practice and common practice is the ability of health care providers and their organizations to rapidly spread innovations and new ideas.”⁵ CE is a vehicle for spreading best practices about how to attain improved outcomes.

It takes an average of 17 years for new research submitted for publication to be broadly accepted in clinical practice.⁶ The strength of supporting scientific evidence, the availability and cost of new and alternative therapies, the impact of laws and regulations, and the need for training must all be taken into consideration before medical advances become common practice. CE accelerates this process by fostering the presentation of data that have been examined, evaluated and synthesized for the busy practitioner.

For example, since year 2000, deaths from coronary artery disease have been reduced by nearly 40%.⁷ This reduction is due to numerous advances: new drugs (such as the statins that lower cholesterol levels); new technologies (such as drug-eluting stents that keep coronary arteries free of plaque), improved processes (such as the new protocols for heart attacks that result in faster, more effective treatment); and a greater emphasis on prevention (by controlling blood pressure, weight, and cholesterol levels). All of these advances were communicated by a network of organizations providing CE to health care professionals such as physicians, physician assistants, nurses, nurse practitioners, technologists and others.

Health care professionals committed to lifelong learning take advantage of CE opportunities provided at national and local meetings, local hospitals and medical centers, and through online, print and other forms of media. State licensure boards, certification boards, and other health care organizations understand the importance of CE in the delivery of quality care and encourage, or sometimes require, regular participation in CE activities.

Call to Action

The quality of individual patient care and general public health are improved by the implementation of evidence-based medicine. CE ensures that the best evidence is known, understood and practiced by health care professionals.

Support quality patient care – Support CE

References

¹Crossing the Quality Chasm: A New Health System for the 21st Century. Institute of Medicine in 2001 Report

²Health Professions Education: A Bridge to Quality (2003). Committee on Health Professions Education Summit, Institute of Medicine.

³Marinopoulos Spryridon S, Dorman Todd, Ratanawongsa Neda, Wilson Lisa M, Ashar Bimal H., Magaziner Jeffrey L, Miller Redonda G, Thomas Patricia A, Prokopowicz gregory P, Qayyum Rehan, Bass Eric B AHRQ, Effectiveness of Continuing Medical Education. 1-560, Jan 1 2007.

⁴Kiessling A, Lewitt M, Henriksson P. Case-based training of evidence-based clinical practice in primary care and decreased mortality in patients with coronary heart disease. Ann Fam Med. 2011; 9(3)211-218.

⁵Massoud MR, Nielsen GA, Nolan K, Schall MW, Sevin C. A Framework for Spread: From Local Improvements to System-Wide Change. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006. (Available on www.ihl.org.)

⁶Trochim, W. (2010). Translation Won't Happen Without Dissemination and Implementation: Some Measurement and Evaluation Issues. Keynote address at the 3rd Annual NIH Conference on the Science of Dissemination and Implementation, Bethesda, MD, March 16, 2010.
<http://www.socialresearchmethods.net/Presentation/Presentations.htm> Accessed 05/07/2012.

⁷Peck, Peggy and Cox, Lauren. The Top 10 Medical Advances of the decade. ABC News Medical Unit in Collaboration with MedPage Today. Dec. 17, 2009. Accessed 05/08/2012 at <http://abcnews.go.com/Health/Decade/genome-hormone-top-10-medical-advances-decade/story?id=9356853>.

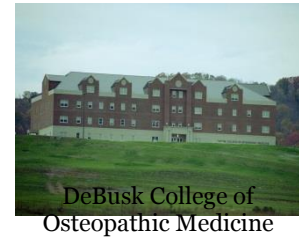
About the Alliance

The Alliance for Continuing Education in the Health Professions (ACEHP) is a community dedicated to its mission of accelerating excellence in healthcare performance of all health profession educators through education, advocacy and collaboration. <http://www.acehp.org>

Guidelines, Policies, and Procedures

General Guidelines for LMU-DCOM Sponsored Activities

The Office of Continuing Medical Education (CME) is part of the DeBusk College of Osteopathic Medicine (DCOM) and Division of Health Sciences on the campus of Lincoln Memorial University (LMU). LMU-DCOM is charged with carrying out the mission statement of the CME program and ensuring that all sponsored activities meet the requirements set for CME providers by the American Osteopathic Association (AOA) and the Council on Continuing Medical Education (CCME). The Office of CME conducts and/or monitors the planning, implementation, evaluation, and documentation of all CME activities for which CME credit is awarded by LMU-DCOM. Organizations or individuals requesting CME sponsorship from LMU-DCOM must submit an application form and related documents to the Office of CME at least 90 days in advance of the planned activity, or before any promotional materials are distributed, whichever comes first. Regularly scheduled medical education activities such as grand rounds require a 30-day notice. The Office of CME will respond as quickly as possible within ten days of the receipt of all required documentation.



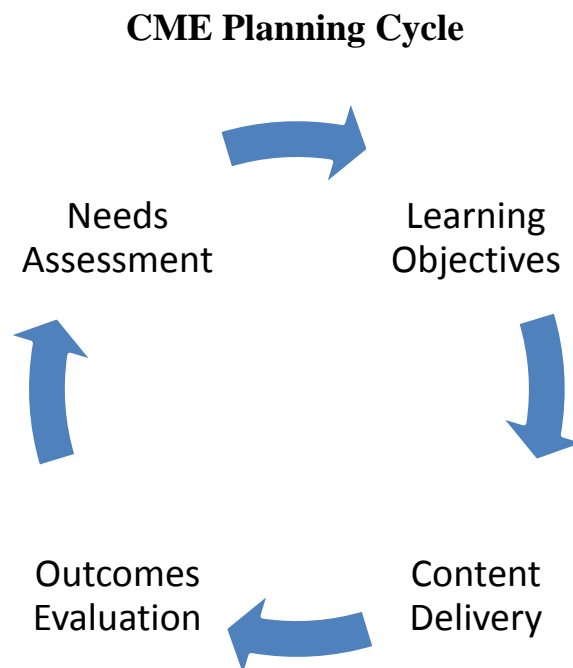
Office of CME contact information

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Eight Principles of CME

1. CME planning should be based on evidence-based needs assessment, including outcomes data.
2. CME goals should include the development of skills necessary for lifelong learning, the exercising of clinical reasoning, and understanding the decision-making process and specific content/skills acquisition.
3. Multiple CME goals should be reinforced by the appropriate choice of learning methods.
4. Incorporation of new instructional technologies for CME should be based on their intrinsic strengths as learning tools after thorough evaluation.
5. Faculty development is important within CME and should include exposure to new learning methods (theory and application) enabling faculty to translate their content expertise into formats more appropriate to learner's needs.
6. Educational activities should be supportive of and coordinated with the transition to evidence-based medicine.
7. Professional and, whenever possible, interdisciplinary interaction should be given priority in CME programming.
8. Outcomes-based measures of CME effectiveness and research should be introduced into the determinants of physician's practice behaviors.

Source: Abrahamson, S. Baron, J. Elstein, AS, Hammon, WP, Holtzman, GB, Marlow, B, Snyder Tagga, M, Schulkin, J. *CME for life: Eight principles*. Academic Medicine, 74:12. December 1999. 1288-94.



AOA Quality Standards and Guidelines for CME Programs

1. CME will be systematically organized and administered (2.1).
2. The program shall focus on the needs of the participants, address the AOA seven core competencies, and utilize evidence-based medicine (2.2).
3. The programs shall be based on some type of needs assessment (2.3). Some examples of these needs assessment tools are:
 - a) Medical audit (Identifying Needs)
 - b) Develop criteria of excellence
 - c) Collect and summarize data
 - d) Analyze and interpret data
 - e) Pre-test item analysis (Identified Needs)
 - f) Self-assessment (Identified Needs and Physician Perceived Needs)
 - g) Questionnaire (Physician Perceived Needs)
4. The CME program must establish faculty for CME with adequate credentials (2.4).
5. Every program must have stated and printed educational objectives (2.5). The objectives must state what the physician must have learned or mastered by the conclusion of the program, for example:
 - a) the correction of outdated knowledge,
 - b) the acquisition of new knowledge in specific areas,
 - c) the mastering of new skills,
 - d) the changing of attitudes or habits, etc.
6. The primary evaluation and assessment of the program are the responsibility of the accredited CME sponsors (2.6).
7. CME programs should include a variety of course-class delivery alternatives and encourage innovative program development (2.7).
8. Each program must have a statement as to the type of audience for whom the program is designed, and be relevant to the practice needs of the audience (2.8).
9. The sponsors and providers should encourage active participation by the physician wherever possible (2.9).
10. Attendance records must be kept as means of assuring that those attending a program are given proper credit toward their CME requirement (2.10).
11. Sponsors and providers shall conduct a post-course evaluation (2.11).
12. The sponsors and providers must assure that proper facilities and equipment are provided to enable the presenter to teach effectively (2.12).
13. If two or more accredited sponsors act in association, the responsibility for complying with the standards for quality is held jointly. If an accredited sponsor acts in association with others in the development, distribution and/or presentation of CME activities, it is mandatory that the identity of the AOA accredited sponsor or sponsors be identified in the title and all advertising and promotional materials. The responsibility for adherence to the standards of quality rests with the AOA accredited sponsor. The sponsor shall insure that sound educational goal planning takes place in all programs (2.13).

Source: AOA Accreditation Manual for CME Sponsors

AOA Seven (7) Core Competencies

1. Osteopathic Philosophy/Osteopathic Manipulative Medicine – Demonstrate and apply knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty. Remain dedicated to life-long learning and to practice habits in osteopathic philosophy and OMM.
2. Medical Knowledge – Demonstrate and apply knowledge of accepted standards of clinical medicine in the respective area; remain current with new developments in medicine and participate in life-long learning activities.
3. Patient Care – Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion.
4. Interpersonal and Communication Skills – Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.
5. Professionalism – Uphold the Osteopathic Oath in the conduct of one's professional activities that promotes advocacy of patient welfare, adherence to ethical principles, and collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population; be cognizant of physical and mental health in order to effectively care for patients.
6. Practice-Based Learning and Improvement – Demonstrate the ability to critically evaluate methods of clinical practice; integrate evidence-based medicine into patient care; show an understanding of research methods; improve patient care practices.
7. Systems-Based Practice – Demonstrate an understanding of health care delivery systems; provide effective and qualitative patient care with the system; and practice cost effective medicine.



CME Program Planning Guidelines

The CME activity must fit within the mission of LMU-DCOM Office of CME and align with the AOA CME goal to enhance the physician's ability to care for patients. It must meet the standards for scientific validity, and its content would be accepted by the profession as being within the basic sciences, within the disciplines of clinical medicine or within the provision of health care to the public. Requests for approval/sponsorship (**LMU-DCOM Document A**) must be submitted to the Office of CME at least 90-days in advance of the planned activity or, before any promotional materials are distributed, whichever comes first. The CME planning guidelines are provided to help you with your educational activity and event planning to ensure your activity meets the highest level of AOA compliance. Program request requirements, including sponsorship of ACCME credit, and fees vary, based on the needs of the organization. Consultation can be provided by the LMU-DCOM, CME office.

Sponsorship

A CME course or activity can be sponsored in one of three ways. The accreditation statement to be included on all promotional and documented materials must correspond to the appropriate type of sponsorship (**LMU-DCOM Document B**).

1. Direct Sponsorship

Activities which are planned and implemented through LMU-DCOM's Office of CME.

2. Co-Sponsorship

Activities in which LMU-DCOM's Office of CME works collaboratively with one or more other accredited organizations to plan and implement an event such as, the Agents of Opportunity for Terrorism course. The organizations do not need to be accredited by the same accreditation agencies to be considered co-sponsors. In the case of co-sponsorship, each organization must be listed on the activity documents and materials as accredited sponsors of the activity. No letter of agreement between the organizations is required.

3. Joint Sponsorship

Joint sponsorship refers to activities that are jointly sponsored by LMU-DCOM's Office of CME and a non-accredited organization including, other colleges of LMU, as well as outside organizations. In this case, the non-accredited sponsor must sign a letter of agreement (**LMU-DCOM Document C and D**) committing to abide by the following conditions:

- a) that activities are consistent with the American Osteopathic Association (AOA) Council on Continuing Medical Education (CCME) criteria and be met to the full satisfaction of the LMU-DCOM Office of CME;
- b) that LMU-DCOM Office of CME be informed about the logistics of the activity and provided with necessary documentation within identified time frames;

- c) that LMU-DCOM Office of CME be included in the activity planning process, and retains final approval rights for all program faculty and program content;
- d) that the marketing and materials for the activity are approved by LMU-DCOM Office of CME;
- e) that the CME program be approved by the LMU-DCOM CME Advisory Committee;
- f) that the activity complies with LMU-DCOM's Office of CME Policy on Full Disclosure;
- g) that all commercial support for the activity meets AOA Standards for Commercial Support of Continuing Medical Education. Although written agreements of commercial support may be signed by the non-accredited sponsor, LMU-DCOM Office of CME must be mentioned in those agreements as a joint sponsor of the activity.
- h) that all printed promotional materials/brochures/program documents contain the accreditation statement for joint sponsorship.

Procedures for Joint Sponsorship (non-accredited organizations)

The following procedures for joint sponsorship will help facilitate CME educational activities in meeting the highest level of AOA compliance. Activities need to be consistent with the American Osteopathic Association (AOA) Council on Continuing Medical Education (CCME) criteria and be met to the full satisfaction of the LMU-DCOM Office of CME. Requests for joint sponsorship and accreditation must be submitted through the CME Program as described below.

90 days in advance of the planned activity

1. Complete the CME Program Request Form (**LMU-DCOM Document A**) at least 90-days in advance of the planned activity or, before any promotional materials are distributed, whichever comes first. Required items for pre-approval must accompany the form. Applications will not be considered until the application is completed in its entirety and all supporting documents are received.

Required forms to be submitted with CME Program Request Form:

- a) Preliminary agenda including sessions times, topics and presentation titles
 - b) Names and credentials of all presenters
 - c) Needs assessment documentation (refer to **LMU-DCOM Document I**)
 - d) Copies of draft promotional materials/brochures, invitations, etc.
2. The Office of CME and CME Advisory Committee reviews the application form and supporting documents for approval and determination of credit request.

3. The Office of CME notifies the application's contact person(s) of the accreditation status, provides language that **MUST** be used on marketing materials for the program, and sends a Faculty Letter of Educational Activity.

30 days in advance of the planned activity

1. Signed copies of the Disclosure Declaration for all speakers (**LM-DCOM Document E**).
2. Powerpoint slides
3. Bio or CVs of all speakers

Within 30 days after the planned activity

1. Copies of final brochure and other promotional/marketing documents.
2. Final program agenda
3. Original sign-in sheet
4. Original completed Attestation forms signed by all attendees requesting AOA CME.
5. Two completed evaluations and total number of all evaluations returned
6. List of all commercial supporters
7. Documentation showing how the program disclosure process occurred (slide presentation, verbally prior to start of program, etc)
8. Final budget
9. The Office of CME will forward certificates of attendance when all material is received.

Needs Assessment (LMU-DCOM Document I)

A needs assessment is an analysis of the type of CME that is needed by the intended audience for a CME program, which has been proposed or conducted. The results of a needs assessment are used in the design and planning of the content and delivery modality for CME programs. There are four criteria that must be met when requesting AOA Category 1-A or Category 1-B credit.


1. The needs assessment must be conducted on an annual basis for each program.
2. A needs assessment must be included for each presentation.
3. The needs assessment must be timely – current for the field.
4. The needs assessment must be documented – at least one source must be evidence-based.

Programs that are exempt from providing needs assessments are as follows:

1. OMM/OMT/OPP – state that is “part of the profession” in documentation.
2. Core competencies that are not clinical (professionalism, communications, systems-based practices, etc.) – state “core competency required for specialty.”
3. Faculty development programs.
4. State requirements such as, risk management.
5. Board preparation courses – state “based on pass rate on board scores.”

Learning Objectives	CME Learning Objective Examples
Learning objectives for each CME activity must be developed that indicate how the identified needs will be addressed in the activity. Bloom's Revised Taxonomy of Learning Objectives provides a framework for determining and clarifying learning objectives	<ol style="list-style-type: none"> 1. Describe three characteristics of effective teachers 2. Illustrate five strategies for teaching in the ambulatory setting 3. Utilize interviewing and listening skills that foster compassionate health care 4. Analyze the role of conflict resolution in negotiating healthcare disputes 5. Propose guidelines in screening patients for domestic violence

Bloom's Revised Taxonomy of Learning Objectives

<div>Lower order thinking skills </div>						Higher order thinking skills
remember	understand	apply	analyze	evaluate	create	
<u>Key words</u> Define, label, name, recall, duplicate, spell, list, select, recognize, identify, retrieve <i>Ex: Can you recall...?</i>	<u>Key words</u> Interpret, clarify, paraphrase, exemplify, illustrate, classify, categorize <i>Ex: How would you rephrase the meaning...?</i>	<u>Key words</u> Demonstrate, apply, illustrate, utilize, model, build <i>Ex: What ideas apply..?</i>	<u>Key words</u> Categorize, dissect, discover, inspect, contrast, conclusion, examine, survey <i>Ex: What conclusions can you draw...?</i>	<u>Key words</u> Validate, opinion, support, judge, decide, compare, appraise, value <i>Ex: Are there any errors...?</i>	<u>Key words</u> Compose, develop, hypothesize, invent, organize, produce, propose, design <i>Ex: How would you solve the following...?</i>	

Adapted from Anderson and Krathwohl, 2001, pp. 67-68

Faculty Disclosure, Conflict of Interest, and Commercial Support

As an accredited sponsor, LMU-DCOM's Office of CME adheres to a policy requiring disclosure of the existence of any financial interest or other relationship a CME faculty member or the sponsor has with the manufacturer(s) of any commercial product(s) discussed in an educational presentation. All approved CME activities shall conform to this policy (**LMU-DCOM Documents E and F**) and disclose any relationships prior to beginning a CME session (i.e., as part of slide presentation or verbally disclose).

Disclosure Language

“It is the policy of LMU-DCOM's Office of CME to insure balance, independence, objectivity, and scientific rigor in all its individually or jointly sponsored educational programs. All faculty participating in any LMU-DCOM Office of CME sponsored programs are expected to disclose to the program audience any real or apparent conflict(s) of interest that may have a direct bearing on the subject matter of the continuing education program. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations who products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgments about the presentation with the full disclosure of the facts. It remains for the audience to determine whether the speaker's outside interests may reflect a possible bias in either the exposition or the conclusions presented.”

Commercial Support

CME activities are often supported by non-accredited commercial organizations. While this support can contribute significantly to the quality of CME activities, accredited CME providers are required to insure that CME activities are free of commercial bias for or against any product. The LMU-DCOM Office of CME follows the standards for commercial support of the AOA. If information about commercial products is presented in an activity, it must be done objectively, based on scientific methods generally accepted in the medical community. A formal written letter of agreement between the LMU-DCOM Office of CME and each commercial supporter should be completed (**LMU-DCOM Document F**).

Standards/Conditions for Commercial Support

1. Statement of Purpose: Program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. Control of Content & Selection of Presenters & Moderators: Accredited Sponsor is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to provider-initiated requests for suggestions of presenter or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker, and will provide this information in writing. Accredited Sponsor will record role of Company, or its agents, in suggesting presenter(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.

3. Disclosure of Financial Relationships: Accredited Sponsor will ensure disclosure to the audience of (a) Company funding and (b) any significant relationship between the Accredited Sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the Company.
4. Involvement in Content: There will be no “scripting”, emphasis or influence on content by Company or its agents.
5. Ancillary Promotional Activities: No promotional activities will be permitted in the same room or obligate path as the educational activity. No product advertisements will be permitted in the program room.
6. Objectivity & Balance: Accredited Sponsor will make every effort to ensure that data regarding the Company’s products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. Limitations of Data: Accredited Sponsor will ensure, to the extent possible,, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.
8. Discussion of Unapproved Uses: Accredited Sponsor will require that the presenters disclose when a product is not approved in the United States for the use under discussion.
9. Opportunities for Debate: Accredited Sponsor will ensure opportunities for questioning or scientific debate.
10. Independence of Accredited Sponsor in the Use of Contributed Funds:
 - a. Funds should be in the form of an unrestricted educational grant made payable to *Lincoln Memorial University* (accredited sponsor).
 - b. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with full knowledge and approval of LMU-DCOM Office of CME (accredited sponsor).
 - c. No other funds from the Company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).
 - d. Funds may be used to cover the cost of one or more modest social activities held in conjunction with the educational program which furthers the CME educational experience and/or allows an educational discussion and exchange of ideas. If Company sponsors a social event, the requirements set forth in Sections 1, 3-5 will still apply.

Policy on Privacy and Confidentiality for Internet CME (LMU website disclaimer)

The LMU-DCOM CME website follows the general information about Lincoln Memorial University, its programs and its services, and summarizes major policies and procedures as they relate to its constituents. Lincoln Memorial University’s website is intended to support the University’s mission of teaching, research, and service. The content is maintained by multiple departments, organizations, and individuals associated with Lincoln Memorial University and is provided as a service. Every effort is made to keep the content up to date; however, the website may not always reflect the most recent actions involving academic coursework and/or University policies and is subject to change. Therefore, Lincoln Memorial University cannot be held liable for the accuracy of the information.

Any and all information related to programs of study and/or view that might be contained on any of LMU’s pages, including those that relate to LMU’s health-related or legal programs, is provided as information only and does not constitute a contract or a professional opinion. All

information regarding the LMU-DeBusk College of Osteopathic medicine or any of LMU's health professions programs is provided as a public service and is not intended to be specific medical advice. Visitors should always discuss their particular situation with an appropriate academic or medical professional. If you are seeking medical advice or medical assistance, please consult with your physician. All information regarding the LMU-Duncan School of Law is provided as a public service and is not intended to be specific legal advice. Visitors should always discuss their particular situation with an appropriate academic or legal professional. If you are seeking legal advice, please consult with an attorney.

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Budget and Funding Arrangements

The CME sponsor must assure that a sound financial base is established for the planned activity. The activity should not be presented for the sole purpose of profit. Budget planning should be clearly projected and included in the CME Program Request form ([LMU-DCOM Document A](#)).

The ultimate decision regarding funding arrangements for a CME activity must be the responsibility of the accredited sponsor. Funds from a commercial source should be in the form of an educational grant for the support of programming made payable to the accredited sponsor. The terms of the grant must be set forth in a written agreement. There shall be no other funds paid to faculty, CME program directors, or others involved with the supported program except as provided in the written agreement. All support associated with an educational activity must be made under the direction of, and with the full knowledge and approval of, the accredited sponsor.

There is an administrative fee of **\$100/500** per CME application for organizations seeking accreditation of a CME activity depending on the level of CME Office consultation. The application fee is due upon confirmation that an activity has been accredited. Activity fees are payable to *Lincoln Memorial University*.

Grievance Policy ([LMU-DCOM Document G](#))

Activity sponsors must have a written policy dealing with procedures for the management of grievances and fee refunds. The Grievance Policy for LMU-DCOM Office of CME is as follows:

Program evaluations of each CME activity are an integral part of the CME program and will be distributed at the end of each activity. Feedback is aggregated and communicated to the appropriate programs and contacts and used for future program planning. Grievances regarding program administration and reporting of AOA CME credits will be handled on an individual basis. Grievances shall be submitted in writing to the CME Director for review. If the CME Director cannot resolve the issue, the grievance will be referred to the CME Advisory

Committee. If no resolution by the CME Advisory Committee, it is referred to the Dean of LMU-DeBusk College of Osteopathic Medicine. If the participant does not receive a satisfactory response, they may notify the Council on Continuing Medical Education of the AOA at 142 E. Ontario St., Chicago, IL 60611

CME Activity Evaluations and Outcomes Measurement

CME sponsors and providers must conduct post-activity evaluations to evaluate the effectiveness of the CME activity in meeting identified educational needs.

LMU-DCOM Office of CME uses an on-site program/activity evaluation and outcomes measurement for programs ([LMU-DCOM Document I and J](#)) and is working toward full implementation of Performance Improvement CME which utilizes the following description:

An activity based on a learner's participation in a project established and/or guided by a CME provider. A physician identifies an educational need through a measure of his/her performance in practice, engages in education experiences to meet the need, integrates the education into patient care, and then re-evaluates his/her performance.

Focus on CME from Outcomes Perspective ([LMU-DCOM Document I and J](#))

1. CME providers now structure the learning activity so that the physician's current performance is measured or evaluated – Find the GAP.
2. Physicians take what is learned in a structured CME program and then evaluate how she or he can apply it in the practice setting.
3. CME providers ask the physician to re-assess performance in the practice setting through various tools and activities such as surveys or Clinical Assessment Program (CAP).

Examples of outcomes measurement activity (see page 41, Outcomes Measurement Frameworks)

- Education on REMS – as long as you have measured physician activity in your specialty or location on prescribing opioids (1-A credit). Level 5-7
- Provide a CME program and then survey your attendees afterward in regard to a change of behavior (1-A credit). Level 5
 - *Ex:* As a result of attending the CME program, I now screen all patients for diabetes and after patient education – We survey at least 30 days post attendance at CME program and no more than 90 days post final day of CME program.
- OCC CAP program that measures standards from patient chart review (1-B credit). Level 5-7
- CME on the internet projects that require physicians to demonstrate outcomes – pretest/posttest, survey/post survey. Levels 5, 6, and 7

CME Certificates (sample: LMU-DCOM Document K)

CME certificates of attendance are provided for all LMU-DCOM Office of CME activities with the following language for

1) activities with no prior AOA approval:

LMU-DCOM is accredited by the American Osteopathic Association (AOA) Council on Continuing Medical Education (CCME) to sponsor continuing medical education for physicians and other health care providers. The LMU-DCOM has requested that the AOA Council on Continuing Medical Education approve this program for ____ credits of AOA Category 1-A CME credits. Approval is currently pending. Other health care professionals can submit this CME attendance certificate for credit recognition directly to their accrediting organization.

Or

2) activities approved for CME credit by AOA:

LMU-DCOM is accredited by the American Osteopathic Association (AOA) Council on Continuing Medical Education (CCME) to sponsor continuing medical education for physicians and other health care providers. LMU-DCOM designates this educational activity for a maximum of ____ hour(s) of AOA 1A CME credits. Each physician should only claim credit commensurate with the extent of their participation in the program. Other health care professionals can submit this CME attendance certificate for credit recognition directly to their accrediting organization.

CME Activity Descriptions

Live

A live CME activity where the learner participates in person and which is planned on a one-by-one basis and designated for credit as a single activity.

- Annual meeting
- Conference
- Seminar

Enduring Materials

CME activities that are printed, recorded, or accessible online and do not have a specific time or location designated for participation. Rather, the participation determines where and when to complete the activity. Enduring materials are Category 1-B AOA credit.

- Online interactive educational module
- Recorded presentations
- Podcasts.

Regularly Scheduled Conferences (RSCs)

A course is identified as an RSC when it is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and 3) are primarily planned by and presented to the accredited organization's professional staff for Category 1-A AOA credit (e.g.,). All RSCs are considered one "activity" within which there may be several "series" each made up of several "sessions." Each session of a RSC series must be planned, presented, and documented to be in compliance with accreditation standards.

- Grand Rounds
- Tumor Boards
- Educational Lecture Series

Faculty Speaker Requirements

Currently, programs submitted for Category 1-A credit must have 30% osteopathic presenters. This has been under a pilot project with AOA since the last CME cycle. At least 30% of the presenters are osteopathic physicians; or MD's, PhD's, and other professionals with graduate degrees who hold a full-time paid faculty appointment at a college of osteopathic medicine; or AOA staff or AOA component society who hold a graduate degree and clinical COM faculty or OGME core faculty.



AOA CME Credit and Reporting for Osteopathic Physicians

All members of the American Osteopathic Association (AOA), other than those exempted, are required to participate in the Continuing Medical Education (CME) program and meet specified CME credit hour requirements for the 2013-2015 CME cycle. One hundred and twenty credits of CME are required for membership in the AOA within a three-year cycle.

The 120 credits must be earned as follows:

30 CME hours must be earned in Category 1-A

90 CME hours must be earned in Category 1-A, 1-B, 2-A, or 2-B

Physicians entering the program in mid-cycle will have their credit requirements prorated. Individual CME Activity Reports outline total CME requirement and the amount of credits required in categories 1 and 2 and can be viewed at <http://www.osteopathic.org>

Members who obtain one hundred and fifty credits or more of AOA approved applicable CME credit in a three-year CME cycle will be given a certificate of excellence in CME. These hours must be earned by December 31st, but reported no later than May 31st of the current CME cycle.

The AOA assigns CME credit to four categories: 1-A, 1-B, 2-A, and 2-B

Category 1-A Credit

Formal, live educational activities and online programming that includes pre- and post-testing as well as opportunity for a live interactive component related to any of the seven core competencies, approved for 1A credit, and **designed to enhance clinical competence and improve patient care**. CME credits for presenters and participants in these events are submitted to the AOA, based on sign-in sheets and attestation forms. Presenters are awarded one credit for each hour presenting. Attendance earns one credit per hour. Examples include:

- OMM Grand Rounds
- Agents of Opportunity for Terrorism course
- TOMA faculty development workshop
- On-site Medical Library Resources training

Category 1-B Credit

Category 1-B credit is awarded for less formal osteopathic CME and online materials without a live, interactive component sponsored by AOA CME sponsors. Osteopathic physicians serving as LMU-DCOM clinical adjunct faculty preceptors may be granted a maximum of sixty Category 1-B credits applicable to the 120-hour requirement. Precepting hours are generated from the Clinical Education Office after student evaluations are completed. The CME office submits the hours to AOA twice a year.

CME Credit for Precepting

Continuing medical education credit is hour-by-hour credit. For example, if you work 40 hours (1 week of a clinical clerkship rotation), you can request 40 CME credit hours. You should only claim the number of hours you spent with the student.



If you are in a practice group and the student spent time with more than one physician, you cannot claim the same hours as another physician. For example, if there are four physicians in the practice, you can only claim a pro-rated portion of hours ($40/4 = 10$) per week.

Additionally, if you had two students during the same time period, you cannot claim double hours. For example, if you had two students for one week, you can only claim 40 hours (or the amount actually worked, not to exceed specified limitations).

Category 2-A Credit

Category 2-A credit includes formal educational programs that are AMA accredited, AAFP approved, an internationally known sponsor acceptable to the CCME, or sponsored by AOA accredited Category 1 CME Sponsors that do not meet the 1-A faculty/hours requirement for Category 1-A credit.

Category 2-B Credits

Category 2-B credit also shall be awarded for: the preparation and presentation of scientific exhibits at a county, regional, state, or national professional meeting (ten credits per scientific exhibit), home study, and reading medical journals.

CME on the Internet

Osteopathic physicians may earn up to 30% of their Category 1-A requirements for real time, interactive Internet CME, meeting AOA requirements (up to nine Category 1-A CME for members with a requirement of thirty Category 1-A credits). Interactive Internet CME credits earned in excess of nine will be applied to the Category 1-B, 2-A, or 2-B requirements. Category 1-B credit is awarded for audio and video programs sponsored by AOA accredited Category 1 CME sponsors and are typically programs available on an on demand schedule and are not real time, interactive CME activities.

Didactic CME Credit

AOA Category 1A credit hours are available for osteopathic physicians involved in formal medical education in a didactic format at AOA affiliated healthcare facilities/clinical teaching sites.

It is the policy of the LMU-DCOM Office of CME to insure that teaching credit (AOA Category 1A) is granted on an hour by hour basis for formal didactic teaching sessions in AOA sites.

Definition of formal didactic session

Didactic sessions are those involving a lecture or textbook instruction, rather than demonstration and lab study. The American Osteopathic Association's Continuing Medical Education Guide for Osteopathic Physicians (2013-2015, page 3) states the following:

AOA Category 1A Credits will be granted to physicians who deliver formal medical education in a didactic format on an hour-for-hour basis. Methods of such education are **limited to:**

1. Formal delivery of osteopathic medical education lectures in colleges of osteopathic medicine.
2. Formal delivery of osteopathic medical education to students, interns, residents, and staff of AOA approved healthcare facilities. Teaching credits must be submitted by the Office of CME of an AOA-accredited Category 1 CME college of osteopathic medicine or Category 1 CME sponsoring hospital.

In order for LMU-DCOM Office of CME to grant AOA Category 1A credit for your formal didactic teaching, please follow this process:

1. You must not already claim this through another CME sponsor.
2. You cannot claim "prep" time.
3. You must verify the hours distributed by the Office of CME (email).
4. 30 credits total will count toward the 120 hour AOA requirement (30 1A credits are the minimum; it is allowable to have additional 1A credits or all 120 hours in Category 1A).

Non-Osteopathic Precepting or Teaching Verification

Allopathic (MD) physicians receive a verification CME letter and may self-claim *AMA PRA Category 2 Credit*TM for precepting and teaching LMU-DCOM medical students. Other non-physician providers may request a verification CME letter for providing didactic teaching at LMU-DCOM.

If you would like to request verification of your hours for your work as a LMU-DCOM preceptor, please contact Nancy Myers, Director of Clinical Ed at 423-869-6695 or nancy.myers@LMU.net.

CME Advisory Committee and Responsibilities

The LMU-DCOM CME Advisory Committee provides guidance and recommendations on educational programs, activities, and events through quarterly meetings and by email, as needed. Guidance and recommendations are based on programs and events which will lead to increased knowledge, competence, and performance in physician behavior and ultimately better patient outcomes. The CME Director schedules, facilitates, and keeps minutes and reports of all meetings. CME meeting agendas and minutes are stored on LMU pathway – my Team Sites – DCOM – Committees – CME Committee site.

Member Responsibilities:

1. Plan, implement, and evaluate activities in support of preceptor development and CME at the individual and institutional level in relation to the Systems Theory Model.
2. Time commitment of quarterly committee meetings at DCOM (or phone conference for community preceptors) and email correspondence to approve CME program requests, as needed.
3. Promote life-long learning and continuing professional development.
4. Promote best practices in medical education to support preceptor development activities.

Documents

LMU-DCOM Doc. A: CME Program Request Form

Lincoln Memorial University-DeBusk College of Osteopathic Medicine (LMU-DCOM) Application for Continuing Medical Education (CME) Credit and Activity Planning

Applications for all CME events must be submitted to the Office of CME at LMU-DCOM at least 90 days prior to the event start date. Applications will be reviewed by the LMU-DCOM CME Advisory Committee and notification to applicant will be made within 10 business days after application submission. After review by the CME Advisory Committee requests will be forwarded to AOA for review and approval of CME credit. Regularly scheduled medical education activities such as grand rounds require a 30-day notice.

*The purpose of the activity planning application is to ensure the CME programs are consistent with the AOA Council on Continuing Medical Education (CCME) criteria. The information in the application will provide evidence for certification of credit, help LMU-DCOM prepare quality, evidence-based, educational programs, and ensure the educational needs of the participants are met. The focus on CME should be from a **Performance Improvement/Outcomes Perspective** with learning objectives structured to measure knowledge, competence, performance, and/or patient care outcomes and with an opportunity to re-assess learning in the practice setting. We can provide consultation and support to help ensure your educational activity/event meets the highest level of AOA compliance.*

Please return completed application to:

Patti Stubenberg, MPH, PhD, CHES
Director, Continuing Medical Education (CME) and Preceptor Development
6965 Cumberland Gap Parkway
Harrogate, TN 37752
Patricia.stubenberg@LMU.net.edu
Phone: 423-869-6819 Fax: 423-869-7078

Rev 04/26/2013

For CME Office Use Only

Received by CME Office: _____

CME Advisory Committee approval: _____

AOA approval date: _____

AOA credit approved: _____

CME Advisory Committee signature _____ Date _____

_____ This activity aligns with the AOA CME goal to enhance the physician's ability to care for patients.

_____ This activity meets the standards for scientific validity, and its content would be accepted by the profession as being within the basic sciences, within the discipline of clinical medicine or within the provision of health care to the public.

General Information	
Date of submission:	
Contact person:	
Sponsoring Organization	
Address:	
City, State, Zip:	
Phone:	
Fax:	
E-mail:	
Type of Activity:	<input type="checkbox"/> Formal live activity (i.e., conference, workshop, symposium) <input type="checkbox"/> Enduring Material (online CME) <input type="checkbox"/> Regularly Scheduled Conference (i.e., Grand Rounds) <input type="checkbox"/> Other:
Program Title:	
Target Audience	<input type="checkbox"/> DO <input type="checkbox"/> MD <input type="checkbox"/> Other:
Certificates of Attendance are provided for other health care professionals for self-reporting	
Demographics:	<input type="checkbox"/> Local, regional audience <input type="checkbox"/> National audience
Speaker(s) and credentials	
Speaker affiliations:	
Program date & times (attach preliminary agenda):	
Program Location:	
Anticipated Registration Fee(s) \$	
Anticipated Attendance:	
Is your program CME accredited? <input type="checkbox"/> yes <input type="checkbox"/> No	
Are you requesting AOA CME approval? <input type="checkbox"/> yes <input type="checkbox"/> No	
Are you requesting ACCME CME approval? <input type="checkbox"/> yes <input type="checkbox"/> No	
ACCME credit may be available on an as needed basis. Please contact CME Office for details.	
Sponsorship	
<input type="checkbox"/> Co-sponsored by LMU-DCOM and another CME accredited organization(s) Please list accredited organization_____	
<input type="checkbox"/> Jointly sponsored with a non-CME accredited organization(s) (<i>Letter of Agreement is required</i>) Please list non-accredited organization_____	
<input type="checkbox"/> Other health care professions (i.e., Nursing, PA, EMS) Please list _____	

Program Goal	
Please state the overall goal of this program (What need is being met?):	
How will this activity enhance patient care?	
Learning objectives, <i>A minimum of two learning objectives supporting the overall goal of the program must be submitted. Objectives must meet a demonstrated need, must indicate the desired outcome, and must be conveyed to potential participants.</i>	
1.	
2.	
3.	
4.	
5.	
List additional objectives on separate page	
Needs Assessment	
<i>Needs assessment/professional practice gap. Please attach appropriate documentation to this form to demonstrate how needs assessment information was utilized in identifying the proposed program topic and/or speaker. The needs assessment must be timely (current for the field) and include at least one evidence-based source (e.g. peer-reviewed article).</i>	
<div style="display: flex; align-items: center; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">Current Practice</div> <div style="font-size: 2em;">➔</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Optimal Practice</div> </div>	
Based on the identified practice gap, the educational activity will address (check all that apply):	
<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes	
What methods were used to identify the need for/interest in this activity? (Check all that apply and attach documentation):	
<input type="checkbox"/> Survey of Target Audience	<input type="checkbox"/> Discussion in department meetings
<input type="checkbox"/> Institutional/organizational mandate	<input type="checkbox"/> Faculty perception
<input type="checkbox"/> Previous CME activity evaluation data	<input type="checkbox"/> Literature review
<input type="checkbox"/> Consensus of experts	<input type="checkbox"/> Patient care audits/QI data
<input type="checkbox"/> Focus group/interview data	<input type="checkbox"/> Public health indicators
<input type="checkbox"/> Consensus of experts	<input type="checkbox"/> Other:
Learning Methods	
Place a check next to the items from the list below to indicate the learning method(s) that will be utilized in the delivery of the proposed program:	
Lecture	<input type="checkbox"/> Yes <input type="checkbox"/> No
Case presentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Workshop/demonstration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Panel discussion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Web content	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handouts/slides	<input type="checkbox"/> Yes <input type="checkbox"/> No
X-Rays, charts, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	

Evaluation Method			
What will you assess for (knowledge, competency, performance, patient care) that will indicate this activity has been successful? See LMU-DCOM Document I.			
How will you determine the activity was successful?			
Participant/program evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pre/post test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3-month Post activity (outcomes) survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Change in Practice Performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other (please specify)			
Faculty Disclosure			
Please indicate the method(s) of faculty disclosure that will be used for the proposed program:			
Will include in printed materials.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will announce at start of program, activity or session.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will post via sign, slide, or overhead.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other (please specify)			
Budget/Finance			
Is this a commercially supported activity <input type="checkbox"/> Yes <input type="checkbox"/> No			
Commercial support must be acknowledged on promotional materials and to the program audience			
Company name:			
Representative name:			
Representative contact information:			
Educational Grant amount (if applicable)	\$ _____.00		
Honorarium (if applicable)	\$ _____.00		
The CME sponsor must assure that a sound financial base is established for the planned activity. The activity should not be presented for the sole purpose of profit.			
LMU-DCOM CME Fee Schedule (LMU-DCOM Document H)	\$100.00 Level 1 (Direct or joint sponsorship, only AOA approval) \$500.00 Level 2 (Sponsorship/management for live, educational activities, AOA and ACCME)		
Promotional Material (attach preliminary documents)	<input type="checkbox"/> Save the Date flyer <input type="checkbox"/> Brochure <input type="checkbox"/> Website <input type="checkbox"/> Other		
Audiovisual Request			
Projector and screen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hand held microphone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Podium	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:

Please include supporting documentation with the application:

I hereby attest that the information above is true and correct.

Signature Organization Representative

Date

LMU-DCOM Doc. B: Accreditation Statement

One of the following acknowledgements must be included in CME activity brochures/program fliers:

Directly Sponsored (LMU-DCOM only):

"The Lincoln Memorial University – DeBusk College of Osteopathic Medicine (LMU-DCOM) is accredited by the American Osteopathic Association (AOA) to present continuing medical education programs for physicians. LMU-DCOM designates this educational activity for a maximum of ____ hours of AOA Category 1-A CME credits. Each physician should claim only credit commensurate with the extent of their participation in the educational activity."

Co-Sponsored:

The statement above should be used alongside the accreditation statement of the co-sponsoring organization.

Jointly Sponsored (LMU-DCOM and another college of LMU-DCOM or outside agent):

"This activity has been planned and implemented in accordance with the essential areas and policies of the American Osteopathic Association through the joint sponsorship of the Lincoln Memorial University – DeBusk College of Osteopathic Medicine (LMU-DCOM) and (name of non-accredited provider). LMU-DCOM is accredited by the American Osteopathic Association to present continuing medical education programs for physicians." "Each physician should claim only credit commensurate with the extent of their participation in the educational activity."

Regularly Schedule Conferences:

"This activity[insert applicable statement]....
LMU-DCOM designates this lecture series for credit in Category 1A of the American Osteopathic Association, on an hour per hour basis." "Each physician should claim only credit commensurate with the extent of their participation in the educational activity."

For First-Time Activities:

Activities which are applying for AOA Category 1A credit for D.O.s for the first time should use the following language:

"The Lincoln Memorial University – DeBusk College of Osteopathic Medicine (LMU-DCOM) has requested that the AOA Council on Continuing Medical Education approve this program for ____ credits of AOA Category 1-A CME credits. Approval is currently pending."

LMU-DCOM Doc. C: Procedures for Joint Sponsorship (non-accredited organizations)

Procedures for Joint Sponsorship (non-accredited organizations)

The following procedures outline the steps for joint sponsorship and facilitation of CME educational activities in meeting the highest level of AOA compliance. Activities need to be consistent with the American Osteopathic Association (AOA) Council on Continuing Medical Education (CCME) criteria and be met to the full satisfaction of the LMU-DCOM Office of CME.

90 days in advance of the planned activity

1. Complete the CME Program Request Form (**LMU-DCOM Document A**) at least 90-days in advance of the planned activity or, before any promotional materials are distributed, whichever comes first. Required items for pre-approval must accompany the form. Applications will not be considered until the application is completed in its entirety and all supporting documents are received.

Required forms to be submitted with CME Program Request Form:

- a) Preliminary agenda including sessions times, topics and presentation titles
 - b) Names and credentials of all presenters
 - c) Needs assessment documentation (refer to **LMU-DCOM Document I**)
 - d) Copies of draft promotional materials/brochures, invitations, etc.
2. The Office of CME and the CME Advisory Committee reviews the application form and supporting documents for approval and determination of credit request.
 3. The Office of CME notifies the application's contact person(s) of the accreditation status, and provides language that **MUST** be used on marketing materials for the program. All promotional materials must meet the guidelines of LMU-DCOM's Office of CME Promotional Brochure Guidelines.

30 days in advance of the planned activity

1. Signed copies of the Disclosure Declaration for all speakers (**LM-DCOM Document E**).
2. Powerpoint presentation
3. Bio or CVs of all speakers

Within 30 days after the planned activity

1. Copies of final brochure and other promotional/marketing documents.
2. Final program agenda
3. Original sign-in sheet
4. Original completed Attestation forms signed by all attendees requesting AOA CME.
5. One completed evaluation and total number of all evaluations returned
6. List of all commercial supporters
7. Documentation showing how the program disclosure process occurred (slide presentation, verbally prior to start of program, etc)
8. Final budget
10. The Office of CME will forward certificates of attendance when all material is received.

LMU-DCOM Doc. D: Joint Sponsorship Letter of Agreement

Joint Sponsorship indicates activities that are jointly sponsored by LMU-DCOM Office of CME and a non-accredited organization including other colleges of Lincoln Memorial University, as well as outside organizations.

This Letter-of-Agreement is to confirm that: **(Non-accredited Sponsor Name)**

is entering into a “Joint Sponsorship” relationship with Lincoln Memorial University - DeBusk College of Osteopathic Medicine (LMU-DCOM) Office of CME in order to develop the CME activity entitled:

(Program Title) to be held in **(Location)** on **(Date)**

The Joint Sponsorship policy of LMU-DCOM Office of CME requires:

1. that activities are consistent with the American Osteopathic Association (AOA) Council on Continuing Medical Education (CCME) criteria and be met to the full satisfaction of the Office of CME;
2. that LMU-DCOM Office of CME be informed about the logistics of the activity and provided with necessary documentation within identified time frames;
3. that LMU-DCOM Office of CME be included in the activity planning process, and retains final approval rights or all program faculty and program content;
4. that the marketing and materials for the activity are approved by LMU-DCOM Office of CME;
5. that the CME program be approved by the LMU-DCOM Office of CME Advisory Committee;
6. that the activity complies with LMU-DCOM’s Office of CME Policy on Full Disclosure;
7. that all commercial support for the activity meets AOA Standards for Commercial Support of Continuing Medical Education. Although written agreements of commercial support may be signed by the non-accredited sponsor, LMU-DCOM Office of CME must be mentioned in those agreements as a joint sponsor of the activity.
8. that all printed promotional materials/brochures/program documents contain the accreditation statement for joint sponsorship.

As a “partnership,” it is recognized and confirmed that both parties to this agreement have veto authority over every, and all, aspects of the CME activity. The accreditation responsibilities articulated herein, which LMU-DCOM Office of CME, as the accrediting entity, must uphold, cannot be transferred, delegated or compromised. Please indicate with your signature, on behalf of your organization, that the above provisions are understood and accepted as the basis of Joint Sponsorship with LMU-DCOM Office of CME.

Patricia Stubenberg, MPH, PhD, CHES CME Director

Date _____

Name of Joint Sponsor Representative

Title of Representative Date:

Name of Joint Sponsor Organization

LMU-DCOM Doc. E: Faculty Disclosure Declaration

FACULTY DISCLOSURE DECLARATION

It is the policy of Lincoln Memorial University (LMU) DeBusk College of Osteopathic Medicine (DCOM) Office of CME to insure balance, independence, objectivity, and scientific rigor in all its individually sponsored or jointly sponsored educational programs. All presenters participating in any sponsored program are expected to verbally disclose to the program audience any real or apparent conflict(s) of interest, or lack thereof, that may have a direct bearing on the subject matter of the continuing education activity. This pertains to relationships with pharmaceutical companies, biomedical device manufacturers, or other corporations whose products or services are related to the subject matter of the presentation topic. The intent of this policy is not to prevent a speaker with a potential conflict of interest from making a presentation. It is merely intended that any potential conflict should be identified openly so that the listeners may form their own judgments about the presentation with the full disclosure of the facts. It remains for the audience to determine whether the speaker's outside interests may reflect a possible bias in either the exposition or the conclusions presented.

Program _____ **Date/s:** _____

Title of Presentation _____

Presenter's Name _____

☐ **I agree to the Terms and Conditions listed on the back of this form.**

I ☐ **do not plan to discuss any off label use.**

I ☐ **do intend to reference unlabeled/unapproved uses of drugs or products**
(specify by name): _____

Signature

Date

I have no actual or potential conflict of interest in relation to this presentation.

Signature

Date

I, the undersigned (or an immediate family member), have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Affiliation/Financial Interest

Name of Organization(s)

Grant/Research Support

Consultant

Speakers' Bureau

Major Stock Shareholder

Other Financial or Material Support

Signature

Date

TERMS AND CONDITIONS FOR FACULTY REGARDING COMMERCIAL SUPPORT RULES

Disclosure. Speakers/authors must complete and submit the Disclosure Statement located on the front side of this document prior to the presentation, and ensure that the Disclosure Statement is complete and truthful to the best of the presenter's knowledge. Faculty members are required to verbally disclose any financial relationships they may have with a manufacturer of any product or class of products they discuss in an educational activity, or the lack of any such relationships.

Fair Balance. Speakers/authors are required to prepare fair and balanced presentations that are objective and scientifically rigorous.

Unlabeled and Unapproved Uses. Presentations that provide information in whole or in part related to non-FDA approved uses for drug products and/or devices must clearly acknowledge the unlabeled indications or the investigational nature of their proposed uses to the audience. Speakers/authors who plan to discuss non-FDA approved uses for commercial products and/or devices must advise LMU-DeBusk College of Osteopathic Medicine Office of CME of their intent.

Use of Generic versus Trade Names. Presenters should use scientific or generic names when referring to products in their lectures or enduring materials. Should it be necessary to use a trade name, then the trade names of all similar products or those within a class should be used.

Commercial Supporter Influence. Faculty members are not permitted to receive any direct remuneration or gifts from the commercial supporter(s) of this activity as it relates to this specific activity, nor should they be subject to direct input from a commercial supporter regarding the content of their presentations.

Please submit signed form to:

Patti Stubenberg, MPH, PhD, CHES
Office of CME and Preceptor Development
Lincoln Memorial University - DeBusk College of Osteopathic Medicine
6965 Cumberland Gap Parkway, 3rd Floor Executive Suites
Harrogate, TN 37752
Fax: 423-869-7078 Phone: 423-869-6819

LMU-DCOM Doc. F: Letter of Agreement for Commercial Support

Letter of Agreement for Commercial Support

CME activities are often supported by non-accredited commercial organizations. While this support can contribute significantly to the quality of CME activities, accredited CME providers are required to insure that CME activities are free of commercial bias for or against any product. Lincoln Memorial University-DeBusk College of Osteopathic Medicine (LMU-DCOM) Office of CME follows the standards for commercial support of the American Osteopathic Association (AOA). If information about commercial products is presented in an activity, it must be done objectively, based on scientific methods generally accepted in the medical community. The standards for commercial support can be summarized as follows:

1. There must be a formal written letter of agreement between LMU-DCOM Office of CME and each commercial supporter reflecting that the program is educational and non-promotional. Letters of agreement from funding organizations are acceptable, as long as they contain all the information in [Document F: Letter of Agreement for Commercial Support]. In the case of jointly-sponsored activities, LMU-DCOM Office of CME MUST be included in the letter of agreement and sign the agreement. The non-accredited provider can also sign the letter of agreement and can be the delegated entity to receive and disburse the commercial support funds.
2. Acknowledgment of commercial support must appear in announcements and brochures.
3. Documentation must be provided that describes all funding arrangements including, how funds are received from commercial supporters were expended, how speakers were paid.
4. Disclosure information regarding each speaker must be given to participants.
5. Commercial exhibits must be separated from educational sessions and obligate pathways, in a separate room or arranged exhibit hall.
6. All commercial support must be in the form of a grant to the CME activity provider. The provider deals with all the activity expenses, including any meals and honoraria for individual sessions of regularly scheduled conferences. Educational monies are payable to *Lincoln Memorial University* or the joint sponsor. Payments to LMU-DCOM Office of CME must be processed by the LMU's Cashier's office; phone 423-869-6202.
7. Additional information on the AOA standards for commercial support can be obtained on their website at www.osteopathic.org/

Regarding Terms, Conditions and Purposes of Support for a Scientific/Educational Activity between Lincoln Memorial University DeBusk College of Osteopathic Medicine and

(Company)

Title of CME Activity _____

Location _____ Date/s _____

Commercial Supporter (Company Name/Branch): _____

Address: _____

City, State, Zip: _____

Contact(s): _____

Telephone: _____ Fax: _____

The above company wishes to provide support for the named continuing medical education activity by means of (indicate which option):

- C. Unrestricted education grant (for support of the CME educational activity) in the amount of \$_____.

2. Restricted grant to reimburse expenses for:

- A. Speaker/s 1/ _____
2/ _____

To include all Expenses _____ Travel Only _____ Honorarium Only _____
(Honorarium Amount to be determined by Course Director)

- B. Support for catering functions (specify) _____

In the amount of \$ _____ (See 10.d. on the back of this agreement)

- C. Other (e.g. equipment loan, brochure distribution, etc.) _____

Conditions

11. Statement of Purpose: Program is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
12. Control of Content & Selection of Presenters & Moderators: Accredited Sponsor is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to provider-initiated requests for suggestions of presenter or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker, and will provide this information in writing. Accredited Sponsor will record role of Company, or its agents, in suggesting presenter(s); will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.

Conditions

13. Disclosure of Financial Relationships: Accredited Sponsor will ensure disclosure to the audience of (a) Company funding and (b) any significant relationship between the Accredited Sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the Company.
14. Involvement in Content: There will be no "scripting", emphasis or influence on content by Company or its agents.
15. Ancillary Promotional Activities: No promotional activities will be permitted in the same room or oblige path as the educational activity. No product advertisements will be permitted in the program room.
16. Objectivity & Balance: Accredited Sponsor will make every effort to ensure that data regarding the Company's products (or competing products) are objectively selected and presented, with favorable and unfavorable information and balanced discussion of prevailing information on the product(s) and/or alternative treatments.
17. Limitations of Data: Accredited Sponsor will ensure, to the extent possible,, disclosure of limitations of data, e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion.

18. Discussion of Unapproved Uses: Accredited Sponsor will require that the presenters disclose when a product is not approved in the United States for the use under discussion.
19. Opportunities for Debate: Accredited Sponsor will ensure opportunities for questioning or scientific debate.
20. Independence of Accredited Sponsor in the Use of Contributed Funds:
 - a. Funds should be in the form of an unrestricted educational grant made payable to *Lincoln Memorial University* (accredited sponsor).
 - b. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with full knowledge and approval of LMU-DeBusk College of Osteopathic Medicine Office of CME (accredited sponsor).
 - c. No other funds from the Company will be paid to the program director, faculty, or others involved with the CME activity (additional honoraria, extra social events, etc.).
 - d. Funds may be used to cover the cost of one or more modest social activities held in conjunction with the educational program which furthers the CME educational experience and/or allows an educational discussion and exchange of ideas. If Company sponsors a social event, the requirements set forth in Sections 1, 3-5 will still apply.

The Company agrees to abide by all requirements of the AOA Guidelines for Relationships between Accredited Sponsors and Company of CME.

Accredited Provider agrees to: 1) abide by the AOA Guidelines for Relationships between Accredited Sponsors and Company of CME; 2) acknowledge educational support from the Company in program brochures, syllabi, and other program materials; and 3) upon request, furnish the Company a report concerning the expenditure of the funds provided.

LMU-DCOM Doc. G: LMU-DCOM Grievance Policy

Lincoln Memorial University – DeBusk College of Osteopathic Medicine (LMU-DCOM)

CME Grievance Policy

Activity sponsors must have a written policy dealing with procedures for the management of grievances and fee refunds. The grievance policy of LMU-DCOM Office of CME is as follows:

Program evaluations of each CME activity are an integral part of the CME program and will be distributed at the end of each activity. Feedback is aggregated and communicated to the appropriate programs and contacts and used for future program planning. Grievances regarding program administration and reporting of AOA CME credits will be handled on an individual basis. Grievances shall be submitted in writing to the CME Director for review. If the CME Director cannot resolve the issue, the grievance will be referred to the CME Advisory Committee. If no resolution by the CME Advisory Committee, it is referred to the Dean of LMU-DeBusk College of Osteopathic Medicine. If the participant does not receive a satisfactory response, they may notify the Council on Continuing Medical Education of the AOA at 142 E. Ontario St., Chicago, IL 60611.

Agreed	
Company Representative (name): _____	
Signature: _____	Date: _____
Course Director (name): _____	
Signature: _____	Date: _____
CME Department Director or Designee: (name): _____	
Signature: _____	Date: _____

LMU-DCOM Doc. H: Administrative Application Policy and Fee for CME

Lincoln Memorial University – DeBusk College of Osteopathic Medicine
Office of CME and Preceptor Development
Administrative Application Policy and Fee for CME Activities

Lincoln Memorial University – DeBusk College of Osteopathic Medicine (LMU-DCOM) Office of Continuing Medical Education (CME) is accredited by the American Osteopathic Association (AOA) to provide AOA Category 1 CME credit. As an accredited sponsor, LMU-DCOM's Office of CME can allow other non-AOA accredited organizations to conduct CME programs under their accreditation status. The provider's program must follow the AOA Category 1 CME requirements. It is the responsibility of the providers seeking accreditation to assure that the educational activity is designed to align with the AOA CME goal to enhance the physician's ability to care for patients.

There is an administrative fee per CME application for providers seeking approval of a CME activity. The fee is dependent on the level of sponsorship.

Level 1	\$100.00	Application fee for LMU-DCOM Office of CME direct sponsorship or joint sponsorship requiring only AOA CCME approval.
Level 2	\$500.00	Application fee for LMU-DCOM Office of CME sponsorship and management of formal, live educational activities requiring AOA CCME approval <u>and</u> the approval of other CME accrediting agency (ACCME, etc.)

The application fee is due upon confirmation that an activity has been approved. Other fees may apply and are negotiated at time of agreement.

Please send checks payable to: *Lincoln Memorial University*

LMU-DeBusk College of Osteopathic Medicine
Office of CME and Preceptor Development
6965 Cumberland Gap Parkway
Harrogate, TN 37752

LMU-DCOM Doc. I: Needs Assessment, Practice Gaps, and Outcomes Measurement

Needs Assessments

A needs assessment is an analysis of the type of CME that is needed by the intended audience for a CME program, which has been proposed or conducted. The results of a needs assessment are used in the design and planning of the content and delivery modality for CME programs. There are four criteria that must be met when requesting AOA Category 1-A or Category 1-B credit for pre-approval.

1. The needs assessment must be conducted on an annual basis for each program.
2. A needs assessment must be included for each presentation.
3. The needs assessment must be timely – current for the field.
4. The needs assessment must be documented – at least one source must be evidence-based.

Programs that are exempt from providing needs assessments are as follows:

1. OMM/OMT/OPP – state that is “part of the profession” in documentation.
2. Core competencies that are not clinical (professionalism, communications, systems-based practices, etc.) – state “core competency required for specialty.”
3. Faculty development programs.
4. State requirements such as, risk management.
5. Board preparation courses – state “based on pass rate on board scores.”

Needs Assessment Sources


- Surveys (including survey of past activity participants, and survey of target audience)
- Committee Meeting minutes
- Expert opinion
- Evaluation results/Reports from other educational activities
- Informal discussions/interviews
- Focus groups
- Interviews
- Consensus conferences
- Epidemiological data
- New advances in clinical treatments/evidence-based sources
- Legislative or organizational changes that affect patient care
- Quality assurance data
- Peer-reviewed journal articles

Guidance on development of a needs assessment/gap analysis for your program can be requested through the CME Office. Please contact Patti Stubenberg patricia.stubenberg@LMU.net.edu

Practice Gaps

The professional practice gap is the difference between the *current* state of knowledge, skills, competence, practice, performance or patient outcomes and the *ideal* or *optimal* state.



Questions and Checklist for CME Activity Planning	Needs Assessment – Practice Gaps – Outcomes Measurement 
What is the practice gap to be addressed?	
Is the practice gap in physician knowledge, competence, performance, or patient outcomes?	
What is the physician target audience?	
What are the potential or real barriers facing these physicians in addressing the gap?	
What are the desired results or activity for change?	
Based on the desired results, what are the objectives for the activity?	
Are there FSMB Maintenance of Licensure (MoL), ABMS Maintenance of Certification (MoC) programs, or AOA core competencies related to this change?	
Are there other departments/initiatives for working collaboratively on the issue?	
Based on the determined need of the target audience and the identified gap, what content should be covered?	
What is the best instructional method?	
How will the activity be evaluated?	

CME Outcomes Measurement and Descriptions

Outcomes Measurement: The tabulation, calculation, or recording of activity or effort that can be expressed in a quantitative or qualitative manner (when attempting to measure shifts or progress toward desired levels of quality).

Knowledge: The degree to which participants state *what* the CME activity intended them to know and *how* to do what the CME activity intended them to know how to do.

Competence: The degree to which participants *show* in an educational setting *how* to do what the CME activity intended them to do.

Performance: The degree to which participants *do* what the CME activity intended them to be able to do in their practices.

Patient

Outcomes: The degree to which the health status of patients improves due to changes in the practice behavior of participants.

Frameworks for Outcomes Measurement in Continuing Medical Education

There are several frameworks for outcomes measurement in CME practice. Three are illustrated below.

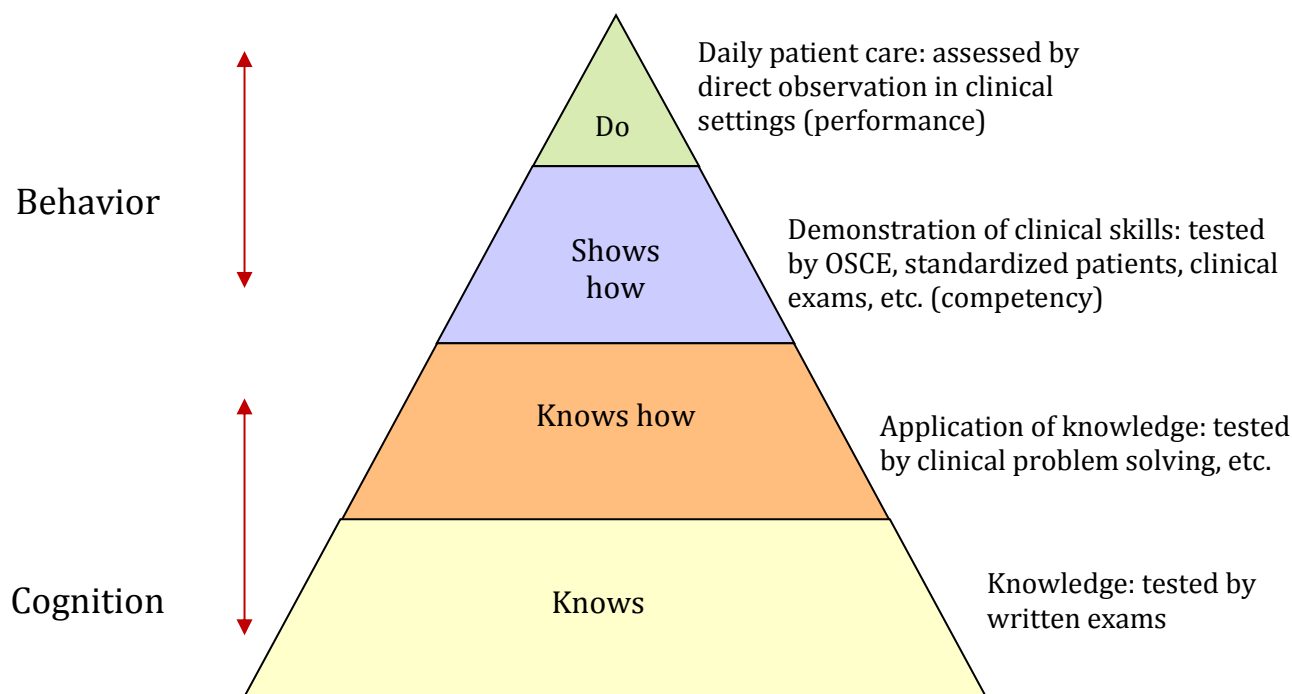
1. Moore's Seven Levels of CME Outcome Measures
2. Miller's Pyramid of Assessment
3. PRECEDE-PROCEED Model

Moore's Seven Levels of CME Outcome Measures

Level			Description	Source of Data
Level 1: Satisfaction			The number of physicians and others who participated in the CME activity.	Attendance records
Level 2: Satisfaction			The degree to which the expectations of the participants about the setting and delivery of the CME activity were met.	Questionnaires completed by attendees after a CME activity
Level 3: Learning	Knows	3a: Declarative Knowledge	The degree to which participants state what the CME activity intended them to know.	<i>Objective:</i> Pre- and posttests of knowledge <i>Subjective:</i> self-report of knowledge gain
	Knows how	3b: Procedural knowledge	The degree to which participants state how to do what the CME activity intended them to know how to do. i.e. diagram	<i>Objective:</i> Pre- and posttests of knowledge <i>Subjective:</i> Self-report of knowledge gain
	Shows how	Level 4: Competence	The degree to which participants show in an educational setting how to do what the CME activity intended them to be able to do. i.e. return demonstration	<i>Objective:</i> Observation in educational setting <i>Subjective:</i> Self-report of competence, intention to change
Level 5: Performance			The degree to which participants do what the CME activity intended them to be able to do in their practice. i.e. CAP program and AOA policy	<i>Objective:</i> Observation of performance inpatient care setting; patient charts; administrative databases <i>Subjective:</i> Self-report of performance
Level 6: Patient Health			The degree to which the health status of patients improves due to changes in the practice behavior of participants. i.e. hospital statistics	<i>Objective:</i> Health status measures recorded inpatient charts or administrative databases <i>Subjective:</i> Patient self-report of health status
Level 7: Community Health			The degree to which the health status of a community of patients changes due to changes in the practice behavior of participants. i.e. state/national statistics	<i>Objective:</i> Epidemiological data and reports <i>Subjective:</i> Community self-report
<i>Source:</i> Moore, D., E. A framework for outcomes evaluation in the continuing professional development of physicians. In: Davis, D. A., Barnes, B. E., & Fox, R. D. (2003). <i>The continuing professional development of physicians : from research to practice</i> . Chicago: AMA Press.				

Miller's Pyramid of Assessment

Miller's Pyramid of Assessment provides a framework for assessing clinical competence in medical education and can assist clinical teachers in matching learning outcomes (clinical competencies) with expectations of what the learner should be able to do at any stage.



Adapted from: Ramani S, Leinster S, AMEE Guide no 34: Teaching in the clinical environment. *Medical Teacher*, 2008;30(4):347-364.

Descriptions and Examples

Knows forms the base of the pyramid and the foundation for building clinical competence.

Ex1: Learner is assessed his/her knowledge of the ethics and principles of patient confidentiality through a multiple choice exam.

Ex2: Learner knows the epidemiology, signs and symptoms, pathophysiology, and treatment of congestive heart failure.

Ex3: Learner knows the indications, contraindications, and risks associated with the placement of a chest tube.

Knows how uses knowledge in the acquisition, analysis, and interpretation of data and the development of a plan.

Ex1: Learner evaluates his/her own moral thinking in a patient confidentiality delimma.

Ex2: Learner knows how to, given a patient encounter, utilize history and physical exam and diganostic test data to diagnose and stage congestive heart failure.

Ex3: Learner knows to, given an appropriate clinical scenario, place a chest tube.

Shows how requires the learner to demonstrate the integration of knowledge and skills into successful clinical performance.

Ex1: Learner demonstrates how he/she would respond to a standardized patient's ethical delimma.

Ex2: Learner shows how to develop and implement a treatment plan for a patient on congestive heart failure and effectively explain it to the patient and/or family.

Ex3: Learner shows how to place a chest tube.

Does focuses on methods that provide an assessment of routine clinical performance.

Ex1: Learner assessed through a patient satisfaction survey.

Ex2: Learner demonstrates the ability to evaluate the post treatment status of a patient with congestive heart failure and to revise the plan as warranted.

Ex3: Learner does the procedure of chest tube placement and implements post-procedure care.

PRECEDE-PROCEED Model (Green & Kreuter)

CME Planning

Predisposing		Enabling		Reinforcing
Recognizing and evaluating an opportunity for learning	Engaging in learning	Trying out what was learned		Incorporating what was learned
<i>Example:</i> CME planners compile information about current physician performance and contrast it with best practice (i.e., description of performance standard).	<i>Example:</i> CME planners supply knowledge related to the performance issue and provide opportunity to apply or demonstrate in an authentic setting (i.e., OSCE).			<i>Example:</i> CME planner provides steps to strengthen what was learned in order to be recalled in a patient encounter (i.e., practice guidelines).

LMU-DCOM Doc. J: Sample Program Activity Evaluation with Outcomes Measurement

Program Activity Evaluation LMU-DeBusk College of Osteopathic Medicine

Title of Presentation:

Course Instructors:

Place a check (✓) in the box that best describe the comments to the left

Please rate the following	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The presentation met its learning objectives					
Program content was relevant to my clinical teaching role					
Program content was relevant to my practice/patient care					
The presentation met my own perceived needs					

Speaker 1	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The presenter engaged the audience					
The presenter was prepared and knowledgeable about the topic/subject					
The presenter constructively responded to all questions					

Speaker 2	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The presenter engaged the audience					
The presenter was prepared and knowledgeable about the topic/subject					
The presenter constructively responded to all questions					

Did you find the information presented in this activity to be objective, balanced, and free of commercial bias. _____ Yes _____ No

Impact on Clinical Teaching Role/Practice/Patient Care

1. Choose the statement(s) which apply:

- ☐ I gained new strategies/skills/information which I can apply in my *clinical teaching role*
- ☐ I plan to implement new strategies/skills/information into my *clinical teaching role*
- ☐ I gained new strategies/skills/information which I can apply to my *practice/patient care*
- ☐ I plan to implement new strategies/skills/information into my *practice/patient care*

2. I expect to apply this information:

- ☐ Immediately
- ☐ Within the next three to six months
- ☐ Never

Please take a few moments to let us know how you will apply the information you learned to improve your clinical teaching and/or improve your practice/care for your patients.

Would you like to see more courses like this one? Yes_____No_____

What additional topics/subjects would you like to see presented in the future?

Comments:



Lincoln Memorial University -
DeBusk College of Osteopathic Medicine



Certificate of Attendance

Participant Name

attended the professional development program

“Educational Activity Title”

Date and Location

Office of CME and Preceptor Development


Date

LMU-DCOM is accredited by the American Osteopathic Association (AOA) Council on Continuing Medical Education (CCME) to sponsor continuing medical education for physicians and other health care providers. The LMU-DCOM has requested that the AOA Council on Continuing Medical Education approve this program for three (3) credits of AOA Category 1-A CME credits. Approval is currently pending. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other health care professionals can submit this CME attendance certificate for credit recognition directly to their accrediting organization.

LMU-DCOM Doc. L: Checklist for Required Documentation of CME Activity (Joint Sponsorship)

Checklist for Required Documentation for CME Activity (Joint Sponsorship)

	
90 days in advance of the planned activity (For approval by LMU-DCOM CME Advisory Committee)	
Completion of CME Program Request Form (LMU-DCOM Document A)	
Preliminary agenda including sessions times, topics and presentation titles	
Names and credentials of all presenters	
Needs assessment documentation (refer to LMU-DCOM Document I)	
Copies of draft promotional materials/brochures, invitations, etc	
30 days in advance of the planned activity	
Signed copies of the Disclosure Declaration for all speakers (LM-DCOM Document E)	
Bio or CVs of all speakers	
Powerpoint slides	
Within 30 days of the planned activity	
Copies of final brochure and other promotional/marketing documents.	
Final program agenda	
Original sign-in sheet	
Original completed Attestation forms signed by all attendees requesting AOA CME.	
Two completed evaluations and total number of all evaluations returned	
List of all commercial supporters	
Documentation showing how the program disclosure process occurred (slide presentation, verbally prior to start of program, etc)	
Final budget	
The Office of CME will forward certificates of attendance when all material is received.	