### Part 1: General Information

#### 1A. Activity Name

- **Renewal**: [ ]
- **Weekly/Biweekly**: [ ]
- **Monthly**: [ ]
- **Quarterly**: [ ]
- **Other (specify)**: 

#### 1B. Activity Fees: Identify the fee level for your activity

**Internal Applicants Only**

- **Annual Fee**: $900

**External Applicants Only**

- **Annual Fee**: 

#### 1C. 1: Link to Jefferson

- **Indicate the Jefferson organization you are part of**: Jefferson Medical College
- **Identify the JMC Academic Department most closely associated with your activity**: Dean’s Office
- **Identify the JMC Academic Division most closely associated with your activity**: No Division

#### If your activity is directly related to TJU or TJUH, skip to section 1C.2

**External Applicants Only**

- **Requesting Organization**: 
- **Have you ever received CME Credit for this activity before?**: [ ]
- **From what institution?**: 
- **Tax status of requesting organization**: 

**Outline how this proposed activity meets JMC’s overall CME mission (C3). (JMC CME Mission)**

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### Next Page

***Note: Save data on each page by clicking on the NEXT button, and please save often.***
1C. 3: Activity Administrative Contact

Administrative Contact (First MI Last) Jeanne G Cole

Address 1 JAH
Address 2 M5

City __________________________ State __________ Zip __________

Phone (including area code) 123 456 7891 Fax (including area code) 123 456 7891 Email jeffersoncme@jefferson.edu

Comments ________________________

List additional individuals involved in planning this activity
(First Last, Degree; Affiliation/Institution; Dept/Division) None

1C. 4: CONFLICT OF INTEREST INFORMATION (COI)
MUST BE SUBMITTED FOR ALL NAMED INDIVIDUALS (C7). All COI must be submitted via the Jefferson OCME Online COI system

Online COI

The attached information about COI should be distributed to all planners and faculty/presenters

Key Points to Remember About Conflict of Interest (COI)

- There are two parts to CME Conflict of Interest:
  1. Obtaining the required disclosure form in advance of the activity for OCME review and action, and
  2. Providing the disclosure information to the participants before the session starts.

- A speaker who does not provide disclosure, per ACCME, "is disqualified from involvement in the CME activity."

- Simply disclosing a relationship is not enough to be in compliance with ACCME requirements. Resolving a conflict of interest must be accomplished before the day the session is held.

- Speakers with significant conflicts must be managed differently, and well in advance of the day of the session

- Unless conflict of interest issues are resolved in advance, the session cannot receive CME credit.

1D. Planning the Audience

1D. 1. Scope of Practice Addressed by this Activity (C4):
This activity primarily addresses the role of the practicing physician participant as

☐ Clinician  ☐ Medical educator  ☐ Researcher  ☐ Administrator  ☐ Other (specify) __________

1D. 2. Describe the Target Audience (Practicing Physicians only)

☐ Primary Care Physicians  ☑ Specialists (specify) all subspecialties in

Estimated percentage of the audience: Practicing Physicians 50 %
Fellows/Residents/Students 47 %
Other Health Professionals 3 %

Primary source of audience ☐ Internal to Jefferson (ie, attendings, faculty, residents, students with direct relationship to TJU/TJUH)
☐ External to Jefferson (local or regional participants not directly related to Jefferson)

1D. 3. What level of education is being provided for Practicing Physicians?

☐ Basic  ☐ Intermediate  ☐ Advanced
**Note: Save data on each page by clicking on the NEXT button, and please save often.**
Part 2: About the Activity (C4, C5, C7)

2A. Congruence with JMC CME Mission (C3)
According to the ACCME, CME activities should be designed to change participants' competence, performance, and/or patient outcomes. How does this activity align with the mission of Jefferson's CME programming? Check all that apply.

- [ ] Assist physicians in establishing and maintaining their basic competency.
- [x] Facilitate physician performance beyond their basic competency.
- [x] Assist participants in effectively evaluating their own educational efforts.

2B. Type of RSC/RSS Design (C5)
Type of RSC (more info) | Lecture Based (Grand Rounds)

2C. Planning Decisions (C7)
Who is responsible for identifying topics and/or presenters? Check off all that apply

<table>
<thead>
<tr>
<th>Who</th>
<th>Identifies Topic(s)</th>
<th>Identifies Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Director</td>
<td>[✓]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Departmental or Planning Committee</td>
<td>[✓]</td>
<td>[x]</td>
</tr>
<tr>
<td>Chief Resident</td>
<td>[✓]</td>
<td>[✓]</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Will any employees of a pharmaceutical company and/or medical device manufacturer or other commercial interest (definitions) as defined by the ACCME be involved with any of these decisions?

- [ ] No
- [ ] Yes; if yes, please explain

Identify the criteria for selection of presenters (check all that apply)

- [x] Academic qualifications
- [x] Experience in field
- [x] Recognized content
- [x] Reputation as teacher/facilitator
- [ ] Other: specify
Part 3: Establishing the Need and Learning Objectives (C3, C5, C6)

3A. Patient Care Metrics and your activity (C16, 20, 21, 22)
If your activity has direct relation to patient care, your application must address at least ONE of the following areas.

- Check here if your activity has no relation to patient care and skip to section 3B.

**Option 1. Patient Safety related issues**
- Who is your Departmental Peer Review Physician (First and Last Name, degree)?
- What topics does your Peer Review Physician recommend be included in this activity to improve clinical processes and/or patient outcome in your department? Some of the common issues in clinical departments at TJUH are listed below.
  - Patient Safety Issues:
    - Medical Errors
    - Adverse Patient Events
    - Disclosure of Adverse Patient Events (by physician/dept)
    - Patient Safety Culture in TJUH Dept
    - Teamwork Improvement
    - Hand Washing
    - Hospital Acquired Infections
    - Pain Control
    - Mortality Data
    - Specify the issue identified by the Peer Review Physician:

**Option 2. Performance and/or Quality Improvement Processes.**
- What quality metrics are in place in your department/division to measure improvements in patient care and/or processes that will be addressed as part of this activity? Some of the common issues in clinical departments at TJUH are listed below.
  - Readmission Rates (% of readmits and why)
  - Patient Satisfaction Survey
  - Length of Stay rates
  - Pain Control - how patients perceive their pain management care
  - Use of the Palliative Care Team at Jefferson / End of Life Care
  - If quality metrics in use in your area are not on this list, but will be addressed by this activity, please provide more information about the quality metric here:

**Option 3. Other metrics ex: (JCAHO, HEDIS, PQRI, PRP, CMS)**
- What other measures for patient care is your department working on that will be addressed as part of this activity?

3B. Identifying Professional Practice Gaps (C2)
A professional practice gap is the difference between actual and ideal performance. Professional practice gaps can be found in any role the physician practices in: clinician, educator, researcher, or administrator. Professional practice gaps are the answer to the question: what are these participants doing now that they could/should be doing differently or better? There is a comparison made between what the ideal practice looks like and what the potential participants actually are doing.

A good needs assessment provides evidence that the professional practice gap exists, and that an educational activity can help close the identified gap and facilitate a change in practice. It answers the question: How do you know that these gaps exist for these potential learners, and includes documentation of any statements/conclusions drawn about the professional performance gaps.

Identify the professional performance gaps of the practicing physicians in your audience that your activity will address (ie, what should practicing physicians in your audience be doing differently or better in their professional roles?). These professional practice gaps may vary, depending on the practice role of the learner (ie, clinician, researcher, medical educator, and administrator). Check all that apply

<table>
<thead>
<tr>
<th>Learners’ Professional Role (C4)</th>
<th>Type of RSC Approach Associated with this Role (C5)</th>
<th>Types of Professional Practice Gaps Encountered by these types of Learners in Practice (C2) (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinician</strong></td>
<td>Lecture Based (Grand Rounds) Case Based Journal Club M&amp;M</td>
<td>Problems encountered in practice or identified by the presence of poor or unexpectedly poor patient outcomes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Keeping abreast of new/emerging information and how to incorporate this into practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Applying evidence based guidelines in practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gaps identified via PI/QI processes (must be outlined above) Section 3A.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintenance of Certification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Practice Based Learning Improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintenance of Licensure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other: specify</td>
</tr>
<tr>
<td><strong>Researcher</strong></td>
<td>Lecture Based Case Based Journal Club Faculty Development</td>
<td>Problems encountered in design and/or implementation of research project problems encountered in the interpretation and/or publication of research results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Problems encountered in applying basic research to clinical practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Keeping abreast of new/emerging information and how to incorporate this into practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintenance of Certification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Practice Based Learning Improvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maintenance of Licensure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other: specify</td>
</tr>
<tr>
<td><strong>Educator</strong></td>
<td>Lecture Based (Grand Rounds) Case Based M&amp;M</td>
<td>Problems encountered in developing curriculum and/or learning activities for learners in the healthcare professions, or for patient education</td>
</tr>
</tbody>
</table>

Find People | JeffMail | JeffCal | JeffShare
Professional practice gaps are measured in terms of:

- Knowledge: knowing what to do
- Competence: knowing how to do something (that is, being able to apply knowledge, skills, and judgment in a given scenario)
- Performance: what is actually done (that is, effectively implementing what you know and can do into practice)

For each type of source you identify, complete the chart below.

How do you know the practicing physicians and other learners in your audience need education in the topics you will present during this activity?

### 3C. Evidence for Professional Performance Gaps (Sources of Data and Educational Needs Identified) (select 2 at minimum)

How do you know the practicing physicians and other learners in your audience need education in the topics you will present during this activity? Please indicate data sources you relied upon to design this educational activity. Select all that apply. For each type of source you identify, complete the chart below. If you cannot provide documentation, do NOT check that source.

<table>
<thead>
<tr>
<th>Source of Need</th>
<th>For each area checked, complete the statement:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Identify the specific source(s) you are using for this activity.</td>
</tr>
<tr>
<td></td>
<td>b. This source shows that learners at our RSC need to know this information.</td>
</tr>
<tr>
<td></td>
<td>c. Therefore, education is needed.</td>
</tr>
</tbody>
</table>

**SAMPLE**

1. **From authorities of the field or relevant medical societies**
   - Clinical Guidelines from ASA published in the past two years.
   - Pertinent articles from (specify journals/other sources).

2. **Data from peer-reviewed journals, government sources, consensus reports**
   - List of most frequent diagnoses seen in practice in 2009.
   - Important articles from the following sources (list).

3. **Ongoing census of diagnoses made by staff physicians.**
   - List of most frequent diagnoses seen in practice in 2009.
   - Important articles from the following sources (list).

4. **Advice from authorities of the field or relevant medical societies.**
   - Cochrane review of XXXX.
   - Important articles from the following sources (list).

5. **Data from peer-reviewed journals, government sources, consensus reports.**
   - Important articles from the following sources (list).
   - Important articles from the following sources (list).

6. **Review of board examinations and/or re-certification requirements.**
   - Quarterly education committee meetings.
   - Important articles from the following sources (list).

7. **New technology, methods of diagnosis/treatment.**
   - Quarterly education committee meetings.
   - Important articles from the following sources (list).

8. **Legislative, regulatory or organizational changes affecting healthcare.**
   - PA State Patient Safety/Risk Management Requirements for licensure.
   - Important articles from the following sources (list).

9. **Joint Commission Patient Safety Goal/Competency.**
   - PA State Patient Safety/Risk Management Requirements for licensure.
   - Important articles from the following sources (list).

**Other, please specify:**

### 30. Learning Objectives and Planned Impact of Activity

Professional practice gaps are measured in terms of:

- Knowledge: knowing what to do
- Competence: knowing how to do something (that is, being able to apply knowledge, skills, and judgment in a given scenario)
- Performance: what is actually done (that is, effectively implementing what you know and can do into practice)
### 3E. Desirable Physician Attributes:

How does this activity support "desired physician attributes" (i.e., ACGME/ABMS/IOM competencies)?

Each Jefferson CME activity must be related to at least one of the ACGME or Institute of Medicine (IOM) competencies. Check off all that apply AND include a brief description of how your activity relates to the competency selected.

**View Sample Competencies statement**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Explanation of Competencies</th>
<th>Describe how your activity relates to this competency for PRACTICING PHYSICIANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td>Gather data; order diagnostic tests; interpret data; make decisions; perform procedures; manage patient therapies; work with others to provide patient-focused care</td>
<td>This RSC/RSS uses case presentations to demonstrate how to apply multiple types of knowledge and systems into patient care. Our RSC/RSS begins with a lecture but incorporates case examples to demonstrate to participants how to apply the information in practice.</td>
</tr>
<tr>
<td>Medical Knowledge</td>
<td>Fund of knowledge; active use of knowledge to solve medical problems</td>
<td>By reviewing the literature in a systematic basis throughout the year, this RSC/RSS will support physicians understanding of new medical knowledge and how it may be incorporated into practice.</td>
</tr>
<tr>
<td>Practice-Based Learning and Improvement</td>
<td>Analyze practice performance and carry out needed improvements; locate and apply scientific evidence to the care of patients; critically appraise the scientific literature; use the computer to support learning and patient care; facilitate the learning of other health care professionals</td>
<td></td>
</tr>
<tr>
<td>Interpersonal and Communication Skills</td>
<td>Develop a therapeutic relationship with patients and their families; use verbal and non-verbal skills to communicate effectively with patients and their families; work effectively as a team member or leader</td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td>Demonstrate integrity and honesty; accept responsibility; act in the best interest of the patient; demonstrate sensitivity to patients' ethnicity, age, and disabilities</td>
<td></td>
</tr>
<tr>
<td>Systems-Based Practice</td>
<td>Demonstrate awareness of interdependencies in the health care system that affect quality of care; provide cost-effective care; advocate for quality patient care; work with hospital management &amp; interdisciplinary teams to improve patient care</td>
<td></td>
</tr>
<tr>
<td>Provide patient-centered care</td>
<td>Identify, respect and care about patients' differences, values, preferences, &amp; expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, &amp; educate patients; share decision making and management; and continuously advocate disease prevention, wellness, &amp; promotion of healthy lifestyles, including a focus on population health.</td>
<td></td>
</tr>
<tr>
<td>Apply Quality Improvement Processes</td>
<td>Identify errors and hazards in care; understand and implement basic safety design principles; continually understand &amp; measure quality of care in terms of structure, process, &amp; outcomes in relation to patient and community needs; design &amp; test interventions to change processes and systems of care, with the objective of improving quality.</td>
<td></td>
</tr>
<tr>
<td>Utilize Informatics</td>
<td>Communicate, manage knowledge, mitigate error, &amp; support decision making using information technology.</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Work in Interdisciplinary Teams</td>
<td>Cooperate, collaborate, communicate, &amp; integrate care in teams to ensure that care is continuous and reliable.</td>
<td></td>
</tr>
<tr>
<td>This RSC/RSS is designed to improve interdisciplinary team work by incorporating representatives from multiple disciplines in the planning and implementation of each session.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>This RSC/RSS utilizes a panel discussion format to ensure that an interdisciplinary approach to patient care is discussed from multiple perspectives.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employ evidence based practices</td>
<td>Integrate best research with clinical expertise &amp; patient values for optimum care, &amp; participate in learning &amp; research activities to the extent feasible.</td>
<td></td>
</tr>
</tbody>
</table>
Part 4: Facilitating Change in Performance (C 5, 16, 17, 18, 19)

4A. Select the educational and other strategies you will use to help participants address the professional practice gaps you have identified (C5) (please check all that apply)

- Didactic presentations with dedicated Q&A time
- Didactic presentations with panel discussion
- Case Based Presentations - single presenter
- Case Based Presentations - Multidisciplinary discussion (ie M&M, Tumor Boards)
- Problem Based Learning (implies use of small group and group facilitator)
- Video demonstration for skills training
- Roundtable discussion
- Live Procedure Observation
- Live Patient Presentation
- Simulation
- Hands-on Practice
- Small Group Discussion
- Audience Response System
- Other (specify)

4B. Identifying Barriers

As a planner for this CME activity, you are expected to anticipate potential barriers your participants may encounter when attempting to implement the types of performance changes you identified above.

Factors exist that may prevent participants from implementing needed and meaningful changes to their practice, whether their practice is clinical, teaching, research, or administration. If not addressed, these barriers can limit a participant’s ability to effectively improve their practices.

Think about your learners’ primary roles as clinicians, educators, researchers, or administrators. Using the following categories as a starting point, indicate any barriers your participants may face. You must select at least ONE. If a barrier you identify is not on this list, please add it in the space provided.

<table>
<thead>
<tr>
<th>Individual Barriers</th>
<th>Barriers in Systems</th>
<th>Barriers for or from Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Lack of time/opportunity to gain sufficient knowledge to implement change(s) being promoted</td>
<td>☐ Availability of appropriate technology/training to use new technology</td>
<td>☐ Noncompliance patients</td>
</tr>
<tr>
<td>☐ Lack of time/opportunity to practice and gain confidence in new methods/protocols/procedures</td>
<td>☐ Staffing issues</td>
<td>☐ Lack of accessible care</td>
</tr>
<tr>
<td>✓ Readiness to made individual changes in practice</td>
<td>☐ Budget issues/cost</td>
<td>☐ Lack of insurance/cost</td>
</tr>
<tr>
<td>☐ Unsure how to implement change</td>
<td>☐ Lack of administrative support/resources</td>
<td>☐ Patient knowledge/readiness to change</td>
</tr>
<tr>
<td>☐ Communications issues within the Healthcare Team</td>
<td>☐ Too many guidelines, not enough consensus on their use</td>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐ Other:</td>
<td>☐</td>
<td>☐ Other:</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

4C. Identifying Strategies to Overcome Barriers

What tools/strategies are commonly used in this practice area that could help participants implement the types of changes you desire in their practice (C17, C19) (you must identify at least one, and explain how you will employ the strategy selected) (check all that apply)

<table>
<thead>
<tr>
<th>Strategy to facilitate change/improvement</th>
<th>How will you employ this strategy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct performance survey prior to sessions to help participants understand their current practices</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Provide follow up materials to be distributed (i.e., links to resources, patient ed materials, etc)</td>
<td>At each session, handouts will be provided to participants to use as a resource for further information, and as a reference for patient care.</td>
</tr>
<tr>
<td>Discuss Clinical Guidelines</td>
<td>Cases will be utilized to show participants how the clinical guidelines are applied in practice.</td>
</tr>
<tr>
<td>Distribute Clinical Guidelines</td>
<td></td>
</tr>
<tr>
<td>Disseminate Post Activity Reminders about techniques/information</td>
<td></td>
</tr>
<tr>
<td>Provide Chart Audit Tool(s) for self assessment</td>
<td></td>
</tr>
<tr>
<td>Disseminate Patient Survey and/or Physician &quot;report card&quot; results for self assessment</td>
<td></td>
</tr>
<tr>
<td>Organize peer feedback</td>
<td></td>
</tr>
<tr>
<td>Collaborate with institutional performance improvement processes</td>
<td>The department/division will incorporate information from the PI data into specific sessions, to demonstrate how to use the data in planning for improvement.</td>
</tr>
<tr>
<td>Encourage Commitment to Change Statements from Participants (*OCME will help you with this)</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>
Part 5: Measuring Your Activity’s Success

Recently, the OCME instituted a new online evaluation system. Program directors have direct access to the evaluation data collected for their individual RSS/RSC, along with aggregated data from ALL Jefferson RSS/RSC to use as a comparison for the performance of the RSS/RSC.

Yes, I have reviewed the full evaluation report from FY09 (View evaluation results. If you need help accessing the evaluation data for your RSC, click here.

As part of your FY10 application, you will review selected items from your activity’s data versus the aggregated data from ALL Jefferson RSC/RSS activities (shown below), and make a determination about your RSC/RSS’s performance. Activities whose evaluations are below the average aggregate performance ratings on key indicators shown below are required to present a plan outlining how their performance on the indicated markers will be improved.

5A. Examining Prior Year Evaluation Data and Identifying Improvements Needed

My FY09 Annual Evaluation Scores for the following items were:

<table>
<thead>
<tr>
<th>Key Indicator (scale 1-5, 5 being highest)</th>
<th>Aggregated Results from ALL Jefferson RSC/RSS (736 responses)</th>
<th>Results for my RSC in FY09 (0 responses)</th>
<th>Plan for improvement (or indicate NA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent to which RSC/RSS…</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presented content relative to level of expertise</td>
<td>4.34</td>
<td>0.00</td>
<td>We will incorporate more input from senior faculty to ensure this RSC/RSS delivers content appropriate to the expertise of the practicing physicians in attendance.</td>
</tr>
<tr>
<td>Promoted change in competence (what you can do)</td>
<td>4.06</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Promoted change in performance (what you actually do)</td>
<td>4.00</td>
<td>0.00</td>
<td>we will select a single performance improvement indicator for the upcoming year, and plan to incorporate at least 3-4 sessions that directly address it.</td>
</tr>
<tr>
<td>Promoted change in patient outcomes (if applicable)</td>
<td>3.84</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>
To improve the overall quality of our RSC/RSS, we will survey the participants for specific suggestions on content, presenters, format and solicit specific feedback on where quality needs to improve.

Please note that for the new academic year, we will be making changes to the Annual Evaluation Form based on feedback received from the users (a part of the OCME's plan for improvement). All Jefferson sponsored RSC/RSS activities are required to utilize the OCME online evaluation system.

Please also note that IF your FY10 activity is directly related to patient care, you will be reporting on the patient care related measures you identified in Section 3A as part of your FY10 evaluation.

If this activity is NOT directly related to clinical care, next year's evaluation will review the areas of improvement you identified in section 3E above.
Test Conference
TESTXXTEST / FY10
Application of AMA Category 1 Credit
July 1, 2009 – June 30, 2011

Part 6: Implementation Information

6A. Activity Promotion
Attach sample promotional material (flyer, letter, announcement)

Replace FY '09 flyer.doc sample with: Choose File no file selected

- View a sample that meets all Jefferson Graphics and Jefferson OCME requirements.
- Download a template from the Jefferson Marketing/University Graphics Website
- You may NOT add any other logos to this document without first seeking approval from the Jefferson Trademark Use Committee
- View a sample for a Jefferson-only RSC
- View a sample for a non-Jefferson RSC

6B. Financial Information
Each CME application must contain a proposed budget for the program.

6B.1: Commercial Support

Commercial Support
Commercial Support refers to any financial or other contributions from sources outside the requesting organization. This includes funds received for speaker honoraria and related travel expenses as well as for food/refreshments.

Please review the new University Policy regarding Industry Relations (link) as it contains important new approaches to managing these relationships at an institutional level. For CME accredited activities, the ACCME Standards for Commercial Support are to be applied. Note that any Hospital based activity receiving CME credit through Jefferson will need to comply with the University Policy as it applies to certified CE activity.

Commercial support requires a signed agreement between the Commercial Support and JMC. The Office of CME as the accredited provider must sign all Letters of Agreement for support. In addition, there are specific rules for what can and can't be done with funds. Review the Standards for Commercial Support.

Review additional information about commercial support, including Jefferson "Do's and Don'ts"

Is commercial support expected for this activity?

- Yes
- No

Estimated amount per session $ 1500

Anyone requesting support for a Jefferson RSC/RSS must participate in an in-service specifically designed to (1) assure that all Jefferson and ACCME requirements regarding commercial support are met and (2) improve the chances of successful CME grant submissions.

Identify the individual(s) who will be responsible for requesting Commercial Support (either via educational grants, exhibitor fees, or "in kind" donations).

Check here if this is the program director or the administrative contact named above OR Provide the full name, title, and contact information (email, phone, fax, and mailing address) for the individual(s) requesting support from outside entities for this RSC/RSS.
Indicate in the Sources of Revenue section the percentage (%) of revenue that each category will account for.

### 6B.2: Sources of Revenue (Estimated %)

**Institutional Funds:**
Funding provided by JMC/TJU/TJUH or by OCME-recognized joint sponsor of the activity, or % costs absorbed by the Department/Division/Organization

- **Percentage:** 80%

**Grants:**
Funding or "in kind" services provided by commercial support (pharmaceutical company, device manufacturer, etc.) Requires Compliance with the Standards for Commercial Support, see section XX below.

- **Percentage:** 20%

**Exhibits:**
Fees paid by a vendor to display information about their company outside of the session room Requires Compliance with the Standards for Commercial Support, see section XX below

- **Percentage:**

**Registration Fees:**
Fee paid to attend/participate in proposed activity.

- **Percentage:**

**TOTAL:** (must add to 100%)

- **Percentage:** 100%

### 6B.3: Estimated Expenses

Enter expenses ONLY in the lines that you incur costs of either direct / out of pocket costs, or time/effort costs

<table>
<thead>
<tr>
<th>Category</th>
<th>Category includes</th>
<th>Enter Your Estimated ANNUAL Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity Marketing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posters, Flyers, Invitations, etc</td>
<td>Graphic designer, print preparation for marketing, education pieces, and signage;</td>
<td>$</td>
</tr>
<tr>
<td>Mailing / Postage</td>
<td>Self explanatory</td>
<td>$</td>
</tr>
<tr>
<td><strong>Faculty related Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honoraria</td>
<td>Honoraria for external faculty; Honoraria and fringe benefit rate for internal faculty (if applicable)</td>
<td>$15000</td>
</tr>
<tr>
<td>Faculty Expenses</td>
<td>Travel, hotel, per diem, misc expenses relating to activity</td>
<td>$9000</td>
</tr>
<tr>
<td><strong>Meeting Room Related Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media and AV costs</td>
<td>AV equipment, labor, Audience Response System Equipment</td>
<td>$1200</td>
</tr>
<tr>
<td>Facilities Cost</td>
<td>Room rental fees for offsite activities</td>
<td>$</td>
</tr>
<tr>
<td><strong>Participant Related Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catering/Food</td>
<td>Food/Catering for either planning committee meetings and/or conferences</td>
<td>$890</td>
</tr>
<tr>
<td>Copying Costs Syllabus/Handouts</td>
<td>direct cost for copying and binding of educational materials</td>
<td>$</td>
</tr>
<tr>
<td>OCME Certification Fees</td>
<td>Monthly/Quarterly/Other</td>
<td>$900</td>
</tr>
<tr>
<td>Activity Content Development</td>
<td>time spent planning the content of the series</td>
<td>$</td>
</tr>
<tr>
<td>Administrative costs</td>
<td>to implement the activity (contacting faculty, arranging for logistics, record keeping,</td>
<td>$</td>
</tr>
<tr>
<td>financial management, applying for grants, arranging for exhibitors, etc</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Misc office supplies and equipment used in conjunction with this activity</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Total Estimated Expenses</strong></td>
<td><strong>$ 26990</strong></td>
<td></td>
</tr>
</tbody>
</table>
Part 7: Signatures and Acknowledgements

Click on link below to download the appropriate packet, obtain signatures and fax (215-923-3212) or mail back to OCME. FORMS MUST BE SIGNED AND RETURNED IN ORDER TO FINALIZE APPROVAL OF RSC/RSS.

Internal Applicants (TJU, TJUH & Methodist)
Includes:
- Conflict of Interest Compliance and Standards for Commercial Support Compliance form
- Signature page
- Payment information

External Applicants
Includes:
- Conflict of Interest Compliance and Standards for Commercial Support Compliance form
- Signature page
- Financial Responsibility Form
- Payment information
Test Conference
TESTXXTEST / FY10
Application of AMA Category 1 Credit
July 1, 2009 – June 30, 2011

Part 5: Measuring Your Activity’s Success | Part 6: Implementation Information | Part 7: Signatures and Acknowledgements

Thank you!
To download a copy of your application please click here.

Office of CME · 1020 Locust Street · Suite M5 · Philadelphia, PA 19107-6799
1-888-JEFF-CME or 215-955-6992 · fax: 215-923-3212

Maintained by the CME Coordinator (Vaughn.Wurst@jefferson.edu)
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