



**SCHOOL OF  
MEDICINE**  
CONTINUOUS  
PROFESSIONAL LEARNING

## UNM CME Application

CPL is here to help. For support or questions, please call 505-272-3942 or email [hsc-cpl@salud.unm.edu](mailto:hsc-cpl@salud.unm.edu).

Be sure to download this Acrobat PDF file to your computer; if you fill it out in your web browser you will not be able to save it

Your process as a planner:

**Plan the activity → Apply for CME credit → Implement the activity → Report outcomes**

*Planning and applying for CME credit only begins the process. You are committing to implementing the described activity, to measure selected changes in competence, performance, and/or outcomes that result from your activity, and to report the changes in your annual Outcomes Summary.*

### START HERE

**Watch this video:** How to plan your CME activity for learning impact ([video 3:41](#))

Additional resources to assist you in completing the application:

- Understanding the relationship between knowledge, competence, performance, and outcomes ([PDF](#))
- How to write good learning objectives: the [STAR Model \(PDF\)](#) ([video 9:32](#))
- How to choose learning formats that help you meet your learning objectives ([PDF](#))
- How to assess how well you met your learning objectives ([PDF](#))
- How to evaluate your program ([PDF](#))
- CPL's Essential Messages to guide development of a successful CME activity and application ([PDF](#))

This document is a worksheet to guide preparation of your application.

You will submit the application at this Smartsheet link: <https://bit.ly/CMEApplication>. Completing the worksheet in advance allows you to review drafts and collaborate with other planners. You will not be able to save and return to an incomplete submission once you begin the Smartsheet form. You can copy/paste your responses and selections from this worksheet onto the Smartsheet form.

This worksheet is an approximate facsimile of the online Smartsheet form. Areas shaded in gray will only appear based on selections you make in Smartsheet. Items marked with an asterisk(\*) are required for the Smartsheet form to submit.

## 1. Activity Information

CME Activity Name\*

Organization Name\*

Address\*

City, State:

Calendar year\*

Estimate the number of credit hours for the program *and* how you determined the value. CPL staff will review the program and verify the credits.

First date of activity\*

Last date of activity\*

(repeat first date if only one day)

Location of activity\*

Seeking MOC/CC credit for your activity?\*

☐ No

☐ Yes



Is this activity organized by UNM?\*

☐ Yes (Direct Provider) ☐ No (Joint Provider)

Is the activity supported by funds from an ACCME-defined ineligible company, such as drug/device manufacturer, healthcare service provider?\*

☐ No

☐ Yes



CPL can *only* authorize and report MOC/CC for these boards; check boards that apply

- ☐ American Board of Anesthesiology (ABA)
- ☐ American Board of Internal Medicine (ABIM)
- ☐ American Board of Otolaryngology - Head and Neck Surgery (ABOHNS)
- ☐ American Board of Orthopaedic Surgery (ABOS)
- ☐ American Board of Pathology (ABPath)
- ☐ American Board of Pediatrics (ABP)
- ☐ American Board of Surgery (ABS)
- ☐ American Board of Thoracic Surgery (ABTS)

*CPL will send you more information to set up MOC/CC credit*

Type of support:

- ☐ Durable equipment
- ☐ Facilities/space
- ☐ Animal parts/tissue
- ☐ Human parts/tissue
- ☐ Direct funding
- ☐ Other:

Commercial support source:

Monetary value of support:

## 2. Education Planners\*

### Attending Physicians

Physician 1	<input type="text"/>	Position	<input type="text"/>	Email	<input type="text"/>
Physician 2	<input type="text"/>	Position	<input type="text"/>	Email	<input type="text"/>
Physician 3	<input type="text"/>	Position	<input type="text"/>	Email	<input type="text"/>

### Nonphysician healthcare professionals (e.g. APPs, nurses, pharmacists, CNMs, etc.)

Non-phys 1	<input type="text"/>	Position	<input type="text"/>	Email	<input type="text"/>
Non-phys 2	<input type="text"/>	Position	<input type="text"/>	Email	<input type="text"/>
Non-phys 3	<input type="text"/>	Position	<input type="text"/>	Email	<input type="text"/>

### Learners (e.g., students, residents, fellows)

Learner 1	<input type="text"/>	Position	<input type="text"/>	Email	<input type="text"/>
Learner 2	<input type="text"/>	Position	<input type="text"/>	Email	<input type="text"/>
Learner 3	<input type="text"/>	Position	<input type="text"/>	Email	<input type="text"/>

### Other Planners

Other 1	<input type="text"/>	Position	<input type="text"/>	Email	<input type="text"/>
Other 2	<input type="text"/>	Position	<input type="text"/>	Email	<input type="text"/>

### Coordinator/Administrative staff support person\*

Name	<input type="text"/>	Position, Department	<input type="text"/>
Email	<input type="text"/>	Phone (xxx-xxx-xxxx)	<input type="text"/>

### 3. Activity type\*

Regularly scheduled series (RSS)

Grand Rounds

Tumor Board

M&M

Journal Club

Live course (in-person, virtual, or both)

On demand/self-paced web learning

Combining live and asynchronous-online learning

Other If "Other", describe:

UNM RSS activities are CME-approved for free. Accreditation fees may be assessed for other activity types. Contact CPL for rate and fee information.

CPL will review the content; please provide:

URL:

Username/password for access:

### 4. Commendable inclusion of learners as planners and presenters\*

It is commendable to include learners (students, residents, fellows) as planners and presenters.

Learners listed as planners in part 2?

No

Yes



Learners as presenters? If so, indicate names, if known, or write "TBA"

### 5. Gap(s): State the difference between the current and desired state of learner competence, performance, and/or patient/trainee/student outcomes.\*

Examples:

- Surveys of attending's and trainees indicate insufficient knowledge and skill in collecting and analyzing health/practice data to teach residents about healthcare improvement
- Emerging changes in guidelines for treatment require updating to maintain high standards of care
- NM DOH data show that fewer than 15% of patients with an alcohol use disorder get treatment and we want to raise that to at least 50% in our division.

## 5. Gaps (continued)

What source(s) did you use to determine these gaps?\*

- |  |  |
|--|--|
| <input type="checkbox"/> NM Department of Health Reports     | <input type="checkbox"/> QI dashboards/patient care data; e.g. Vizient (recommended) |
| <input type="checkbox"/> Mortality/morbidity statistics      | <input type="checkbox"/> Learning environment reports                                |
| <input type="checkbox"/> Survey/request from target audience | <input type="checkbox"/> Department/division priorities                              |
| <input type="checkbox"/> Other                               | If "Other", describe:  |

## 6. Needs: What do participants need to know or do to close the gap?\*

Examples:

- Clinicians need to know anatomy and physiology of the joints and best practices for evaluating joint symptoms.
- Clinicians need to demonstrate skills in creating respectful and professional learning climates.
- Clinicians need to apply standard oncologic clinical care protocols for optimal management of patients diagnosed with solid tumors

**Select and describe one or more needs related to your gap (your educational activity may not address all of these needs):\***

- ☐ Knowledge Need: gaining knowledge

- ☐ Competence Need: knowing what to do with knowledge; knowing what to do if given the opportunity to do it

- ☐ Performance Need: applying new knowledge to practice (performance)

## 7. Competencies of ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative addressed in your activity: (Click [here](#) for descriptions)\*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Patient care and Procedural Skills    | <input type="checkbox"/> Provide Patient-Centered Care   | <input type="checkbox"/> Value/Ethics for Interprofessional Practice |
| <input type="checkbox"/> Medical Knowledge                     | <input type="checkbox"/> Work in interdisciplinary teams | <input type="checkbox"/> Roles/Responsibilities                      |
| <input type="checkbox"/> Interpersonal & Communication Skills  | <input type="checkbox"/> Employ evidence-based practice  | <input type="checkbox"/> Interprofessional Communication             |
| <input type="checkbox"/> Professionalism                       | <input type="checkbox"/> Quality improvement             | <input type="checkbox"/> Teams and Teamwork                          |
| <input type="checkbox"/> Systems-Based Practice                | <input type="checkbox"/> Utilize informatics             |  |
| <input type="checkbox"/> Practice-Based Learning & Improvement |  |  |

If your activity addresses other competencies, list them here along with the source citation:

**8. Learning objectives, what *participants* will be able to *do* as a result of this activity (2-3 recommended)\*:**

For guidance to write learning objectives, [click here](#)

Examples:

- Participants will use clinical cases to guide quality improvement
- Participants will correctly apply splints to simple extremity fractures
- Participants will be able to design small-group-learning opportunities
- Participants will adopt tools to promote professional wellbeing

**Learning objective 1 *Participants will...***

**Learning objective 2 *Participants will...***

**Learning objective 3 *Participants will...***

**Learning objective 4 *Participants will...***

(More objectives? Number them and combine within the boxes above)



















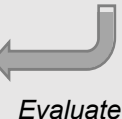



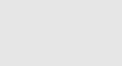

## 9. Learning formats and methods:\*

For guidance on most effective and engaging formats, [click here](#)

- |  |  |
|--|--|
| <input type="checkbox"/> Small-group discussion (recommended)  | <input type="checkbox"/> Case-based discussion/learning (recommended)  |
| <input type="checkbox"/> Panel discussion                      | <input type="checkbox"/> Audience response/polling (recommended)   |
| <input type="checkbox"/> Demonstration                         | <input type="checkbox"/> Role play   |
| <input type="checkbox"/> Simulation                            | <input type="checkbox"/> Skills-based training (Practice with feedback with clinical procedures or practice) |
| <input type="checkbox"/> Hybrid virtual and in-person learning | <input type="checkbox"/> Virtual learning  |
| <input type="checkbox"/> Patient presentation                  | <input type="checkbox"/> Lecture   |
| <input type="checkbox"/> Other                                 | If "Other", describe:  |

Check all where change is *intended*. At least one change OTHER THAN KNOWLEDGE *must* also be *evaluated*.

[Click here](#) for evaluation examples at the end of the activity. Choose all that apply.

Evaluated outcomes should align with learning objectives (section 8) and evaluation plan.					No	Yes
<a href="#">Click here</a> for evaluation examples at the end of the activity. Choose all that apply.					No	Yes
<p>Change in participants' knowledge <i>intended</i></p> <p>No </p>	<p>Yes </p>	<p><i>Evaluate this change?</i></p> <p>No </p>	<p>Yes </p>	<p>Test [pre/post] only (Objective)</p> <p>Audience response quiz - identifying learner (Objective)</p> <p>Retrospective pre/post survey (Subjective)</p>		
<p>Change in participants' competence (ability to do if given the opportunity) <i>intended</i></p> <p>No </p>	<p>Yes </p>	<p><i>Evaluate this change?</i></p> <p>No </p>	<p>Yes </p>	<p>Test [pre/post] only (Objective)</p> <p>Audience response quiz - identifying learner (Objective)</p> <p>Practice observation during event-preferably with rubric (Objective)</p> <p>Retrospective pre/post survey (Subjective)</p> <p>Commitment-to-change statements (Subjective)</p>		
<p>Change in participants' performance in actual practice <i>intended</i></p> <p>No </p>	<p>Yes </p>	<p><i>Evaluate this change?</i></p> <p>No </p>	<p>Yes </p>	<p>Observation in actual practice (Objective)</p> <p>Audit and feedback (Objective)</p> <p>Analysis of medical records (Objective)</p> <p>Survey of participants' transfer of learning to practice examples (Subjective)</p>		
<p>Change in patient health <i>intended</i></p> <p>No </p>	<p>Yes </p>	<p><i>Evaluate this change?</i></p> <p>No </p>	<p>Yes </p>	<p>Analysis of medical records (Objective)</p> <p>Survey of participants' knowledge of changes in patient outcomes (Subjective)</p>		
<p>Change in community/population health <i>intended</i></p> <p>No </p>	<p>Yes </p>	<p><i>Evaluate this change?</i></p> <p>No </p>	<p>Yes </p>	<p>If "yes" will the change be evaluated at some point (usually 1-6 months) after the event?</p> <p>Consult CPL for guidance</p>		
<p>Change in learning outcomes for residents/students <i>intended</i></p> <p>No </p>	<p>Yes </p>	<p><i>Evaluate this change?</i></p> <p>No </p>	<p>Yes </p>	<p>If "yes" will the change be evaluated at some point (usually 1-6 months) after the event?</p> <p>Analysis of changes in learners' performance (course grades, board-exam scores) before and after learned intervention (Objective)</p> <p>Survey of participants' knowledge of changes in learner outcomes (Subjective)</p>		

## 11. Policy acknowledgments\*

**Financial Disclosure Process:** Each presenter and program planner must complete an online Relevant Financial Relationship Disclosure form *prior* to the activity. If presenters or planners do not complete a disclosure statement prior to the activity, they will be disqualified from presenting, or the activity/event will not be certified for CME credit. The disclosure information needs to be provided to the audience in writing, whether the planners/presenters have a financial relationship or not. If there is a conflict of interest, contact CPL staff, so we can provide you with guidance to resolve the conflict.

**Evaluation and learning by attendees:** Please see sample Learning & Feedback Forms (L&FF) for the expected CME questions and options. You are encouraged to add items to evaluate your activities that are specific to the goals of your program. L&FF or equivalent **MUST** be completed by each learner in order to obtain CME credit.

**Reporting:** *Evaluation Summaries* of your L&FF or equivalent data must be compiled and uploaded to CPL at least twice per year (July for January-June; January for July-December). Outcome Summary analyzing gap closure and other committed change measurements are due after the activity concludes or by the last day of February of the following year.

**Attendance Process:** Learners are responsible for signing in during the live activity with the provided sign-in link from the departments/ organizations. Retroactive credit for later sign in will not be awarded.

**Clinical Content Policy:** If your activity includes content related to patient care, research supporting patient care, or other topics relevant to clinical work for health care providers, then you will need to attest to these statements:

- All recommendations for patient care in my approved continuing education activity must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- All scientific research referred to, reported, or used in my approved continuing education activity in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
- Although my continuing education activity is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is my responsibility to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
- I as planner and presenters in my approved activity cannot advocate for unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

The Education Planning Faculty person listed on this application will be required to acknowledge these policies. If you have any questions, please contact CPL at [HSC-CPL@salud.unm.edu](mailto:HSC-CPL@salud.unm.edu).

**Attachments:** When you submit your application in Smartsheet, you will also attach the following documents (PDF preferred):

- A Sample Announcement that includes the disclosure and accreditation statement.
- Sample Learning & Feedback Form or your evaluation and learning assessment tool
- If the activity duration is greater than one hour, include an agenda that lists the speaker(s), the presentation titles and the start/end time for each session of your activity (including breaks and meals)

**Deadlines:**

- Applications must be received at least 60 days prior to the first day of the activity
  - A rush fee will be assessed for incomplete applications at the 60 day deadline
- If contracting CPL Event Planning Services, the application *must* be submitted prior to the first event-planning steps