

DESCRIPTION *	PLANNING COMMITTEE *	AUDIENCE *	COMPETENCIES *	GAP ANALYSIS *	FINANCIAL *	MANAGE *
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**ACTIVITY START AND END DATE:**

**WHAT IS THE ESTIMATED LENGTH OF THE ACTIVITY (HOURS)? \***

**HAS THIS ACTIVITY BEEN PREVIOUSLY CERTIFIED FOR CE CREDIT BY THE CCEHS? \***

**PREVIOUS DATE:**

**VENUE:** Location/City/State

**SPONSORING ORGANIZATION (CHECK ALL THAT APPLY) \***

- UPMC
- PITT
- Other

**COURSE CONTACT:** Name/Email/Phone

**ARE YOU A DESIGNATED UPMC NURSE PLANNER RESPONSIBLE FOR SUBMITTING ANCC CONTACT HOURS? \* Yes/No**

**ACTIVITY TYPE \* PLEASE MAKE YOUR SELECTION OF ACTIVITY TYPE BASED ON THE DESCRIPTION PROVIDED BELOW:**

- Course** (content is presented live on specific date and time)
- Internet Live Course** (content is presented virtually live on specific date and time)
- Regularly Scheduled Series** (ongoing live/virtually live and generally targets the same audience e.g., grand rounds, M&M, tumor board)
- \*Internet Activity Enduring Material** (internet-based self-study e.g., online module)
- \*Enduring Material** (print-based self-study e.g., hard copy print)

The following options are not common. Prior to choosing, please email CCEHS\_support@upmc.edu to request additional information.

- Journal-based CME**
- Committee Learning**
- Performance Improvement**
- Internet Searching and Learning**
- Learning from Teaching**
- Other**

**\*Enduring Material** activity types required a separate application for EACH **module** (may be submitted after the live date). For example, if 8 hours of a live activity will be recorded and converted to 5 internet enduring modules there must be an application for each module. *If you intend on recording the live event, it is helpful to include a note in the application for the live event.*

The credit type requested below must **1.)** be reflective of the target audience the activity is designed to address and **2.)** include a planning committee member representing the discipline (e.g., ANCC requires a nurse on the planning committee).

If you are choosing **multiple types of credit** the activity is considered "interprofessional" and must be designed by and for the healthcare team. If the activity is planned for a **single profession**, please only select the type of credit applicable to this profession.

**Important notes:**

- Approval for Social Work credit is contingent upon additional information to be provided by the Social Worker on the planning committee. The CCEHS contact assigned to this activity will provide additional information.
- Social Work credit is not awarded for Regularly Scheduled Series (e.g., grand rounds, case conferences, quality committees) or Enduring Material/Self-Study activities.
- Pharmacy credit is considered on a case by case basis for Regularly Scheduled Series (e.g., grand rounds, case conferences, quality committees) and enduring materials (e.g., online modules).

**TYPE OF CREDITS REQUESTED \***

- AMA PRA CATEGORY 1 CREDIT™ (Physician)
- ACPE (Pharmacy)
- ANCC (Nursing)
- AAPA (Physician Assistant)
- ASWB (Social Work)

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**Reminder:** The credit type requested **must include** a planning committee member **representing the discipline** (e.g., ANCC credit requires a nurse on the planning committee).

**COURSE DIRECTOR(S): Name/Credentials**

A course director is described as the leading member(s) of the planning committee. The planning committee member must include a representative from each the discipline for the credit type requested (e.g. ANCC credit requires a nurse on the planning committee).

**PLANNING COMMITTEE MEMBER(S): Name/Credentials**

Choose File No file chosen **UPLOAD**

**New!** If financial relationships with an ineligible company are disclosed by a course director or any member of the planning committee, a **Mitigation of COI Grid for Planning Committee** must be submitted at the time the application is submitted.

**MITIGATION OF COI GRID**

Choose File No file chosen **UPLOAD**

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The target audience requested must be reflective of the audience the activity is designed to address.

**TARGET AUDIENCE \***

- NURSE
- NURSE PRACTITIONER
- PHARMACIST
- PHARMACY TECHNICIAN
- PHYSICIAN
- PHYSICIAN ASSISTANT
- PSYCHOLOGIST
- SOCIAL WORKER
- OTHER (PLEASE LIST):

**GEOGRAPHIC AREA:**

**TOTAL ESTIMATED AUDIENCE \*:**

**THIS ACTIVITY IS INTENDED FOR PROVIDERS IN THE SPECIALTIES OF \***

- |                              |                                |                                      |                             |
|------------------------------|--------------------------------|--------------------------------------|-----------------------------|
| <b>General Practice</b>      | General Surgery                | Neurology                            | Psychiatry                  |
| Addiction Medicine           | Geriatric Medicine             | Neuropsychiatry                      | Pulmonary Disease           |
| Allergy/Immunology           | Geriatric Psychiatry           | Neurosurgery                         | Radiation Oncology          |
| Anesthesiology               | Gynecological/Oncology         | Nuclear Medicine                     | Rheumatology                |
| Cardiac Electrophysiology    | Hand Surgery                   | Obstetrics/Gynecology                | Sleep Medicine              |
| Cardiac Surgery              | Hand Surgery                   | Ophthalmology                        | Sports Medicine             |
| Cardiology                   | Hematology                     | Optometry                            | Surgical Oncology           |
| Chiropractic                 | Hematology/Oncology            | Orthopedic Surgery                   | Thoracic Surgery            |
| Colorectal Surgery           | Hospice and Palliative Care    | Otolaryngology                       | Unknown Physician Specialty |
| Critical Care (Intensivists) | Infectious Disease             | Pain Management                      | Urology                     |
| Dermatology                  | Internal Medicine              | Pathology                            | Vascular Surgery            |
| Diagnostic Radiology         | Interventional Cardiology      | Pediatric Medicine                   |                             |
| Emergency Medicine           | Interventional Pain Management | Peripheral Vascular Disease          |                             |
| Endocrinology                | Interventional Radiology       | Physical Medicine and Rehabilitation |                             |
| Family Practice              | Maxillofacial Surgery          | Plastic and Reconstructive Surgery   |                             |
| Gastroenterology             | Medical Oncology               | Podiatry                             |                             |
|                              | Nephrology                     |                                      |                             |

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**ACGME CORE COMPETENCIES \***

- Patient care and procedural skills
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based practice
- None

**INTERPROFESSIONAL EDUCATION COLLABORATIVE COMPETENCIES \***

- Values/ethics for interprofessional practice
- Roles/responsibilities
- Interprofessional communication
- Teams and teamwork
- None

**\*Must be selected if requesting multiple types of credit.**

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**\*DESCRIBE THE CURRENT PROBLEM(S) IN PRACTICE THAT YOU WANT TO ADDRESS IN THIS ACTIVITY.**

Consider individual, team and system gaps. **For example:**

- Potentially dangerous doses of opioid medicines are not always recognized and appropriate safety measures.
- Patients with perinatal mood disorders are not diagnosed in a timely manner.
- Patients do not receive consistent recommendations and care practices from different members of the healthcare team (e.g., physicians and pharmacists).

**\*WHAT KNOWLEDGE, COMPETENCE/SKILL OR PERFORMANCE NEED(S) ARE CAUSING THE PRACTICE GAP(S)?**

Said differently, why do these problems exist? Is there a deficit in knowledge or competence/skill? Are there performance issues? For example:

- **Knowledge:** Need to know strategies to discuss difficult topics with family members.
- **Competence/Skills:** Need communication skills to communicate with patients and families about the importance of diagnosis and treatment.
- **Performance:** Need to appropriately refer patients to community resources.

**LEARNING OBJECTIVES**

**PLEASE DESCRIBE HOW THIS ACTIVITY WILL IMPACT THE INTERPROFESSIONAL HEALTHCARE TEAM, IF AT ALL.**

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**FUNDING SOURCES \***

- Internal funds
- Registration income
- Exhibits
- Commercial grants (e.g. pharmaceutical, device companies)
- Non Commercial Grants (e.g. NIH, foundations)
- Not applicable, no course income or expenses

**WILL YOU BE USING THE CCEHS ONLINE REGISTRATION SYSTEM? \***

**WILL SPEAKERS BE PAID AN HONORARIA? \***

**ORGANIZATION/DEPARTMENT RESPONSIBLE FOR MANAGING COURSE BUDGET \***

**THE BUDGET HAS BEEN APPROVED BY (FIRST AND LAST NAME) (TITLE AND AFFILIATION)**