

CME Series Recognition:

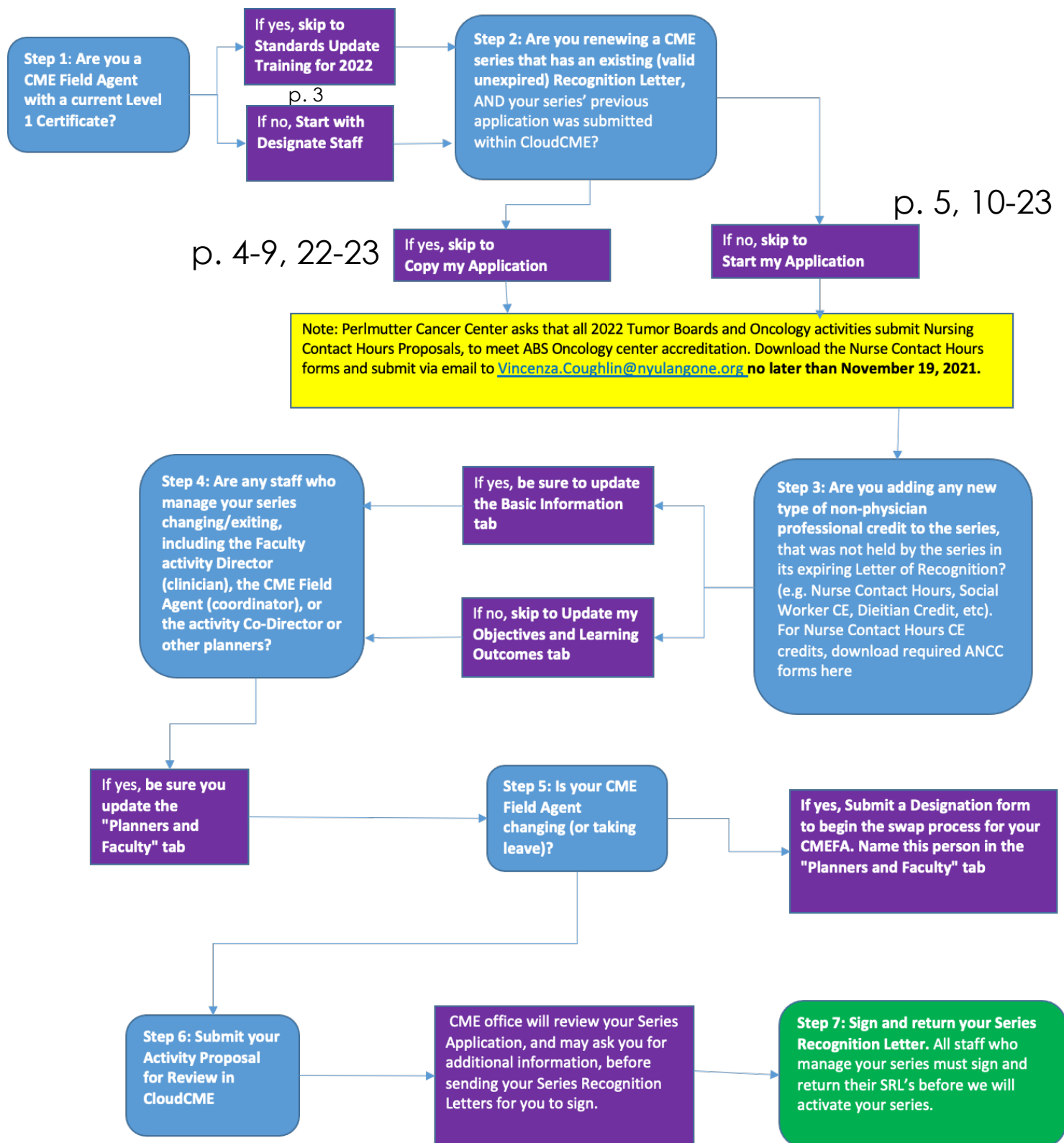
Walk-thru of the RSS Certification process for 2022



**REQUIREMENTS TO RENEW OR START YOUR SERIES'
CME RECOGNITION**

NYU LONG ISLAND SCHOOL OF MEDICINE
DIVISION OF CONTINUING PROFESSIONAL DEVELOPMENT
NOVEMBER 5, 2021

Wayfinder Map for CME Series Recognition



Training Pre-Requisites for Staff

1. Changing who manages CME in your department?

Series that re-assign, "swap", or provide FMLA coverage for their CME Field Agent role must initiate an official staff swap by submitting the Designate a CME Field Agent Form.

Designate Staff

How it works:

- Designation forms can be submitted at any time of the year, but at least 21 days before your change takes effect.
- Your designee will be assigned FOCUS training for CME Field Agent (CMEFA) Level 1 Certification, and must complete the Certificate before the staff change takes effect.
- The CME office will revise the Series Recognition Letters for your CME series to empower the newly assigned designee in the CMEFA role.

3. DISCLOSURE STANDARDS have changed: Update your training

In compliance with national **Standards for Integrity and Independence** now in effect in CME, CPD, and CE for most clinical professions, **changes to the Disclosures process for your CME series are now required for 2022.**

All CME Field Agents must complete a FOCUS training module for "Standards of Integrity and Independence" **by December 1, 2021** here:

Standards Update

Begin Application Submission

2. Departments: TIME TO RENEW your Series CME Recognitions!

Overview of the Series Renewal process

New or renewal applications to recognize your CME series for January 2022 (Grand Rounds, Tumor Boards, M&M, Journal Club, etc) **are due by Friday, November 19, 2021.**

For those CME series whose Series Recognition Letter expires December 31, 2021, you can renew your series Recognition using the steps below.

A. Submit your Regularly Scheduled CME Series(RSS) Approval Application **HERE**:

Submit Curriculum

- Existing series with no lapse in recognition are encouraged to use the COPY button to copy their previous submission for convenience.
- Be sure to update the **faculty and planning team members**, the **types of professional credit** you will be awarding, and the **series learning objectives** before submitting.
- If your series lapsed in 2021 or is new, please refer to the New Application instructions in the Pictorial Guide.
- (Pictorial Guide to the Curriculum Approval Application process is **HERE**).

Next steps:

- B. All series applications must be submitted by November 18 or by May 20 for the next semester. **Series applications received after November 18 will be ineligible for CME recognition** from January-June, but will be recognized starting the following semester July-December.
- C. The CME Field Agent assigned to manage your CME Series **must complete the FOCUS Training Update on "Standards of Integrity and Independence" by December 1** in order for your series Recognition to be approved. (See Disclosure Update below).
- D. Series renewal applications received by the deadline of November 18, will be sent their Series Recognition Letters (SRL) on or about December 15.
- E. Once you have signed and returned your SRL, you will be able to administer your approved series sessions within CloudCME (refer to CMEFA Level 1 and Level 2 demo videos in FOCUS for training review).
- F. Please note that although the CME office may create an initial calendar recurrence rule for your series if indicated in your series application, once your series launches, the **CME Field Agent** named in your SRL is responsible for managing the CloudCME session database to reflect holidays, cancellations, skips, speaker changes, session titles, and all other **maintenance of your series calendar sessions**.

Guide to Applying for Recognition of CME Series: **Starting your Application**

cloud-cme.com/application.aspx



[<<back to:] NYU Long

Sign Out Live Courses Online Study Design CME/CE About Grand Rounds Tools Planning Calendar CMEFA Center Help My C

CME Application

Instructions: Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email a application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it vary and you will be contacted via email.

Create New Application

Export XLS

Reset Filters

Find Disclosures

Filter By Application Status:

Hide Approved

Search By Event Name:

Search

ActivityID	Activity Name	Author	Planners	Approver	Last Revised	Disclosure
<input type="text"/>		<input type="text"/>		-- Filter by Appro...		
18844	My Departmental Grand Rounds (Rob Martin)	Rob A Martin, MBBS	Robert Martin, MBA (Other Planning Committee Member),	No approver assigned	10/27/2020 3:26:45 PM	All disclos

Administration

Home | Course Schedule | Self-Paced Study | Design a Course | About | Contact | Planners | Tools | Calendar | Exhibitors | Help

Trouble signing in or registering? Please email us at LISOMcme@nyulangone.org

PROPOSE ACTIVITY

DISCLOSURE FORM

NYU Long Island School of Medicine Office of CPD, 222 Station Plaza North, Suite 510, Mineola, NY 11501 tel) 516-663-0333

To Copy An existing Series for Re-Approval

y/application.aspx

Save to RefWorks CME Tools CMEFA_tools Workshop_Design...



[<<back to:] NYU Long Island School of Medicine CPD/CME/CE Home
Welcome Robert A Martin, MBA

Sign Out Courses On-Demand Design CME/CE Nursing CE About Tools Planning Calendar CMEFA Center Help Faculty/Planner Tasks 5 My CME

CME and CE Activity Application - NYU Long Island School of Medicine - Aliased as - Kristen Garvey, CME Field Agent

Instructions: Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/faculty you identify in the application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it for peer review and possible approval. Review times vary and you will be contacted via email.

Create New Application Export XLS Reset Filters Find Disclosures

Admin User Lookup

Garvey, Kristen (18650) kristen.garvey@nyu.edu

Filter By Application Status:

Hide Approved

Search By Event Name:

Search

ActivityID	Activity Name	Author	Planners	Approver	Last Revised	Disclosure Status			
				-- Filter by Appro...					
22845	Neurology Journal Club	Kristen Garvey, CME Field Agent	Rajanandini Muralidharan, MD (Co-Director), Ajay Misra, MD (Course Director), Kristen Garvey, CME Field Agent (Activity Coordinator),	Keyana Golds, AA Edit	9/16/2021 2:09:22 PM	Kristen Garvey, CME Field Agent does not have a disclosure on file. Rajanandini Muralidharan, MD does not have a disclosure on file. Ajay Misra, MD does not have a disclosure on file. Matthew Bokhari, MD does not have a disclosure on file.	Disclosures Required	Copy	Delete
22843	Neuro Modulation Conference	Kristen Garvey, CME Field Agent	Kristen Garvey, CME Field Agent (Activity Coordinator), Marianne Turndahl, BSN, RN, CCRN, SCRNP (Nurse Planner), Lee	Keyana Golds, AA Edit	9/16/2021 10:00:27 AM	Kristen Garvey, CME Field Agent does not have a disclosure on file. Lee Tessler, MD does not have a disclosure on file. Marianne Turndahl, BSN, RN, CCRN, SCRNP does not have a	Disclosures Required	Copy	Delete

Copy existing Series: a) update the credits & professions you will award

oud-cme.com/Application.aspx?FormsubmissionID=36361&ActivityID=22845

HChat-Plus Save to RefWorks CME Tools CMEFA_tools Workshop_Design_...

NYU Long Island School of Medicine [[back to:](#)] NYU Long Island School of Medicine Welcome Kr

Sign Out Courses On-Demand Design CME/CE Nursing CE About Tools Planning Calendar CMEFA Center Help [Faculty/Planner Tasks](#) [My CME](#)

CME and CE Activity Application - NYU Long Island School of Medicine - Neurology Journal Club - 1/19/2022 Aliased as - Kristen Garvey, CME Field Agent

Instructions: Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it for peer review and possibly vary and you will be contacted via email.

Basic Information

Planners and Faculty

Gap and Needs

Objectives and Learning Outcomes

Commercial Support

Commendation Criteria

Signatures

Files - upload/download

Comments

Return To Applications List

Approval

Instructions: Click the sections of the application to review. Add comments below. Supporting files may have been uploaded and if so, are available in the File uploads area.

print

Basic Information

Specify the following for your activity

Activity Name: [?](#)

Select all that apply: [?](#)

☒ ACCME (Physicians)
 ☒ ANCC (Nurses)
☐ ASWB (Social Workers)
 ☐ Joint Accredited
☐ Non-Accredited

Activity Type: [?](#)

ANCC

ANCC Activity Type: [?](#)

☐ Learner Directed, Learner Paced
☐ Provider Directed, Learner Paced
☒ Provider Directed, Provider Paced

Activity Format: [?](#)

☐ Live Activity
 ☐ Enduring Material

Copy existing Series: b) Update Planners, Faculty and Speakers

Basic Information
Planners and Faculty
Gap and Needs
Objectives and Learning Outcomes
Commercial Support
Commendation Criteria
Signatures
Files - upload/download
Comments
Return To Applications List

Approval

Instructions: Click the sections of the application to review. Add comments below. Supporting files may have been uploaded and if so, are available in the File uploads area.

☐ Approve
 ☐ Reject

Save

print

Planners and Faculty

Planning Committee and Faculty/Speakers

Complete the table below for each person on the planning committee and for each faculty/speaker. Include email, full name, degree, profession and their role on the planning committee.

Instructions: The fields in red are required. Enter a valid email address, if the user has a disclosure on file the name and degree will be automatically populated for you. If the user does not have a disclosure, the Disclosure form will automatically be emailed to them as long as a valid email address is provided for them below.

To add more planners or faculty, click the green plus (+) sign. To remove a planner or faculty, click the red minus (-) sign.

Qualified Planner

Email

kristen.garvey@nyulangone.org

First and Last Name

Kristen Garvey

Degree

Other

Other Degree

CME Field Agent

Profession

Non-Physician

Title

Secretary to Chairman

Department or Affiliation

Neurology

Role in Planning Content

Activity/Series Coordinator

Will this faculty/planning committee member be limited to a non-clinical (i.e., communication, leadership, ethics, etc.) subject only?

☒ Yes
 ☐ No

The disclosure field below is for use by the system and is not editable, please do not attempt to enter information into the field.

Disclosure Information

Copy existing Series: c) Update Objectives, outcomes, competencies

Basic Information

Planners and Faculty

Gap and Needs

Objectives and Learning Outcomes

Commercial Support

Commendation Criteria

Signatures

Files - upload/download

Comments

Return To Applications List

Approval

Instructions: Click the sections of the application to review. Add comments below. Supporting files may have been uploaded and if so, are available in the File uploads area.

print

Objectives, Learning Outcomes and Competencies

Objectives/Learning Outcomes

What do you expect your participants to be able to do as a result of participating in this activity? List up to 20 objectives/learning outcomes appropriate to your activity.

To enter your objectives/learning outcomes, type an objective/learning outcome into the table below. At least one Objective/Learning Outcome is required. To add additional objectives/learning outcomes click the plus icon. To remove objectives click the minus icon.

At the conclusion of this activity, participants will be able to:

Objectives

	Number	Objective	
+	-	1	Appraise, and assimilate evidence from scientific studies related to our patients care
+	-	2	Apply knowledge of study designs and statistical methods to the appraisal of clinical s

ANCC Learning Outcome(s)

	Number	Learning Outcomes	
+		1	Improved nursing knowledge base as related to the neurological care

NOTE: These objectives will be stated in the promotional brochure and activity's syllabus.

Outcomes

Guide to Applying for Recognition of CME Series: Basic Information

Sign Out Live Courses Online Study Design CME/CE About Grand Rounds Tools Planning Calendar CMEFA Center Help My CME



CME Application

Instructions: Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/faculty you identify in the application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it for peer review and possible approval. Review times vary and you will be contacted via email.

Basic Activity Information

Planners and Faculty

Gap and Needs

Objectives and Learning Outcomes

Commercial Support

Commendation Criteria

Signatures

Files - upload/download

Comments

Return To Applications List

print

Basic Information

Specify the following for your activity

Activity Name: ⓘ

My Departmental Grand Rounds (Rob Martin)

Select all that apply: ⓘ

- | | |
|---|---|
| <input checked="" type="checkbox"/> ACCME (Physicians) | <input checked="" type="checkbox"/> ANCC (Nurses) |
| <input checked="" type="checkbox"/> ASWB (Social Workers) | <input type="checkbox"/> Joint Accredited |
| <input type="checkbox"/> Non-Accredited | |

Activity Type: ⓘ

Directly Provided - Regularly Scheduled Series

ANCC

ANCC Activity Type: ⓘ

- ☐ Learner Directed, Learner Paced
☐ Provider Directed, Learner Paced
☒ Provider Directed, Provider Paced

Activity Format: ⓘ

- | | |
|--|---|
| <input checked="" type="checkbox"/> Live Activity | <input type="checkbox"/> Enduring Material |
| <input type="checkbox"/> Journal-based CME activity | <input type="checkbox"/> Test-item writing activity |
| <input type="checkbox"/> Manuscript review activity | <input type="checkbox"/> PI CME activity |
| <input type="checkbox"/> Internet point-of-care activity | <input type="checkbox"/> Learning from Teaching |
| <input type="checkbox"/> Other | |

If other format, please specify:



Department ⓘ

LISOM FAC.AA-J.NONAILLADA

Synopsis (short description shown on listing pages - 300 character max):

[please copy from the Synopsis in the "CME Curriculum Abstract" submitted by your Activity Director Faculty member, and paste into this field]

Activity Description (shown on detailed course page and marketing materials): ⓘ

[please provide an intro to this activity to enable learners to decide whether this activity is relevant to their needs]

Type of Credit Requested: ⓘ

- | | |
|---|---|
| <input checked="" type="checkbox"/> AMA PRA Category 1 Credits™ | <input type="checkbox"/> CME - Non-Physician (Attendance) |
| <input type="checkbox"/> AARC CE Credits | <input type="checkbox"/> Adult Trauma CME Credit |
| <input checked="" type="checkbox"/> ANCC Contact Hours | <input type="checkbox"/> BC-ADM Credits |
| <input type="checkbox"/> BOC Credits | <input type="checkbox"/> CEU |
| <input type="checkbox"/> CST Credit | <input type="checkbox"/> Dietitian CPEUs |
| <input type="checkbox"/> MCHES Contact Hours | <input type="checkbox"/> Nursing Credit |
| <input type="checkbox"/> Pediatric Trauma CME Credits | <input type="checkbox"/> Pharmacy Credits |
| <input type="checkbox"/> Physical Therapy Credit | <input type="checkbox"/> Resident/Fellow Credit |
| <input type="checkbox"/> Respiratory Therapy Credit | <input type="checkbox"/> Social Work CEUs |
| <input type="checkbox"/> Pharmacist (ACPE) credits | <input checked="" type="checkbox"/> ABIM-MOC Part II |
| <input type="checkbox"/> ABA MOCA 2.0 | <input type="checkbox"/> ABP MOC Part 2 |

Guide to Applying for Recognition of CME Series: Basic Information

Basic Activity Information	Enter the number of credits or contact hours that you are requesting to be awarded to the activity (enter 0 if none): i
Planners and Faculty	<input type="text" value="1.0"/>
Gap and Needs	MOC
Objectives and Learning Outcomes	Provides MOC? i
Commercial Support	<input checked="" type="radio"/> Yes <input type="radio"/> No
Commendation Criteria	Select the applicable MOC credit type(s): i
Signatures	<input checked="" type="checkbox"/> ABIM MOC <input type="checkbox"/> ABA MOCA 2.0 <input checked="" type="checkbox"/> ABP MOC <input type="checkbox"/> ABPath MOC <input type="checkbox"/> ABO <input type="checkbox"/> ABOHNS
Files - upload/download	MOC Credit Type(s): i
Comments	<input type="checkbox"/> Medical Knowledge Only <input type="checkbox"/> Medical Knowledge + Patient Safety <input checked="" type="checkbox"/> Medical Knowledge + Practice Assessment <input type="checkbox"/> Medical Knowledge + Practice Assessment + Patient Safety <input type="checkbox"/> Practice Assessment Only <input type="checkbox"/> Practice Assessment + Patient Safety
Return To Applications List	Points Awarded: i <input type="text" value="1"/> Registration: i <input checked="" type="radio"/> Open to All <input type="radio"/> Limited Patient Safety Training? i <input type="radio"/> Yes <input checked="" type="radio"/> No
	Location and Dates/Times of Activity
	<i>Please complete the fields below based on where your meeting/activity will be held.</i>
	Location (building/facility/hotel/conference room/online) select Online for Enduring Materials: i
	<input type="text" value="Winthrop Research & Academic Conference Center"/>
	City: i <input type="text" value="Mineola"/> State: <input type="text" value="NY"/> Country: <input type="text" value="UNITED STATES"/>
	Activity Start and End Dates
	<i>For Regularly Scheduled Series, the Start and End date should be the same date. You will set a recurrence pattern below to indicate the frequency the RSS will occur.</i>
	Start Date: i <input type="text" value="01/06/2021"/> <input type="text" value="01/06/2021"/> End Date: i
	Activity Start and End Times
	Start Time: i <input type="text" value="06:30 AM"/> End Time: i <input type="text" value="07:30 AM"/>
	Time Zone: i <input type="text" value="(GMT -5:00) Eastern Time (US & Canada), Bogota, Lima"/>

- Specify the Type of Activity and the Credit Types you will offer

Guide to Applying for Recognition of CME Series: **Basic Information**

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RSS Details

Series Type: ⓘ

☐ Grand Rounds
 ☐ Case Conference
 ☐ Journal Club
 ☒ Tumor Board
 ☐ Other

If other series type, please specify:

RSS Frequency: ⓘ

☐ Weekly
 ☒ Monthly

How will this recur?

☐ On day of the month (i.e. the 16th of every month)
 ☒ On day of the week (i.e. the third day/week/weekday/Sunday of every month)

On the (first, second, third, etc.):

fourth

Every (day, week, Sunday, etc.):

Friday

Every (1, 2, 3, etc.) months:

1

If other frequency, please specify:

Target Audience

Specialties Section +

Specialties ⓘ

Gynecology/Obstetrics

List other specialties here:

Family Practice

Save and Continue

- Specify your series' Schedule and the Target Audience of learners you intend to reach

Guide to Applying for Recognition of CME Series: **Planners and Faculty**

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Planners and Faculty

Planning Committee and Faculty/Speakers

Complete the table below for each person on the planning committee and for each faculty/speaker. Include email, full name, degree, profession and their role on the planning committee.

Instructions: The fields in red are required. Enter a valid email address, if the user has a disclosure on file the name and degree will be automatically populated for you. If the user does not have a disclosure, the Disclosure form will automatically be emailed to them as long as a valid email address is provided for them below.

To add more planners or faculty, click the green plus (+) sign. To remove a planner or faculty, click the red minus (-) sign.

▼ Qualified Planner

+

Email

Robert.Martin2@nyulangone.org

First and Last Name

Robert Martin

Degree

MBA

Profession

Non-Physician

Title

Assistant Dean, Continuing Prof Dev

Department or Affiliation

NYU Long Island School of Medicine

Role in Planning Content

Other Planning Committee Member

ⓘ

The disclosure field below is for use by the system and is not editable, please do not attempt to enter information into the field.

Disclosure Information

Ownership Interest-Alpine, Alperion, GestVision, Orogenics, Sientra - 07/02/2020

Save and Continue

- Specify one or more planners for the activity, including faculty/speakers, and coordinators. All involved will be sent Disclosures to complete.
- Note: To offer credits for multiple professions (Nurse, Social Worker, Therapist), recruit a **member of that profession** onto your planning team

Guide to Applying for Recognition of CME Series: Gap and Needs

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Gap and Needs

Gap Analysis

State the professional practice gap(s) of your learners on which the activity was based (100 words max)

[please copy the "observed learning or performance gap" included in the "CME Curriculum Abstract" submitted by your Activity Director Faculty member, and paste that information into this field]

Word Count: 28

State the educational need(s) that you determined to be the cause of the professional practice gap(s)

☐ Knowledge Need ☐ Competence Need ☒ Performance Need

Add more detail based on the Performance need (50 words max):

Over 50% of unit staff were found to lack confidence in placing a central line or cannula

Word Count: 17

State what this CME activity was designed to change in terms of competence, performance or patient outcomes (maximum 50 words).

State what this activity was designed to change, for example:]Central Line insertion technique

Word Count: 14

Explain why this educational format is appropriate for this activity (maximum 25 words).

Simulation on a patient mannikin helps learner to orient to cannula placement and physical tissue resistance

Word Count: 16

Will you be providing non-educational intervention(s) with this activity?

☐ Yes ☒ No

Needs Assessment

Type of needs assessment method used to plan this event; check all that apply: ⓘ

- ☒ Evidence-based, peer-reviewed literature
- ☐ Outcomes data that supports team-based education
- ☐ Quality care data
- ☐ Issues identified by colleagues
- ☐ Problematic/uncommon cases
- ☐ Ongoing consensus of diagnosis made by physician on staff
- ☐ Advice from authorities of the field or societies
- ☐ Formal or informal survey results of target audience, faculty or staff
- ☐ Discussions in departmental meetings
- ☐ Government sources or consensus reports
- ☐ Board examinations and/or re-certifications requirements
- ☐ New technology, methods or diagnosis/treatment
- ☐ Legislative, regulatory, or organizational changes impacting patient care
- ☐ Joint Commission Patient Safety Goal/Competency

Upload Needs Assessment Documentation (Accepted file types: Word, Excel, PowerPoint, PDF)

 Add Files

You must develop a needs assessment:

- **Describe** what gap in performance, knowledge or competence exists and needs to be improved,
- **Cite** your evidence for the gap's existence, and,
- **Explain** how your choice of session format aligns with changing that clinical behavior.

Consider: A passive didactic lecture produces knowledge that may be soon forgotten. There may be more effective and lasting ways to engage your audience in action-based learning.

Guide to Applying for Recognition of CME Series: **Gap and Needs**

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Barriers

☐ No Barriers

Provider Barriers

☒ Clinical Knowledge/Skill/Expertise

☐ Recall/Confidence/Clinical Inertia

☒ Peer Influence

☒ Motivation

☐ Cultural Competence

☐ Fear/Legal Concerns

Team Barriers

☐ Roles and Responsibilities

☐ Shared Values and Trust

☐ Communication

☐ Team Structure

☐ Competence

☐ Consensus

Patient Barriers

☒ Patient Characteristics

☐ Patient Adherence

System/Organization Barriers

☐ Work Overload

☐ Practice Process

☐ Referral Process

☐ Cost/Funding

☐ Insurance Reimbursement

☒ Culture of Safety

Other Barriers

☐ Lack of Opportunity

☐ Not Enough Time

Please explain how the identified barriers will be addressed?

[Save and Continue](#)

- Identify any barriers relevant to (or barring) improved practice that may contribute to the gap.

E.g. "Work overload may be a barrier to identifying heritable risk factors within family history. We will provide the learner with specific phrases for asking these questions."

To Do list

- ▶ Add the 12-month or 18 month option to the Series Recognition Letter
- ▶ Iterate Child Sessions
- ▶ SII summary
- ▶ Switchover SII date
- ▶ Upload merge flyer revision
- ▶ Series Recognition census form with logic- Decide if RedCap, CloudCME, Qualtrics email

Record SII

Assign Focus, L1, SII, L2

Staffing

Credits

Term

Objectives

Hands-On Training iterate new

Training steps

Application steps

Next step 1: In order to get Family Medicine Grand Rounds recognition, you must submit a Series Approval Application. The link to the form and a pdf of the form is [HERE](#).

1. Regularly Scheduled CME Series(RSS) Approval Application [HERE](#) for CME credit recognition

2. (pictorial Guide is HERE)

3. The CMEFA Level 2 training modules are now optional (not mandatory). If you have software skills in CloudCME you will need for managing your series, you can skip this step. If you are using FOCUS momentarily, disregard the "submit for scoring" function for now.

Once you submit the Activity Application, I will review it and prepare the Series Recognition(SRL). In consideration of the series cohort renewals to the January semester, your series term can be extended to cover all cohorts.

Next step 2: Once you have signed and returned your SRL, you will need to update your series dates, including marking the attendance for each session with video evidence demonstrated in your CMEFA Level 1 and Level 2 videos).

Please note: Based on the lapsed state of the FMGR series, **CME credits will be awarded retroactively only for sessions that covered journal club, case conference, and educator/leader skills content.** Sessions that contained lecture-based content will not be awarded retroactive CME credits, because speaker disclosure statements were not conveyed to the learners PRIOR to the lecture content, in order to comply with the rules.

For lectures where the speaker had nothing to disclose and explicitly stated "nothing to disclose" to learners via slides or flyers prior to the lecture, except for the evidence that "nothing to disclose" statements appeared on the departmental flyer (for each session). However, any backdating of the series Recognition will result in the series Recognition being halted.

Guide to Applying for Recognition of CME Series: Objectives and Learning Outcomes

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- **Specify one or more measurable learning objectives for the activity.** Use measurable verbs from **Bloom's Taxonomy**.

"Understand" is not a measurable verb, because it cannot be objectively or directly witnessed as a learner behavior.

"Discuss/Describe/Enumerate" are examples of objectively measurable learner behaviors.

Objectives, Learning Outcomes and Competencies

Objectives/Learning Outcomes

What do you expect your participants to be able to do as a result of participating in this activity? *List up to 20 objectives/learning outcomes appropriate to your activity.*

To enter your objectives/learning outcomes, type an objective/learning outcome into the table below. At least one Objective/Learning Outcome is required. To add additional objectives/learning outcomes click the plus icon. To remove objectives click the minus icon.

At the conclusion of this activity, participants will be able to:

Objectives

	Number	Objective	
+	1	Describe correct placement of central line	i

ANCC Learning Outcome(s)

	Number	Learning Outcomes	
+	1	Evaluate peers placement of central line in a simulated mannikin	i

ASWB Objectives

	Number	Objective	
+	1	Analyze patient's communication to determine discomfort with insertion	i

NOTE: These objectives will be stated in the promotional brochure and activity's syllabus.

Outcomes

- **Note:** When offering credits for multiple professions (Nurse, Social Worker, Therapist), be sure that your objectives fall within their scope of license. "Order/Prescribe" is typically not found within Nursing scope of practice. "Describe," and other cognitive activity related to prescribing, could be.
- Objectives can be used for multiple professions if each of the professions engages in that action in practice, for example "Monitor patient for signs of thrombosis".

Guide to Applying for Recognition of CME Series: **Objectives and Learning Outcomes**

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Outcomes

How do you intend to measure if competence, performance and/or patient outcomes have occurred?

Knowledge/Competence:

- ☒ Evaluation/Self-Assessment
- ☐ Audience Response System
- ☒ Customized pre/post test
- ☐ Embedded evaluation in online activity
- ☒ Physician or patient surveys and evaluations
- ☐ Other (please specify)

If Other, please specify

Performance in Practice:

- ☐ Adherence to guidelines
- ☒ Case-based studies
- ☐ Chart audits
- ☒ Customized follow-up survey/interview/focus group about actual change in practice at specified intervals
- ☐ Physician or patient feedback, surveys and evaluations
- ☒ Reminders and feedback
- ☐ Other (please specify)

If Other, please specify

Patient/Population Health

- ☒ Change in health status measure
- ☐ Change in quality/cost of care
- ☒ Measure mortality and morbidity rates
- ☐ Patient feedback and surveys
- ☐ Other (please specify)

- Identify the **Learning Outcomes** that your objectives can be expected to produce or improve

Guide to Applying for Recognition of CME Series: Objectives and Learning Outcomes

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Competencies

A CME activity must be developed in the context of desirable physician attributes. Indicate which of the Accreditation Council for Graduate Medical Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaborative (IEC) core competencies will be addressed by this CME activity. Please only select the core competencies that most **closely** reflect the educational agenda of your activity.

ACGME/ABMS

- ☒ Patient Care or Procedural Skills
- ☒ Medical Knowledge
- ☐ Practice-Based Learning and Improvement
- ☒ Interpersonal & Communication Skills
- ☐ Professionalisms
- ☐ System-Based Practice

Institute of Medicine

- ☒ Provide Patient-Centered Care
- ☐ Work in Interdisciplinary Teams
- ☒ Employ Evidence-Based Practice
- ☒ Apply Quality Improvement
- ☐ Utilize Informatics

Interprofessional Education Collaborative

- ☒ Values / Ethics for Interprofessional Practice
- ☐ Roles / Responsibilities
- ☐ Interprofessional Communication
- ☒ Teams & Teamwork

Other Competencies

Nursing Quality Outcome Measures

Nursing Quality Outcome Measures

- ☒ Professional Practice Behaviors
- ☐ Leadership Skills
- ☐ Critical Thinking Skills
- ☐ Nurse Competence
- ☒ High Quality Care Based on Best Available Evidence
- ☒ Improvement in Nursing Practice
- ☐ Improvement in Patient Outcomes
- ☐ Improvement in Nursing Care Delivery

[➔ Save and Continue](#)

► Identify the professional **Competencies and Quality Outcome Measures** that your activity can be expected to improve

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Commercial Support

All commercial supporters must comply with the **ACCME Standards for Commercial Support of CME Activities**.

Is this activity receiving commercial support?

☒ Yes

☐ No

A Commercial Support Agreement will be sent to the contact person's email listed below. Please ensure the contact person's name and e-mail are correct.

To add additional Commercial Supporters click the plus (+) icon at the beginning of the preceding row. To remove a Commercial Supporter click the minus (-) icon on that row.

	Name of Commercial Supporter	Contact Person's Full Name	Contact Person's E-Mail	Funding or In-Kind Donation
+	Cooper Surgical	Wendy Davis	coopersurgical@gmail.cc	In-Kind cannulae donated

Save and Continue

- ▶ Indicate if you be seeking or receiving **commercial support**
- ▶ Commercial support will require that you receive additional guidance on compliance, and involve the CME office as the payee of all transactions, to neutralize any Sunshine Act reporting attributed to your faculty speakers.
- ▶ Commercial support rarely applies to regularly scheduled CME series such as Tumor Boards, Journal Clubs, M&M and Case Conferences, and only occasionally applies to Lecture-based Grand Rounds.

Guide to Applying for Recognition of CME Series: **Commendation Criteria**

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Commendation Criteria

ACCME Commendation Criteria

The Accreditation Council for Continuing Medical Education (ACCME) encourages and rewards accredited CME providers for implementing best practices in educational methods, engagement, evaluation, assessment of change, and generating meaningful outcomes.

With regard to your activity, please consider whether any of the following criteria may apply. If you are uncertain, please contact the OCME.

Promotes Team-Based Education

- ☐ C23 Members of interprofessional teams are engaged in the planning and delivery of Interprofessional continuing education (ICPE).
- ☐ C24 Patient/public representatives are engaged in the planning and delivery of CME.
- ☐ C25 Students of the health professions are engaged in the planning and delivery of CME.

Addresses Public Health Priorities

- ☐ C26 The provider advances the use of health and practice data for healthcare improvement.
- ☐ C27 The provider addresses factors beyond clinical care that affect the health populations.
- ☐ C28 The provider collaborates with other organizations to more effectively address population health issues.

Enhances Skills

- ☐ C29 The provider designs CME to optimize communication skills of learners.
- ☒ C30 The provider designs CME to optimize technical and procedural skills of learners.
- ☐ C31 The provider creates individualized learning plans for learners.
- ☐ C32 The provider utilizes support strategies to enhance change as an adjunct to its CME.

Demonstrates Educational Leadership

- ☐ C33 The provider engages in CME research and scholarship.
- ☐ C34 The provider supports the continuous professional development of its CME team.
- ☒ C35 The provider demonstrates creativity and innovation in the evolution of its CME program.

Achieves Outcomes

- ☒ C36 The provider demonstrates improvement in the performance of learners.
- ☐ C37 The provider demonstrates healthcare quality improvement.
- ☐ C38 The provider demonstrates the impact of the CME program on patients or their communities.

[Save and Continue](#)

- ▶ Identify **any innovative curricular approaches** that you intend to utilize for this activity.
- ▶ These approaches can often provide you as Activity Director with an opportunity for publishing as Scholarly Activity.

Guide to Applying for Recognition of CME Series: **Signature**



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CME Application - My Departmental Grand Rounds (Rob Martin) - 1/6/2021

Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners identified in the application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send for review and possible approval. Review times vary and you will be contacted via email.

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print

Signatures

Attestation:

As the Course Director, I attest to the accuracy and completeness of this application, and accept responsibility for the planning, implementation, and evaluation of this activity.

Signature of Course Director:

Rob Armstrong Martin

Date:

10-27-2020

Save Application

Cancel

- ▶ Sign off on the curriculum plan and save it. You will be able to revise it as needed.
- ▶ Additional tabs for attaching files and comments are at left.

Guide to Applying for Recognition of CME Series: **Final Submission**

cloud-cme.com/application.aspx



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CME Application

Instructions: Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/faculty you identify in the application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it for peer review and possible approval. Review times vary and you will be contacted via email.

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ActivityID	Activity Name	Author	Planners	Approver	Last Revised	Disclosure Status			
				-- Filter by Appro...					
18844	My Departmental Grand Rounds (Rob Martin)	Rob A Martin, MBBS	Robert Martin, MBA (Other Planning Committee Member),	No approver assigned	10/27/2020 3:26:45 PM	All disclosures on file.	Submit For Review	Copy	Delete

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PROPOSE ACTIVITY

DISCLOSURE FORM

NYU Long Island School of Medicine Office of CPD, 222 Station Plaza North, Suite 510, Mineola, NY 11501 tel) 516-663-0333

- ▶ When you are satisfied with your Activity Application, use the Submit for Review button to submit it to the CME Office.
- ▶ Use the Copy and Delete buttons as needed.