CME Application Samples
Gaps and Educational Needs

For those completing an application for CME credit, the following examples from the Accreditation Council for Continuing Medical Education (ACCME) may alleviate confusion around describing a “professional practice gap”\(^1\) based on knowledge, competence, and/or professional educational “needs”\(^2\).

**EXAMPLE 1:** COURSE (Pulmonary Artery Disease)

**EXAMPLE 2:** GRAND ROUNDS / REGULARLY SCHEDULED SERIES
(Palliative Medicine Grand Rounds)

**EXAMPLE 3 - COURSE**
(Assessment and Management of Patients with Depression in the Primary Care Setting)

**EXAMPLE 4 – COURSE** (XYZ Annual Scientific Meeting)

**EXAMPLE 5 – LEARNING FROM TEACHING** (Faculty Development)

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\(^1\) **Gap:** The difference between actual and ideal performance and/or patient outcomes. In patient care, the quality gap is “the difference between present treatment success rates and those thought to be achievable using best practice guidelines.” Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Fact Sheet. AHRQ Publication No. 04-P014, March 2004. Agency for Healthcare Research and Quality, Rockville, MD.

\(^2\) **Need:** The identified professional practice gap of the learner can be based on a range of needs. One such need includes knowledge that is the range of one’s “information or understanding, the sum of what is known.” A physician’s knowledge comes from previous education, experiences, and is also obtained through sources such as the medical literature, lectures, and conversations with peers. For example, understanding the various classes of antibiotics, the names within each drug class, and those organism for which a particular antibiotic is or isn’t effective is knowledge. How is knowledge measured?
### ACCME Performance-in-Practice Structured Abstract

**Instructions:** Complete this form for each activity selected for the ACCME’s performance-in-practice review. Complete all sections applicable for the activity, and assemble attachments, marking each attachment with the appropriate number. If submitting material electronically, assemble a single PDF file that includes this form and the required attachments. Submit the abstract/attachments to the ACCME as instructed.

(Note: If Regularly Scheduled Series (RSS) are selected, submit evidence for the series, not just for a single session or a sampling of sessions. The series is the activity. Therefore, you will demonstrate compliance for the RSS in the same manner as for a large annual meeting with multiple sessions.

<table>
<thead>
<tr>
<th>ACCME Provider ID:</th>
<th>0000000</th>
<th>Provider Name:</th>
<th>XYZ Insurance Company</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Title:</td>
<td>Collaborating with Patients to Improve Pulmonary Artery Disease (PAD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Date (mm/dd/yyyy):</td>
<td>6/30/2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Type:</td>
<td>Course</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course:</td>
<td>Providership:</td>
<td>Direct</td>
<td>Commercial Support Received:</td>
</tr>
</tbody>
</table>

**State the professional practice gap(s) of your learners on which the activity was based (maximum 100 words).** (C2)

A large number of PAD patients do not receive effective smoking cessation counseling despite evidence supporting this practice. The number of smokers among our patient population has not decreased in the past 5 years.

**State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each).** (C2)

Physicians need a strategy for delivering education to their patients (e.g., finding the right time during patient encounters to quickly deliver a smoking cessation referral). We hope to also introduce new strategies for collaborating with other members of the healthcare team.

**State what this CME activity was designed to change in terms of learners’ competence or performance or patient outcomes (maximum 50 words).** (C3)

This activity is designed to increase the number of smoking cessation referrals by physicians for their patients with PAD who smoke.

**Explain why this educational format is appropriate for this activity (maximum 25 words).** (C5)

The course will consist of peer discussion and facilitated small group role-playing in order to build skills that physicians will need for patient encounters.

**Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses.** (C6)

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

### Other Competency(ies) (specify):

**For all INDIVIDUALS IN CONTROL OF CONTENT for the activity ...**

Complete the table below. If you have this information already available electronically, then simply include it as part of Attachment 2. For each individual in control of content, list the name of the individual, the individual’s role (e.g., planner, editor, content reviewer, faculty) in the activity, the name of the ACCME-defined commercial interest with which the individual has a relevant financial relationship (or if the individual has no relevant financial relationships), and the nature of that relationship.

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<th>Nature of relationship</th>
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<tbody>
<tr>
<td>Example: Jane Smythe, MD</td>
<td>Course Director</td>
<td>None</td>
<td>---</td>
</tr>
<tr>
<td>Example: Thomas Jones</td>
<td>Faculty</td>
<td>Pharma Co. US</td>
<td>Research grant</td>
</tr>
<tr>
<td>Samantha Black</td>
<td>Faculty</td>
<td>ABC Pharmaceuticals Company</td>
<td>Consultant</td>
</tr>
<tr>
<td>Robert Waters</td>
<td>Planning Committee</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Albert Williams</td>
<td>Planning Committee</td>
<td>None</td>
<td></td>
</tr>
</tbody>
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**ACCME Performance-in-Practice Structured Abstract**

A tool for preparing and demonstrating compliance through performance-in-practice

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<th>0000000</th>
<th>Provider Name:</th>
<th>XYZ Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Title:</td>
<td>Palliative Medicine Grand Rounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Date (mm/dd/yyyy):</td>
<td>8/15/2013</td>
<td>Activity Type:</td>
<td>Regularly Scheduled Series</td>
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<tr>
<td>Providership:</td>
<td>Direct</td>
<td>Commercial Support Received:</td>
<td>No</td>
</tr>
</tbody>
</table>

State the professional practice gap(s) of your learners on which the activity was based (maximum 100 words). (C2)

Patients and their families believe that our physicians do not effectively manage difficult conversations concerning care for patients who are chronically ill or at the end of life. Our attending physicians shared that they frequently encounter ethical situations in end-of-life care that they feel unprepared to manage optimally.

State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)

Knowledge need and/or Competence need and/or Performance need and/or

Several members of our medical staff have not received training on how to hold difficult conversations with patients and families experiencing chronic illness and end of life issues. Clinicians need to develop strategies they can use to manage these conversations.

State what this CME activity was designed to change in terms of learners' competence or performance or patient outcomes (maximum 50 words). (C3)

Clinicians will have new/improved strategies for managing difficult conversations and ethical situations with patients and their families when providing palliative care.

Explain why this educational format is appropriate for this activity (maximum 25 words). (C5)

We will have a different member of the health care team present each month, giving everyone a chance to explore how to talk about these issues.

Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. (C6)

**ACGME/ABMS Competencies**

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interprofessional and Communication Skills
- Professionalism
- Systems-based Practice

**Institute of Medicine Competencies**

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

**Interprofessional Education Collaborative Competencies**

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

**Other Competency(ies) (specify):**

For all INDIVIDUALS IN CONTROL OF CONTENT for the activity ...

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<tr>
<td>Example: Jane Smythe, MD</td>
<td>Course Director</td>
<td>None</td>
<td>---</td>
</tr>
<tr>
<td>Example: Thomas Jones</td>
<td>Faculty</td>
<td>Pharma Co. US</td>
<td>Research grant</td>
</tr>
<tr>
<td>Rebecca North, MD</td>
<td>Course Director</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Ed Pappas</td>
<td>Planning Committee/Faculty</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Linda Simon</td>
<td>Faculty</td>
<td>XYZ Medical Device Company</td>
<td>Shareholder</td>
</tr>
<tr>
<td>Susan Albertsom</td>
<td>Faculty</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>
### ACCME Performance-in-Practice Structured Abstract

For preparing and demonstrating compliance through performance-in-practice

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<thead>
<tr>
<th>ACCME Provider ID:</th>
<th>0000000</th>
<th>Provider Name:</th>
<th>ABC Medical Specialty Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Title:</td>
<td>Assessment and Management of Patients with Depression in the Primary Care Setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity Date (mm/dd/yyyy):</td>
<td>3/9/2013</td>
<td>Activity Type:</td>
<td>Course</td>
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<tr>
<td></td>
<td></td>
<td>Provisorship:</td>
<td>Direct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Commercial Support Received:</td>
<td>Yes</td>
</tr>
<tr>
<td>State the professional practice gap(s) of your learners on which the activity was based (maximum 100 words). (C2)</td>
<td>Despite the availability of effective treatments, patients with major depressive disorder often are under-treated or inadequately treated resulting in continued distress.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)</td>
<td>Knowledge need and/or Competence need and/or Performance need and/or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State what this CME activity was designed to change in terms of learners' competence or performance or patient outcomes (maximum 50 words). (C3)</td>
<td>Physicians need to refine their screening and assessment of patients who may be at risk for depression by conducting a thorough, individualized depression assessment and an effective interview.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain why this educational format is appropriate for this activity (maximum 25 words). (C5)</td>
<td>This activity was designed to improve physician screening and assessment for depression.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. (C6)

**ACGME/ABMS Competencies**
- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

**Institute of Medicine Competencies**
- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

**Interprofessional Education Collaborative Competencies**
- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

**Other Competency(ies) (specify):**

For all INDIVIDUALS IN CONTROL OF CONTENT for the activity ...

<table>
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<tr>
<td>Example: Jane Smythe, MD</td>
<td>Course Director</td>
<td>None</td>
<td>---</td>
</tr>
<tr>
<td>Example: Thomas Jones</td>
<td>Faculty</td>
<td>Pharma Co. US</td>
<td>Research grant</td>
</tr>
<tr>
<td>Sally Jones, MD</td>
<td>Faculty</td>
<td>XYZ Pharma Incorporated</td>
<td>Consultant</td>
</tr>
<tr>
<td>Paula Smith, PhD</td>
<td>Group Facilitator</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td>Jane Doe, MD</td>
<td>Chair of CME Review Cmte/Reviewer</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td>Susan Lee, MD</td>
<td>Planner</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Jack Smith, Ed.M.</td>
<td>CME Coordinator</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

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ACMCE ® Example 4 Performance in Practice Structured Abstract
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**ACCME Performance-in-Practice Structured Abstract**

_A tool for preparing and demonstrating compliance through performance-in-practice_

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<th>0000000</th>
<th>Provider Name:</th>
<th>XYZ Medical Specialty Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Title:</td>
<td>XYZ Annual Scientific Meeting</td>
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<td></td>
</tr>
<tr>
<td>Activity Date</td>
<td>3/15/2014</td>
<td>Activity Type:</td>
<td>Course</td>
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<tr>
<td>Provisership:</td>
<td>Direct</td>
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<td></td>
</tr>
<tr>
<td>Commercial Support Received:</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**State the professional practice gap(s) of your learners on which the activity was based (maximum 100 words).** (C2)

1) Early-practice physicians struggle to apply clinical reasoning to management of challenging cases.
2) We have implemented a new virtual library. (No one knows how to use it!)
3) Our members have difficulty integrating information from new research to clinical practice.
4) Physicians do not have adequate time to train on integrating new technology into their practice.
5) As a specialty, we continue to struggle to apply evidence-based medicine to improve clinical practice.

**State the educational need(s) that you determined to be the cause of the professional practice gaps (maximum 50 words each).** (C2)

<table>
<thead>
<tr>
<th>Knowledge need and/or</th>
<th>Competence need and/or</th>
<th>Performance need and/or</th>
</tr>
</thead>
<tbody>
<tr>
<td>need to understand the features of our new virtual library</td>
<td>need for strategies to approach challenging cases as well as strategies to integrate new knowledge and technology to practice</td>
<td>need to integrate evidence-based information into patient care</td>
</tr>
</tbody>
</table>

**State what this CME activity was designed to change in terms of learners’ competence or performance or patient outcomes (maximum 50 words).** (C3)

This meeting was designed to provide new strategies for learners across several specialty-specific clinical areas so that they can access and integrate new information, treatment protocols, and therapies within their scope of practice and apply that information to patient care.

**Explain why this educational format is appropriate for this activity (maximum 25 words).** (C5)

This multi-format meeting uses lectures, panel Q&A, group demonstrations, poster presentations, technology labs, and small journal groups to teach strategies then reinforce learning via practice.

**Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses.** (C6)

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice

**ACGME/ABMS Competencies**

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

**Institute of Medicine Competencies**

**Interprofessional Education Collaborative Competencies**

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

**Other Competency(ies) (specify):**

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<td>---</td>
</tr>
<tr>
<td>Example: Thomas Jones</td>
<td>Faculty</td>
<td>Pharma Co. US</td>
<td>Research grant</td>
</tr>
<tr>
<td>Rob Forrest, MD</td>
<td>Planning Committee Chair, Presenter</td>
<td>None</td>
<td>N/A</td>
</tr>
<tr>
<td>Jill Rhoades, MD</td>
<td>Planning Committee, Presenter</td>
<td>None</td>
<td>N/A</td>
</tr>
</tbody>
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**ACCME Performance-in-Practice Structured Abstract**

*A tool for preparing and demonstrating compliance through performance-in-practice*

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<th>0000000</th>
<th>Provider Name:</th>
<th>XYZ Medical School</th>
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</thead>
<tbody>
<tr>
<td>Activity Title:</td>
<td>Faculty Development</td>
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<tr>
<td>Activity Date (mm/dd/yyyy):</td>
<td>9/1/2014</td>
<td>Activity Type:</td>
<td>Learning from Teaching</td>
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<td>Providership:</td>
<td>Direct</td>
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<tr>
<td>Commercial Support Received:</td>
<td>Yes</td>
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</tr>
</tbody>
</table>

**State the professional practice gap(s) of your learners on which the activity was based (maximum 100 words). (C2)**

Our recent ACGME Clinical Learning Environment Review (CLER) visit provided feedback that, "teaching faculty are not adequately incorporating quality improvement (QI) principles and QI data into day-to-day instruction of residents."

**State the educational need(s) that you determined to be the cause of the professional practice gap(s) (maximum 50 words each). (C2)**

Knowledge need and/or Competence need and/or Performance need and/or

- Our faculty members have varying levels of knowledge of QI principles. Several never received formal training in QI.
- Faculty need strategies for integrating QI principles and QI data use into their instructional curricula.

**State what this CME activity was designed to change in terms of learners' competence or performance or patient outcomes (maximum 50 words). (C3)**

Our goal is that faculty will incorporate QI principles into their teaching and effectively increase the use of QI data by residents (to ultimately benefit patient care).

**Explain why this educational format is appropriate for this activity (maximum 25 words). (C5)**

We believe that an individualized approach will help each faculty member to progress in their practice-based learning and improvement to integrate the principles of QI into their curricula.

### Indicate the desirable physician attribute(s) (i.e., competencies) this activity addresses. (C6)

**ACGME/ABMS Competencies**

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- Medical Knowledge
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<td>None</td>
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<td>Faculty</td>
<td>Pharma Co. US</td>
<td>Research grant</td>
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Please see attached...