



CONTINUING MEDICAL EDUCATION

Application for Individual Grand Rounds
Regularly Scheduled Series (RSS)

(All fields are required; page 3 is Optional.
Handwritten applications are not accepted or reviewed.)

Organization/Department:

Name of Annual RSS:

Title of this Activity:

Activity Director & Title:

Speaker Name & Title:

Location:

Date: Time Start: Time End: Yes No

Is this CME activity suitable for recording or live streaming?
If yes, does the speaker agree to record / live stream this session?
Does speaker agree to record this presentation for educational purposes as an enduring material?

Optional: Is this activity suitable for MOC or Continuing Certification? Please specify ABMS Board:

- American Board of Anesthesiology (ABA) American Board of Pathology (ABPath)
American Board of Otolaryngology: American Board of Ophthalmology (ABO)
Head and Neck Surgery (ABOHNS) American Board of Pediatrics (ABP)
American Board of Internal Medicine (ABIM) American Board of Surgery (ABS)

For Board-specific information, please contact the CME Administrator at CMEDCME@cmich.edu, 989-746-7555, and/or go to https://www.accme.org/cme-counts-for-moc .

Brief description of this course:

Educational Objectives (minimum of 3) -- What the participant will learn:

What practice-based problem (gap) will this education address?
(Note: the gap is the problem being addressed and frequently is the difference between current and "best" practice.
Examples: Improve care coordination; better communication with patients & families; improve robotic surgery skills.)

What is/are the reasons for this gap? What are the underlying educational needs?

What change(s) in strategy, performance, or patient care/outcomes would you like this education to help learners accomplish?

Please indicate which competencies are met by this educational activity:

**ACGME/ABMS**

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

**Institute of Medicine**

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

**Interprofessional Education Collaborative**

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

Other Competencies:      Please check if competencies other than those listed were addressed.

Documentation Sources/References (minimum of 3) Links acceptable.

(If textbook references are used, please refer to exact pages. Please include recent medical journal articles, if applicable.)

**EVALUATION**

How do you plan to evaluate/assess changes in learners' competence, strategies, performance and/or patient outcomes? How do you determine objectives were met?

Evaluation	Pre and Post Test	Audience Response System*
Survey	Post Test	Other

\*Audience Response is a type of interaction associated with the use of Audience Response Systems to create interactivity between presenter and audience. Wikipedia

If "Other," describe how you will measure performance changes and/or improvements in patient outcomes:

How will you discuss with learners the changes they intend to make to their strategies, performance or patient care that will result from this activity and describe those changes below:

**OPTIONAL**

Does this activity promote team-based education?

*Engages members of the interprofessional health care team, patients/public, and students of health professions.*

If yes, briefly describe:

Does this activity address public health priorities?

*Advances data use; addresses population health; collaborates effectively.*

If yes, briefly describe:

Does this activity enhance skills?

*Optimizes communication skills; optimizes technical/procedural skills; creates individualized learning plans, utilizes support strategies.*

If yes, briefly describe:

Does this activity demonstrate educational leadership?

*Engages in research/scholarship; supports CPD for the CME Team; demonstrates creativity/innovation*

If yes, briefly describe:

Does this activity achieve outcomes?

*Improves performance; improves healthcare quality; improves patient/community health*

If yes, briefly describe:

*After the activity, please collect attendance and learner change information for the activity and send it to the Continuing Medical Education Department in order for credit to be awarded.*

Please return completed application to the CME Office  
[CMEDCME@cmich.edu](mailto:CMEDCME@cmich.edu)