



CME ACTIVITY PLANNING FORM - SAMPLE FOR RSS CME PROG. DIR./COORDINATORS FOR ONE ON ONE MEETING - TO BE DELETED* - 9/20/2022

Find Disclosures

- 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

Gap and Needs

Gap Analysis

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

Brain Tumors are a constant evolving cancer...

Word Count: 7

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 Knowledge need (50 words max):

AMA's definition of the Above - Knowledge: facts and information acquired through experience and education

Word Count: 14

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

AMA's definition of the Above - Competence: applies knowledge to knowing how to do something (ability, skills, strategies)

Word Count: 17

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

AMA's definition of the Above - Performance: is what one actually does in practice with skills, abilities, and strategies.

uploads area.

Approve
 Reject

Word Count: 18

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

AMA's definition of the Above -
 Knowledge - "Medicine is a constant evolving phenomena..."
 Competence - "Hospital protocols, electronic medical records are constantly being updated..."

Word Count: 30

Explain why this educational format is appropriate for this activity (25 words max):

Tumor Boards are an exceptional format for both applying optimal patient care, recording processes to assist in the evolution of clinical care...

Word Count: 22

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

- Yes No

4 Sources that may be used to determine gaps (check at least 2 and attach copy of sources to this application)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Clinical practice guidelines | <input type="checkbox"/> Health performance data |
| <input type="checkbox"/> AHRQ | <input type="checkbox"/> Local data |
| <input type="checkbox"/> Quality improvement data | <input type="checkbox"/> Peer-reviewed scientific /clinical publications |
| <input type="checkbox"/> Exam performance analysis | <input type="checkbox"/> Epidemiology data |
| <input type="checkbox"/> Government mandates / legislation | <input type="checkbox"/> Public health data |
| <input type="checkbox"/> Expert opinion (Planning Committee, Consensus of Experts) | <input type="checkbox"/> Requirements of State licensing boards or specialty societies |
| <input type="checkbox"/> New medical development / technology | |

Upload Sources (Accepted file types: Word, Excel, & PDF)

Cultural and Linguistic Competency (CLC) and Implicit Bias (IB)

The Business and Professional (B&P) Code of California 2190.1 states that "on and after July 1, 2006, all continuing medical education courses shall contain curriculum that includes ¹Cultural and Linguistic Competency (CLC) in the practice of medicine." It further states "on and after January 1, 2022, all continuing medical education courses shall contain curriculum that includes the understanding of ²Implicit Bias (IB)."

- Live Link (*Business and Professions Code 2190.1*):
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC§ionNum=2190.1
- Live Link (*Continuing education: cultural and linguistic competency*):
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=200520060AB1195

Live Link (*Implicit bias: continuing education: requirements*):
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB241

Describe how this activity will address Cultural and Linguistic Competency (CLC): The ability and readiness of health care providers and organizations to humbly and respectfully demonstrate, effectively communicate, and tailor delivery of care to patients with diverse values, beliefs, identities and behaviors, in order to meet social, cultural and linguistic needs as they relate to patient health.

Tailoring patient care to adhere respectfully to individual patient-population cultural beliefs, apply hospital telephone-translation service for non-english speaking patients and document for future....,

Describe how this activity will address Implicit Bias (IB): The attitudes, stereotypes and feelings, either positive or negative, that affect our understanding, actions and decisions without conscious knowledge or control. Implicit bias is a universal phenomenon. When negative, implicit bias often contributes to unequal treatment and disparities in diagnosis, treatment decisions, levels of care and health care outcomes of people based on race, ethnicity, gender identity, sexual orientation, age, disability and other characteristics.

Hone in on clinical decisions per patient, exp gv: race-cultures, sexes, LGBTQ, religious beliefs and other possible biases to determine the negative, positive and / or....,

Practice Management

As Amends the Law on 08 October 2021

SEC. 2. Section 2190.15 is added to the Business and Professions Code, to read:

2190.15. Notwithstanding Section 2190.1, a physician and surgeon may meet the continuing medical education standards in Section 2190 through continuing medical education courses that meet any of the criteria below, except that these courses shall not together comprise more than 30 percent of the total hours of continuing medical education completed by a licensee to satisfy the continuing educational requirement established by the board:

- (a) *Have practice management content designed to provide better service to patients, including, but not limited to, the use of technology or clinical office workflow.*
- (b) *Have management content designed to support managing a health care facility, including, but not limited to, coding or reimbursement in a medical practice.*
- (c) Live Link (CMA Sponsored Assembly Bill AB 359 Cooper):
<https://www.cmadocs.org/newsroom/news/view/ArticleId/49524/CMA-sponsored-CME-bill-becomes-law>
 Live Link: (California Legislative Information Assembly Bill No. 359 Chapter 612):
https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB359

Will this address: Have practice management content designed to provide better service to patients, including, but not limited to, the use of technology or clinical office workflow

Yes No

Will this address: Have management content designed to support managing a health care facility, including, but not limited to, coding or reimbursement in a medical practice.

Yes No

Needs Assessment

Type of needs assessment method used to plan this event; check all that apply: [i](#)

- 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](#)

Will this address: Have management content designed to support managing a health care facility, including, but not limited to, coding or reimbursement in a medical practice.

- Yes No

Will this address: Have practice management content designed to provide better service to patients, including, but not limited to, the use of technology or clinical office workflow

- Yes No

Barriers



No Barriers

Provider Barriers [i](#)

- Clinical Knowledge/Skill/Expertise
- Recall/Confidence/Clinical Inertia
- Peer Influence
- Motivation
- Cultural Competence
- Fear/Legal Concerns

Team Barriers [i](#)

- 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?

Provider Barriers - will be improved with each case discussion
Team Barriers - multidisciplinary consensus on patient care plan
Patient Barriers - evolve understanding per patient and devise a clinical care plan according to their...

[Save and Continue](#)

Administration

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