

# Guide for Completing an Accreditation Application

## How to submit an application

- **Applications must be submitted at least 45 days before an activity start date for one-time activities.**
- **An enduring material activity of a recorded presentation is a separate application process. The system will require you to enter a date 45 days from the submission date to create your application. However, the start date of the enduring material will be the date the activity is published in CloudCME.**
- **Regularly Scheduled Series annual applications are due in mid-fall for series that start date the following January.**

Any questions, contact [AccreditedCE@hitchcock.org](mailto:AccreditedCE@hitchcock.org)

**Application Website:** [Dartmouth Health Continuing Education for Professionals Home Continuing Education \(cloud-cme.com\)](https://cloud-cme.com)

**(dh.cloud-cme.com)**

### **Step 1:**

Log into your Continuing Education for Professionals account or create an account if you do not already have one.

On the Continuing Education Accreditation Portal tile, click on Request Accreditation to begin an application.

## Welcome


Welcome to the new Dartmouth Health Continuing Education for Professionals Portal. This site provides learners' access to view, register, evaluate and obtain credit for Dartmouth Health accredited activities.

### Logging In



If you have attended a Dartmouth Health accredited event in the past and this is your first time visiting the new portal you are required to [reset your password](#) in order to access your account.


If you haven't attended a Dartmouth Health accredited event before, you will need to create an account in order to login. For assistance, please call 603-653-1234 or email [cpd.support@hitchcock.org](mailto:cpd.support@hitchcock.org).



**Browse our Activities and Events**

Search our catalog to find your next learning opportunity.


[Search activities >](#)



**Access your Online Transcript**

Transcripts can be accessed anytime online.

[Access transcript >](#)



**Continuing Education Accreditation Portal**

Submit an activity for accreditation.

[Request accreditation >](#)



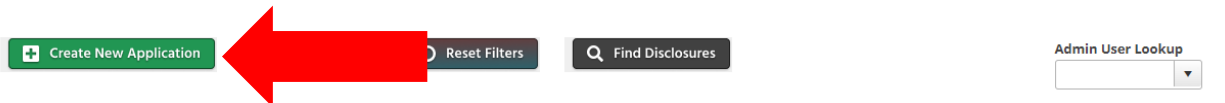
## Step 2:

Click on Create New Application

### Continuing Education Application Portal

To submit an accreditation request form, please create a new application, fill out the sections and click the save button at the bottom of each page. The form can be saved and returned to any time for completion. When finished, click the 'Submit For Review' button on the Application Listing page. After your request is reviewed, you will receive an email notifying you of the status.

For questions, please email [CEaccreditation@hitchcock.org](mailto:CEaccreditation@hitchcock.org) or call (603) 653-1234.



[+ Create New Application](#) [Reset Filters](#) [Find Disclosures](#) Admin User Lookup



## Step 3:

Complete each of the tabs.

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

**NOTE:** The reminder below is shown on each page.

**Click Save and Continue at the bottom of this page after entering or updating any information. All required fields must be filled out to Save.**

**HINT:** Type XXX in a text box if you need to come back to finish so you can save the page.

## Checklist

You will need to upload the following information/documents during the application process; therefore, it may be beneficial to have all of this information collected before you apply.

Information included on the following document:

- [Worksheet for gap, need, objectives \(DOCX\)](#)

Resources:

- [How to write measurable objectives \(PDF\)](#)
- [Explanation and examples of gaps-needs-learning-objectives \(PDF\)](#)
- [Suggested verb list for writing learning objectives \(PDF\)](#)

For all Planning Committee and Faculty, you will need the following information to enable the Financial Disclosure collection and Mitigation functionality in CloudCME. Please Note: For individuals who are both a Planner and a Faculty/Speaker, please enter them for each role separately (twice total). This is necessary as the mitigation methods are different for each role.

- full name
- email address
- degree
- profession
- title
- department or affiliation
- role


Plan of the Day, if applicable

Proposed Budget, if applicable

Draft Marketing Piece, if applicable


## Basic Activity Information Tab

Activity Name

Activity Name: \* 

Enter activity name.

## Accreditation Type

Select all that apply: \* 

- |   |  |
|---|--|
| <input type="checkbox"/> ACCME (Physicians)                             | <input type="checkbox"/> ANCC (Nurses)         |
| <input type="checkbox"/> ACPE (Pharmacists and/or Pharmacy Technicians) | <input type="checkbox"/> ASWB (Social Workers) |

For each accreditation type, the planning committee must include a representative of that profession.

## Planning Committees

- For continuing medical education activities [ACCME (Physicians)] - a Dartmouth Health healthcare provider, researcher, or doctorally prepared professional
- For continuing nursing education activities [ANCC (Nurses)] - a Dartmouth Health registered nurse (RN)
- For pharmacy activities [ACPE (Pharmacists and/or Pharmacy Technicians)] - the designated Dartmouth Health pharmacist. Currently the designee is [tonya.j.carlton@hitchcock](mailto:tonya.j.carlton@hitchcock)
- For social work activities [ASWB (Social Workers)] - the designated Dartmouth Health social worker. Currently the designee is [robert.w.tichner@hitchcock.org](mailto:robert.w.tichner@hitchcock.org)
- As accreditations for additional professions are added to Dartmouth Health accreditation types provided, representation of those professions must be included as well.

The person/discipline that is leading the program will be identified as the lead planner.

## Lead Planner


The Lead Planner must be able to meet the following criteria:

- Be an employee in good standing of a Dartmouth Health Member Organization or one of Dartmouth Health partners.
- Has experience/training in providing continuing education.
- Takes responsibility for the oversight of the financial integrity, provides activity reporting and maintains accountability for adhering to all Dartmouth Health financial policies and procedures related to the activity.
- Ensures the planning committee is comprised of appropriate representation of the target audience and accreditation type.
- Mitigates relevant financial relationships of planners/faculty

## **ANCC (Nurses)**

When ANCC (Nurses) accreditation type is selected, the following section will appear:

Check appropriate box.

ANCC Activity Type: 

- Provider Directed, Provider Paced
- Provider Directed, Learner Paced
- Learner Directed, Learner Paced

- **Provider Directed, Provider Paced** – a live activity that must be attended in person, or in real-time via the internet.
- **Provider Directed, Learner Paced** – an enduring material, i.e., recorded events, books or other electronic media.
- **Learner Directed, Learner Paced** – Independent study

## **ACPE (Pharmacists and/or Pharmacy Technicians)**

When ACPE (Pharmacists and/or Pharmacy Technicians) accreditation type is selected, the following section will appear. This section is to be completed by the designated Dartmouth Health pharmacist.

Check appropriate boxes.

## ACPE

Is this activity: 

- Knowledge-Based (K)
- Application-Based (A)
- Certificate Program

Topic Designator: 

- 01-Disease State Management/Drug Therapy
- 02-AIDS Therapy
- 03-Law Related to Pharmacy Practice
- 04-Pharmacy Administration
- 05-Patient Safety
- 06-Immunizations
- 07-Compounding
- 08-Pain Management
- 99-Additional Topic Areas

## **ASWB (Social Workers)**

When ASWB (Social Workers) accreditation type is selected, the following section will appear. This section is to be completed by the designated Dartmouth Health social worker.

Check appropriate boxes.

## ASWB (Social Worker)

Course topics must clearly fall within the scope of practice for social workers and be directly applicable to social work practice, relating to one or more of the following social work educational areas: \* [i](#)

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Ethics              | <input type="checkbox"/> Clinical |
| <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> General  |

Course content should be based on peer-reviewed research, cover evidence-based practice, and apply specifically to the needs and the scope of practice of licensed social workers.

Courses must be at least 60 minutes in length to offer ASWB Social Work Credit(s). **The first 60 minutes of any course must be uninterrupted instruction.**

**HINT:** If you are planning an all-day program, perhaps put the Keynote at the beginning on the day for a full hour.

**NOTE:** On the plan of the day, you will need to identify each presentation as one of the following educational areas:

- Ethics
- Clinical
- Cultural competence
- General

### Interprofessional Planning Committee

Was this activity planned by a planning committee with at least two professions represented and will those same professions be part of the target audience? \*

- Yes  No

If the activity is planned for/by a single profession/credit type, i.e., CME only, check No.

If the activity is planned **by the team, for the team** with multiple professions, check Yes.

Please consider formally **adding students of the health professions**, i.e., residents/fellows, students in nursing/medicine or other health related



disciplines) or patients as planners and teachers of your activities. Engaging students and/or patients as planners and speakers brings a unique and valuable perspective to educational activities.

Students and/or patients must be both on the planning committee and a faculty member to count for IPCE.

### Activity Format

Activity Format: ⓘ

Do you

Is the

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- Directly Provided - Enduring Material
- Directly Provided - Live Course
- Directly Provided - Other/Blended Learning
- Directly Provided - Regularly Scheduled Series
- Jointly Provided - Enduring Material
- Jointly Provided - Live Course
- Jointly Provided - Other/Blended Learning

Select appropriate activity format. If you are unsure, contact [AccreditedCE@hitchcock.org](mailto:AccreditedCE@hitchcock.org) for guidance.

- **Live Activity** – Planned for one date or multiple dates that have a start/end date, must be attended in person or in real-time via the internet, and must have a way to engage learners.
- **Enduring Materials** – are non-live activities that last over time. The learning experience can take place at any time and in any place rather than only at one time or in one place.
  - **Internet Activity Enduring Material** – Ex. recorded presentation, online modules, etc.

- **Enduring Material** – DVD/CD, books, etc.
- **Regularly Scheduled Series** – Planned as an ongoing series with multiple sessions that are scheduled on a regular ongoing basis, such as weekly, monthly or quarterly, primarily ***planned by and presented to internal staff***, has a broad learning objective(s) for series, each session has different content, same target audience. Submitted annually for calendar year. Evaluated annually.

### **Directly Provided vs. Jointly Provided**

Dartmouth Health is responsible for compliance with Joint Accreditation criteria, regardless of whether a program directly or jointly provided.

- **Direct** – Dartmouth Health department works solely with Accredited Continuing Education Office.
- **Joint Providership** – Dartmouth Health department works with a non-ACCME accredited provider, non-ANCC or ANCC accredited/approved provider. (An agreement form between both parties needs to be completed and joint providership fees may apply.) **An ineligible company cannot be a joint provider.**

### Repeat Program

Will the program be repeated? If you select Yes, the following will appear.

Do you anticipate this program will be repeated?

Yes

No

Please indicate the dates. (for CLPD planning purposes only): \*

### Types of repeating activities

Same program offered to a different audience. Ex. Yellowbelt, Preceptor Excellence Workshop

### Clinical or Non-clinical

Is the content of this activity clinical or non-clinical? \*

Clinical

Non-Clinical

### Examples of non-clinical programs

- Accredited education that is non-clinical, such as leadership or communication skills training.
- Accredited education where the learner group is in control of content, such as a spontaneous case conversation among peers.
- Accredited self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When accredited providers serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies.


### Department

Department ⓘ

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Department in which the activity belongs.

## Activity Description


Activity Description (shown on detailed course page and marketing materials). If you are not using the CLPD for registration or a webpage listing, put N/A: \* 

If you want the program listed on the CLPD webpage for registration.

## Credits/Contact Hours

Credits/Contact hours are calculated based on the components of the activity that are eligible for awarding CE credit.

- Credit is not awarded for time spent on welcome, introductions, breaks, and evaluation.
- Faculty/presenter/author can only receive credits/contact hours for portions of the activity they attend but do not present.
- The plan of the day must be standardized on the quarter hour. That is, each session must be 15 minutes, 30 minutes, 45 minutes, 1 hour, 1 hour 15 minutes, etc. Please note, if this is not possible we will round up or down, as appropriate.

Enter the number of credits or contact hours that you are requesting to be awarded to the activity (enter 0 if none): \* 

Estimated number of credits/contact hours.

**NOTE: The ACE office will need a Plan of the Day to calculate the number of credits/contact hours.**

## Awarding of CME credits/CNE contact hours

- Credits/contact hours are determined in a logical and defensible manner.
- Credits/contact hours are awarded to participants for those portions of the educational activity devoted to the learning experience (exclude welcome, breaks, lunch)
- Live activities must last *a minimum of 30 minutes*.

- Faculty/presenter/author can only receive credits/contact hours for portions of the activity they attend but do not present.
- For enduring materials, the method for calculating the credits/contact hours must be identified and evidence provided (ex. pilot study)
- Credits/contact hours may not be awarded retroactively except in the case of a pilot study for nurses. Physicians may claim AMA PRA Category 2 Credit™ for a pilot study.

### **Determining CME credits/CNE contact hours**

- Time frames must match and support the credit/contact hour calculation for live activities.
- The plan of the day must be standardized on the quarter hour.
  - 15 minutes = .25 contact hours; 30 minutes = .50 contact hours
  - 45 minutes = .75 contact hours; 60 minutes = 1.0 contact hours
- If this is not possible, we will round credits/contact hours up or down to the nearest quarter, as appropriate.
- Credits/contact hours for an enduring material are determined by conducting a pilot study and estimating the average time it would take a learner to complete the activity for printed materials or module. Credits/contact hours for recorded activities is based on the runtime of online content.

### **Social Work Accreditation Criteria**


- Courses must be at least 60 minutes in length to offer social worker credit
- The first 60 minutes of any course must be uninterrupted instruction

- CE credit may be given in quarter-hour increments after the first required hour. Time after the first hour may be rounded up to the next quarter hour.
- Types of credit include: ethics, clinical, cultural competence or general.
- The type of credit needs to be identified on the plan of the day for each presentation.

## Location and Dates/Times

### Location and Dates/Times of Activity

*Please complete the fields below based on where your meeting/activity will be held.*

Location (building/facility/hotel/conference room/online) select Online for Enduring Materials: \* 

If other location, please specify: 

### Activity Start and End Dates

**Please note:** You must wait for formal approval of your activity **before** any advertising is published. Registration for the activity must **not open** until the activity is authorized for credit/contact hours. It is unacceptable to use the wording "CE credits applied for or pending" on your promotional materials.

To ensure the learning activity meets the requirements of the accrediting bodies, we recommend applications are submitted at least 6 months before the start of an activity. You may not apply any later than 45 days before the date of the activity.

If you have questions, please email [CEaccreditation@hitchcock.org](mailto:CEaccreditation@hitchcock.org).

Start Date: \* 

End Date: \* 

### Activity Start and End Times

Start Time: \* 

End Time: \* 

You can't leave this empty. Start Time.

Time Zone: 

For one-time activities:

- Select location from dropdown or enter under Other Location.
- Enter start/end date (This would be the same for programs on a single date.)

For enduring materials:

- Select Online for the location.
- Enter a date 45 days from the submission date to be able to submit your application. The start date of the enduring material will be the date it is published in CloudCME.

## Target Audience

Target Audience: \*

<input type="checkbox"/> Physicians	<input type="checkbox"/> Fellows	<input type="checkbox"/> Residents
<input type="checkbox"/> Advanced Practice RNs	<input type="checkbox"/> RNs	<input type="checkbox"/> RNs in Specialty Areas, Identify Specialty below
<input type="checkbox"/> LPNs	<input type="checkbox"/> Physician Assistants	<input type="checkbox"/> Social Workers
<input type="checkbox"/> Medical Students	<input type="checkbox"/> Nursing Students	<input type="checkbox"/> Other
<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Pharmacy Technicians	<input type="checkbox"/> Dietitians

Accredited continuing education activities require an integrated planning process that includes at least two healthcare professionals who are reflective of the target audience the activity is designed to address. The planning committee must represent the accreditation types being offered.

## Recording

Will this activity be recorded?

- Yes  No

If yes, non-Dartmouth Hitchcock Medical Center and CGP speakers must complete a [Media Consent Form](#).

If you plan to record the program, non-Dartmouth Health and CGP speakers must complete a media consent form. These forms are to be collected and kept on file in your department.

## Upload Documents

If applicable,

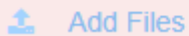
### **Budget**

Do you have any income or expenses related to this activity?

Yes

No

Please upload the budget (Excel, Word, or PDF formats only)

 Add Files

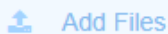
### **Plan of the Day**

Please upload the Plan of the Day/Agenda including faculty, titles of lectures, and breakdown of lecture time including breaks, lunch, etc. (Excel, Word or PDF formats only)

 Add Files

### **Marketing**

If creating your own advertising (email/poster or other means of announcing activity), please attach a DRAFT copy of advertising material(s) that demonstrate how the accreditation statement and learning objectives will be provided to learners prior to the start of the educational activity. CE Office must approve advertising before distribution. (Word or PDF formats only)

 Add Files

### **CLPD Marketing Services**



I want to use the CE Office marketing services for:

- Email Campaign
- Evaluation
- Website Listing
- Online Registration
- Online Handouts

If you are not using the CE Office's Evaluation, please upload a copy of the evaluation that you plan to use (Excel, Word, or PDF formats only):



**NOTE:** For accreditation purposes, participants must complete the CLPD standard evaluation for all programs.

- Registration and advertising for live activity must not commence before final approval of the activity application.
  - It is unacceptable to use the wording “CME credits/CNE contact hours applied for or pending” on your publicity piece.

# Planners and Faculty Tab

## Planning Committee and Faculty/Speakers

### 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 first. If the email address belongs to a user with an active account, any completed information from their profile will populate. If they have a disclosure on file that is valid for the activity, the Disclosure field will contain that information. If it is blank, they either do not have a disclosure, or their most recent one is invalid for this activity. The system will email them a request to update or complete their disclosure.

**Note:** After you save this form, it does not automatically update as Planners/Faculty complete their disclosures. To trigger an update, click the **"Update Missing Disclosures, if available"** button below. Wait several minutes to allow the rule to run again and any missing disclosure information, if available and valid for the activity, will populate. When the rule has finished running, a message will display beside the button stating "Update Complete." Once you see that message, you can click Save and Continue at the bottom of the form.

 Update Missing Disclosures, if available

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The information needed to complete the Planners and Faculty section for each planning committee member and/or faculty is as follows:

Email:

First Name:

Last Name:

Degree:

Profession:

Title:

Department or Affiliation:

Role in Activity (Lead Planner, Planner, Activity/Series Coordinator, Faculty/Speaker, Student of the Health Professions, Patient):

For individuals who are both a Planner and a Faculty/Speaker, please enter them for each role separately (twice total). This is necessary as the mitigation methods are different for each role.

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

The image shows a web form titled "Qualified Planner" with a green plus sign in the top right corner. The form contains several input fields and dropdown menus:

- Email \***: A text input field with a red error bar and a pencil icon.
- First and Last Name \***: A text input field with a red error bar and a pencil icon.
- Degree \***: A dropdown menu with a red error bar.
- Profession \***: A dropdown menu with a red error bar.
- Title**: A text input field with a pencil icon.
- Department or Affiliation**: A text input field with a pencil icon.
- Role in Planning Content \***: A dropdown menu with a red error bar. The dropdown is open, showing a list of roles: "Lead Planner", "Planner", "Activity/Series Coordinator", "Faculty/Speaker", "Student of the Health Professions", and "Patient". A blue information box is overlaid on the dropdown, stating "This field is read-only and is not editable, please do not attempt to".
- Disclaimer**: A text area with a red error bar.
- Dartmouth University**: A text area with a red error bar.

### Financial Disclosure Request

For clinical programs, identified planners/faculty will automatically receive the following email when the Save and Continue button is selected at the bottom of the page.

### Sample of email sent to planning/faculty

You have been identified as a planner or faculty member on one or more upcoming activities and we are in need of a disclosure of financial relationships in order to proceed.

147404 Judy Test

Judith Langhans, BS

Questions or need assistance? Please email [clpd.support@hitchcock.org](mailto:clpd.support@hitchcock.org) or call (603) 653-1234.

[Click here to go to the disclosure form.](#)

Login to the Dartmouth Health Continuing Education for Professionals Portal at <https://dh.cloud-cme.com/default.aspx>

Username: [JUDITH.M.LANGHANS@HITCHCOCK.ORG](mailto:JUDITH.M.LANGHANS@HITCHCOCK.ORG)

Password: [Password reset for new and returning users, click here.](#)

If the above link does not work, copy and paste the following url in your browser: <https://dh.cloud-cme.com/default.aspx?ResetPassword=True>

Note: passwords are case sensitive.

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[Click here to unsubscribe from Dartmouth Health Continuing Education for Professionals Home marketing messages. You will still receive emails related to your events & registrations.](#)

This email can sometimes go to the person's spam or they do not know why they are receiving it. If you would like to send a follow up email to the planners/faculty, the following brief instructions can be provided.

- **Financial Disclosure Form:**
  - Please complete your electronic financial disclosure form.
    - Login to the Dartmouth Health Continuing Education for Professionals Portal at <https://dh.cloud-cme.com/default.aspx> [dh.cloud-cme.com].
    - Your "user name" will be your email address.
      - If your password does not work, please reset it.
    - Once in the system, click on
      - "My Tasks"
      - "Global Tasks,"
      - "Begin" to complete your financial disclosure.
      - Complete the form, and then click "Submit".
      - Once submitted, you are all set with this task.

**NOTE: For clinical programs, all planner and faculty Financial Disclosure Forms must be collected before you can submit your application for approval.**

For non-clinical programs, FDFs do not need to be collected. Accredited education that is non-clinical includes leadership or communication skills training.

### Diversity, equity, inclusion and belonging (DEIB)

Dartmouth Health encourages planning committees to make a concerted effort to achieve appropriate representation of racial/ethnic minorities, persons with disabilities, and/or other individuals who have traditionally been underrepresented in continuing education in all Dartmouth Health accredited activities and to choose learning activity topics that address diversity, equity, inclusion, and/or belonging (DEIB).

Does the Planning Committee of the learning activity represent diversity, equity, inclusion, and belonging (DEIB)?

Yes  No

If yes, please describe: \*

Will this learning activity include topics that address diversity, equity, inclusion, and belonging (DEIB)?

Yes  No

If yes, please describe: \*

If applicable, answer Yes to this question and provide a description.

## Ineligible company

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Were any employees of an ineligible company involved with the identification of speakers and/or topics? \*

Yes  No

**Were the following decisions made completely free of the control of an ineligible company?**

Identification of needs: \*

Yes  No

Selection of target audience: \*

Yes  No

Identification of learning objectives: \*

Yes  No

Selection and presentation of content: \*

Yes  No

Selection and all persons and organizations that will be in a position to control content: \*

Yes  No

Selection of educational methods: \*

Yes  No

Evaluation of the activity: \*

Yes  No

Execution of outcome measures for the activity: \*

Yes  No

The definition of an ineligible company is *any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

The accredited provider must ensure that all decisions related to the planning, faculty selection, delivery, and evaluation of accredited education are made

without any influence or involvement from the owners and employees of an ineligible company.

**NOTE:** The answer to the question, “were any employees of an ineligible company involved with the identification or speakers and/or topics,” should be NO.

The answers to the questions regarding decisions being made completely free of the control of an ineligible company should be YES.

### Patients/faculty/students

#### Patients/Faculty/Students

Will this CE activity include any of the following:

Students of the health professions (i.e. residents/fellows, students in nursing/medicine or other health related disciplines) who are both on the planning committee and a faculty member?

Yes  No

Please Describe: \*

Patients who are both on the planning committee and a faculty member? i

Yes  No

Please Describe: \*

This is an increasingly important concept the accrediting bodies are looking to be included in accredited activities. Engaging students and/or patients as planners and speakers brings a unique and valuable perspective to educational activities.

We ask that you consider formally adding students of the health professions (i.e., residents/fellows, students in nursing/medicine or other health related disciplines) or patients as planners and teachers of your activities.

Students and/or patients must be both on the planning committee and a faculty member to count for IPCE.

If applicable, answer Yes to this question and provide a description.

## Gap and Needs Tab

This Word document can be used to write the information that will need to be filled in on the application which can then be copied/pasted into the application.

[ce-practice-gaps-worksheet.docx \(live.com\)](#) **(NEED TO REPLACE)**

Resource:

- [Explanation and examples of gaps-needs-learning-objectives \(PDF\)](#)

**Gap and Needs**

**Gap Analysis**

[Download the Examples of Gaps, Needs and Learning Outcomes Document](#)

**State the professional practice gap(s) of the healthcare team/members on which the activity was based (100 words max): \***

### Professional Practice Gap

A gap is the difference between current level of knowledge, skill/strategy, performance or patient outcome (current state) and the ideal or desired level. The difference between actual (what is happening) and ideal (what should be happening). Practice gap is the problem that is indicated by the need on the part of your learners.

- A. Gaps are the description of a problem in practice: in research practice, clinical practice, educational practice, administrative practice.



- B. Gaps can be at the individual level, the group level, the community of healthcare professionals' level, etc.
- C. Gaps exist when health care professionals:
- are not doing everything they could
  - are not doing things correctly
  - could improve what they are doing
- D. Gaps can be in:
- knowledge (healthcare professionals don't know something)
  - skill/strategy (healthcare professionals don't know how to do something, don't have methods)
  - performance (healthcare professionals not doing something in their practice)
  - patient outcomes(the consequences of performance)

## Educational Need

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

Knowledge Need

Skill/Strategy Need

Performance Need

A need can be defined as the cause or reason for the gap. Why does this problem exist? Is there a lack of knowledge, skill/strategy, or performance deficit that caused the problem?

- A. Reasons for the need could be:
- Lack of prompt or early recognition of ...
  - Inappropriate management of ...
  - Application of wrong or incorrect techniques
  - Not applying current clinical algorithms
  - Inability to stay current with rapid advances in the field, new drugs, etc.
  - Treatment not happening in a timely manner
  - Lack of experience in managing or treating

- Lack of education or training
- Training is inadequate, inefficient, out of date
- Condition is difficult or challenging to diagnosis or treat
- Condition is poorly understood
- Lacking the time to properly diagnose and/or treat condition
- Lacking ability to obtain appropriate patient history
- Lack of patient understanding of treatment and/or treatment protocol

### Learning Outcome (Desired State)

**Explain what this activity was designed to change in terms of the healthcare team's skills/strategy or performance, or patient outcomes. (100 words max): \***

Describe what learners will be able to demonstrate in terms of knowledge, competence/skills and performance upon completion of an activity, a span of several activities, or an enduring material.

### Planning Process Reflective of the Target Audience

Dartmouth Health must ensure that all accredited activities utilize a planning committee that includes healthcare professionals who are reflective of the target audience the activity is designed to address. The planning process must address the professional practice gap(s) of the target healthcare teams/members. For example, if the target audience is MDs and RNs, then a physician and a nurse need to be on the planning committee.

**Explain how you ensured the activity was planned using a process reflective of the target audience for the activity. (50 words max): \***

Describe the professions that were part of the planning committee who reflect the target audience the activity designed to address.

**Example:** An interprofessional planning committee planned this series to ensure the content reflects treating mental health and substance use disorders in primary care and other settings and meets the needs of our target audience. Content experts are utilized as faculty.

## Educational Formats

Please indicate the educational format(s) and method(s) that will be used to achieve your desired learning outcome: \*

- |   |   |
|---|---|
| <input type="checkbox"/> Didactic Lectures    | <input type="checkbox"/> Case Presentations |
| <input type="checkbox"/> Panel Discussions    | <input type="checkbox"/> Simulation         |
| <input type="checkbox"/> Skill-based Training | <input type="checkbox"/> Group Discussion   |
| <input type="checkbox"/> Other                |   |

Identify the educational formats being utilized to best teach the target audience – consistent with the desired results of the activity.

## Active Learning/Learner Engagement

**Explain how the activity promotes active learning/learner engagement for the healthcare team that is consistent with the activity's desired results (50 words max): \***

Describe how the education promotes active learning - so that teams learn from, with, and about each other – consistent with the desired results of the activity.

**Example:** These educational formats offer knowledge and expertise in a variety of ways that allow for learners to directly apply the new information into their professional practice. We will be engaging learners with opportunities to think critically and ask questions in a peer environment.

## Other Education or Non-Educational Strategies

### Other Educational or Non-Educational Strategies

Other educational or non-educational strategies could be used to enhance change in your learners as an adjunct to this activity.

Examples include patient surveys, patient information packets, email reminders to the learners (i.e., summary points from the lecture, new information), posters throughout the hospital, department newsletters, etc.


**Will you be providing educational or non-educational strategies with this activity?**

Yes

No

If yes, please specify: \*

**Upload Documentation if available (Accepted file types: Word, Excel, PDF)**

 Add Files

Intervention Documentation Uploaded:

 No

If applicable, describe any supplemental education or non-educational strategies to enhance change in learners – consistent with the desired results of the activity – being used post-conference to reinforce the education/learning.

## Needs Assessment

### Needs Assessment

Type of needs assessment method(s) used to plan this event; choose at least one. \* 

- Evaluation data from previous educational activities
- Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement
- Input from stakeholders such as learners, managers, or subject matter experts
- Informal requests (e.g., via phone or by email)
- Meeting Minutes
- Other
- Survey data from stakeholders, target audience members, or subject matter experts
- Trends in literature, law and health care

Please provide a brief explanation of the data gathered as a result of the needs assessment that validates the need for this activity, especially as it relates to team-based care, if appropriate (100 words max). \*

Needs assessment is the systematic process for determining and addressing the need.

Identify your needs assessment method(s) and provide a brief explanation of the data gathered that validates the need for the activity.

**Example 1:** Data was collected from peer-reviewed journals and clinical guidelines, which highlighted the need to present this content to the GIM team.

**Example 2:** The needs assessment data indicates a need for this team-based care activity due to two main factors: **Previous Evaluation Data:** Past educational activities revealed gaps in practical team-based care skills, despite positive overall feedback and **Informal Requests:** Healthcare professionals have expressed a strong need for more training to improve communication and collaboration within their teams. These points highlight the necessity for targeted training to address these specific challenges.

## Barriers

### Barriers

What potential barriers do you anticipate learners may have in incorporating new skills/strategy(ies) and/or performance into practice? Select all that apply.\*



No Barriers

#### Patient Barriers

Patient compliance issues

#### System/Organization Barriers

- Cost
- Insurance/reimbursement issues
- Lack of administrative support/resources

#### Other Barriers

- Lack of consensus on professional guidelines
- Lack of time to assess or counsel patients
- Other

Please explain how the identified barriers will be addressed?

If applicable, identify if there are any anticipated barriers the learners may have incorporating new skills/strategy(ies) and/or performance into practice.

## Objectives Tab

### Learning Objectives

## Learning Objectives

What do you expect your participants to be able to do as a result of participating in this activity? *List up to 3 objectives appropriate to your activity.*

To enter your objectives, type them in the table below. At least one objective is required. To add additional objectives, click the plus icon. To remove objectives, click the minus icon.

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


or

**At the conclusion of this learning activity, members of the healthcare team will be able to:**

[Download the Action Verb List for Objectives](#)

[Download a Quick Reference Flyer on How to Write Learning Objectives](#)

## Joint Accredited (JA) Objectives

	Number	Objective
	1	

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

### Resources:

- [How to write measurable objectives \(PDF\)](#)
- [Suggested verb list for writing learning objectives \(PDF\)](#)

Enter up to three learning objectives that will identify what the learner will be able to do as a result of participating in the learning activity.

Each objective needs to be measurable and have only one verb.

### JA Outcomes

Check all that apply.

If you are using the **CLPD Standard Evaluation Form** and your activity is **less than 4 hours**, select **Subjective Measurement** under **Learner/Team Competence**. The commitment to change statement meets this criteria.

If you are using the **CLPD Standard Evaluation Form** and your activity is **longer than 4 hours**, select **Subjective Measurement** under **Learner/Team Performance**. The commitment to change statement with follow-up meets this criteria.

If your evaluation includes a **pre/post-test**, select **objective measurement** under **Learner/Team Competence or Performance**.

For **Patient Health and Community/Population Health**, if the **learning objectives** relate to **Patient Health or Community/Population Health**, select **Subjective Measurement**. Please note, the CLPD standard evaluation with the CTC question does not gather measurement of patient outcome changes.

For **Learner Knowledge**, review the **learning objective(s)** and if the **verb(s)** is/are listed in the **Knowledge or Comprehension column**, check **Subjective Measurement**. ([View the action verb list](#))



Learner/Team Competence (Learner/Team shows how to do)

Objective measurement (e.g., observed, tested)

Subjective measurement (e.g., self-reported)

Learner/Team Performance (Learner/Team demonstrates in practice)

Objective measurement (e.g., observed, tested)

Subjective measurement (e.g., self-reported)

Patient Health (Effects of what learner/team has done for a few)

Objective measurement (e.g., observed, tested)

Subjective measurement (e.g., self-reported)

Community/Population Health (Effects of what learner/team has done for many)

Objective measurement (e.g., observed, tested)

Subjective measurement (e.g., self-reported)

Learner Knowledge will also be measured for this activity

Objective measurement (e.g., observed, tested)

Subjective measurement (e.g., self-reported)

The expected responses to these questions are explained above.

Competencies

**CME Competencies**

Based on the accreditation type(s) selected, the competencies will appear.

Identify core competencies that will be address by the activity.

## 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), National Academy of Medicine, 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
- Professionalism
- System-Based Practice

### National Academy of Medicine

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

### Interprofessional Education Collaborative

- Values / Ethics
- Roles / Responsibilities
- Communication
- Teams & Teamwork

### Other Competencies

## **Nursing Quality Outcome Measures**

Based on the accreditation type(s) selected, the competencies will appear.

Identify outcome measures that will be address by the activity.

### **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

## **Pharmacy Competencies**

Based on the accreditation type(s) selected, the competencies will appear.

Identify competencies that will be address by the activity.

## CAPE & PTCB Competencies

### CAPE Competencies

- Learner
- Patient-Centered Care
- Medication Use Systems Management
- Health and Wellness
- Population-Based Care
- Problem Solving
- Educator
- Patient Advocacy
- Interprofessional Collaboration
- Cultural Sensitivity
- Communication
- Self-Awareness
- Leadership
- Innovation and Entrepreneurship
- Professionalism

### PTCB Competencies

- Pharmacology for Pharmacy Technicians
- Pharmacy Law and Regulations
- Sterile and Non-Sterile Compounding
- Medication Safety
- Pharmacy Quality Assurance
- Medication Order Entry and Fill Process
- Pharmacy Inventory Management
- Pharmacy Billing and Reimbursement
- Pharmacy Information Systems Usage and Application
- Verbal Communication Skills for Pharmacy Technicians

## Commitment to Change (CTC)

**How will you measure if changes in skills/strategy, performance, and/or patient/population health have occurred as a result of this activity? The outcome measure must relate to the specific learning objective(s) and inform the Planning Committee's analysis of whether or not teaching goals and learning objectives were met.**

- Commitment to Change (CTC) (Using CE Office services.) Please note that the CTC question gathers self-reported changes in competency or performance and does not gather measurement of patient outcome changes.
- Other

The CLPD's standard evaluation includes the CTC questions.

## Commercial Support Tab

### Commercial Support

#### Commercial Support

*All commercial supporters must comply with the **ACCME Standards for Integrity and Independence in Accredited Continuing Education.***

*All **ineligible companies** (any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patient) must comply with the "ACCME Standards for Integrity and Independence in Accredited Continuing Education."*

Is this Activity planning on applying for/receiving any COMMERCIAL SUPPORT or NON-COMMERCIAL SPONSORSHIP? \*

Yes

No

Will this Activity be seeking any EXHIBIT fees? \*

Yes

No

If you are seeking grants or exhibit fees for your activity, please contact [CEaccreditation@hitchcock.org](mailto:CEaccreditation@hitchcock.org) to obtain instructions and most current forms.

Contact [AccreditedCE@hitchcock.org](mailto:AccreditedCE@hitchcock.org) if you are planning to request grants, non-commercial sponsorship or exhibitors. There are required forms for grants and exhibitors.

Descriptions:

**Commercial support** - Financial or in-kind contributions given by an ineligible company<sup>^</sup> that are used to pay for all or part of the costs of an activity, i.e., grants.

Commercial support entities CANNOT be providers or joint providers of an educational activity.

<sup>^</sup> *An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.*

**Non-commercial sponsorship** - Financial or in-kind\* contribution from an organization that does not fit the category of an ineligible company

\* Nonmonetary support (e.g., durable equipment, facilities/space, disposable supplies)

**Exhibitors** – Agreement with representative for an exhibit table for a fee

# Commendation Criteria Tab

## Commendation Criteria

### Commendation Criteria

#### JA Commendation Criteria

The Joint Accreditation Commendation Criteria seeks to provide additional incentive and encouragement to providers to expand their reach and impact in the IPCE/CE environment. In consultation with the Lead Planner, please select all that apply (see below for descriptions).

**Select all that apply (see below for descriptions):**

- JAC13 The provider engages patients as planners and teachers in accredited IPCE and/or CE
- JAC14 The provider engages students of the health professions as planners and teachers in accredited IPCE and/or CE
- JAC17 The provider integrates the use of health and/or practice data of its own learners in the planning and presentation of accredited IPCE and/or CE
- JAC18 The provider identifies and addresses factors beyond clinical care (e.g., social determinants) that affect the health of patients and integrates those factors into accredited IPCE and/or CE
- JAC20 The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize communication skills of learners
- JAC21 The provider designs accredited IPCE and/or CE (that includes direct observation and formative feedback) to optimize technical and procedural skills of learners
- JAC22 The provider creates and facilitates the implementation of individualized learning plans
- JAC23 The provider demonstrates improvement in the performance of healthcare teams as a result of its overall IPCE program
- JAC24 The provider demonstrates healthcare quality improvement achieved through the involvement of its overall IPCE program
- JAC25 The provider demonstrates the positive impact of its overall IPCE program on patients or their communities

► Requirements for JA Criteria (click to expand/collapse):

There is a dropdown, under the “Requirements for JA Criteria” that provides further detail for JAC13 through JAC25.

This information is collected to assist the ACE office on their reaccreditation self-study. This question is optional but important to consider.



If you are familiar with this information and can confidently check one or more boxes, please do so. If not, skip the question and continue on with your application.

## Signatures Tab

The application can be signed by the people who started the application (owner). The Lead Planner is responsible for the accuracy of the contents of the application and oversight of the activity.

### Signatures

**Attestation:**

*By signing this application, I attest to its accuracy and completeness. I acknowledge the Lead Planner has reviewed the application and accepts responsibility for the planning, implementation, and evaluation of this activity.*

Signature:

Date:

➔ Save Application

Cancel ✕

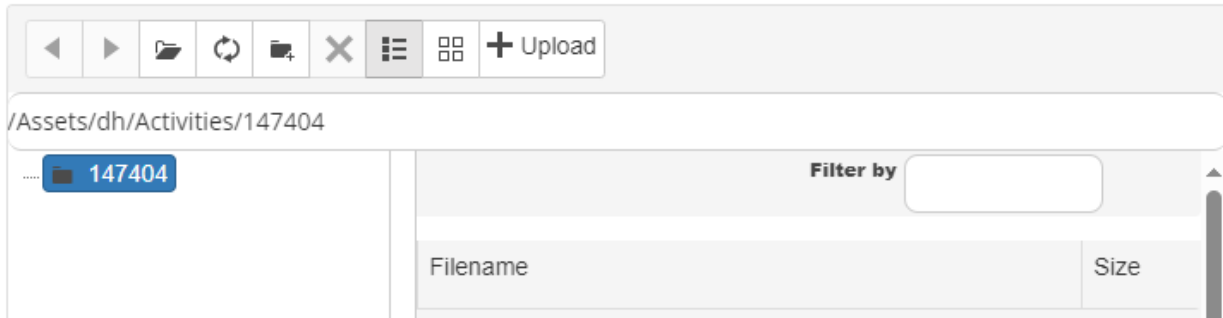
## Files – upload/download Tab

A pdf of each tab page will be generated and listed under filename. In addition, a cumulative pdf of the application will be generated.

**NOTE:** If the ACE team has made any edits to the application, these changes will not appear on the cumulative pdf but they will appear on the individual pages.

A disclosure folder will be generated that includes the planners/faculty completed Financial Disclosure Forms for viewing.

Any documents uploaded within the application will listed under filename. Additional documents can be uploaded by clicking on the + Upload button.



## Comments Tab

Approval

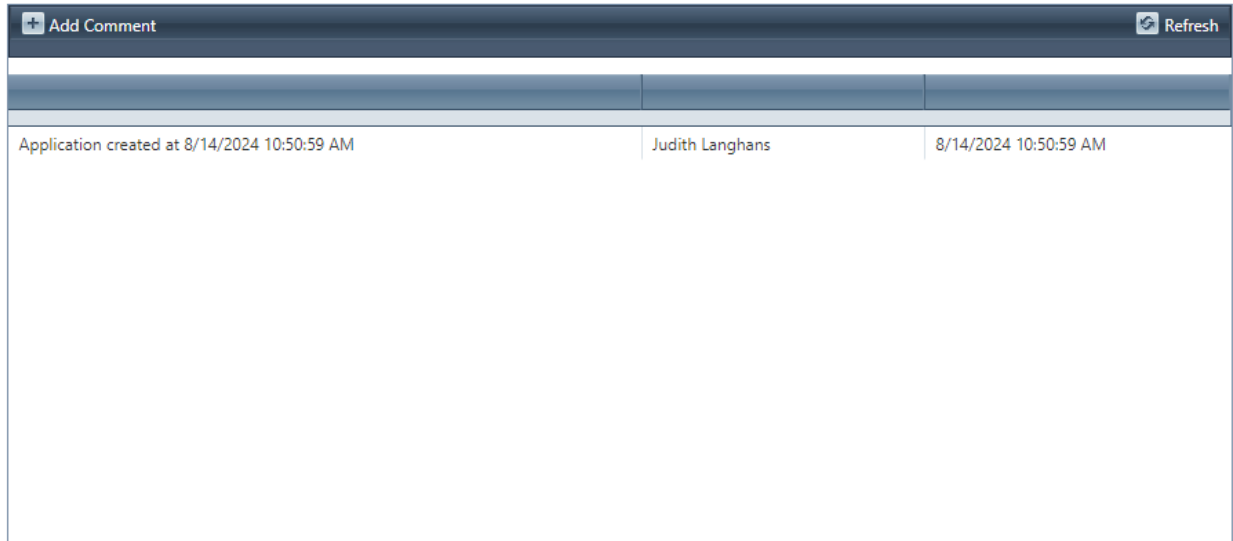
Instructions: Click the sections of the application to review. Add comments below. Supporting files may have been uploaded and if so, are available in the File uploads area.

Approve       Reject

If edits need to be made, the ACE team can reject it. An automatic email will be sent to applicant. The applicant should see the Comments tab for an explanation.

Any comments made on a tab are viewable on the Comments tab. See below.

Additional comments can be made by clicking on the + Add Comment button.



## Return to Application List Tab

To exit the application.

## Application Approval

When the application is complete, the ACE team will approve it. An automatic email will be sent to applicant.