

**CME Joint Provider Application**

As an ACCME accredited provider of CME APsaA must plan and present CME activities that are in compliance with:

* Reorganized ACCME Accreditation Criteria
* Standards for Integrity and Independence in Accredited Continuing Education
* ACCME Policies

Joint provider submissions must include responses that show compliance with CME accreditation criteria, standards, and policies. Your responses should demonstrate to APsaA how your proposed CME activity is being planned in accordance with the accreditation criteria and standards for CME.

The responses to the CME Criteria will be reviewed by the Continuing Education Manager to determine whether your activity complies with accreditation criteria and standards.

**All sections of the approval application and requested documents are required.**

Your cooperation with this process will help to ensure that APsaA continues to be an accredited provider of CME to its members and the community at large.

Please contact me if you have any questions.

Thank you.



Chris Broughton

Continuing Education Manager

212-752-0450 ext. 19

cbroughton@apsa.org

**APSAA 2021-2022 CME JOINT PROVIDER APPLICATION**

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| **Name of Institute, Society, or Center** | **Center for Advanced Psychoanalytic Studies** |
| **Name of Administrator** | **Michelle Ladew** |
| **Administrator Email** | **caps\_michelle@yahoo.com** |
| **Name of CME Committee Representative** | **Michelle Ladew** |
| **CME Committee Representative Email** | **caps\_michelle@yahoo.com** |

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| **CME ACTIVITY TITLE, DATE(S), AND LOCATION**  Please provide the CME Activity Title, date, and location. If your CME activity is taking place virtually, online, using Zoom or some other virtual meeting platform then you should enter “virtual” in the CEM Activity Location field below. | |
| **CME Activity Title** |  |
| **CME Activity Date (s)** |  |
| **CME Activity Location** |  |
| **CME Activity Duration** |  |

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| **INDIVIDUALS IN CONTROL OF CONTENT**  Please enter names of presenters and planners - including members of any relevant committees, add rows if necessary. All individuals listed below must submit a planner/presenter disclosure form. | |
| **Name, Title** | **Role in Activity** |
| Example: Jane Smythe, M.D. | Example: Faculty, Course Director, Committee Member |
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| **DESCRIPTION OF THE CME ACTIVITY**  Make your description stand out by keeping your description concise and engaging. Descriptions should not be written in the 1st person. If there is a description from a program flyer, announcement, email blast, etc. you can use that here. | |
| **Descriptions should address the points below with a clear connection to the answers from your CME Accreditation Criteria form:**   * **To whom the group is targeted** * **The specific topic being addressed** * **A clear connection between program content and the application of this content (learning objectives) within the learner’s professional context** * **The educational methods that will be employed to achieve the educational objectives** * **Details about presenters, their area of expertise in the program content or their professional involvements** | Please enter your description below: |

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| **EDUCATIONAL OBJECTIVES**  **Articulate three educational objectives.**  Educational objectives, or learning outcomes, are statements that clearly describe what the learner will know or be able to do as a result of having attended an educational program or activity.  These goals should have a direct relationship to the practice gap you have addressed in the session description and Criterion 2, while utilizing the educational methods outlined in Criterion 3. | |
| **Learning objectives must be** observable and measurable.  **Learning objectives should:**  (1) focus on the learner, (2) contain action verbs that describe measurable behaviors, and (3) focus on skills that can be applied in psychological practice or other professional environments.  **Educational objectives must start with an action verb from the following list of approved choices:**  List, describe, recite, write, summarize, compute, discuss, explain, predict, apply, demonstrate, prepare, use, analyze, design, select, utilize, compile, create, plan, revise, assess, compare, rate, critique.  **The following verbs are not acceptable:** know, understand, learn, appreciate, become aware of, become familiar with, have faith in, better understand, and believe. | **Some examples of well-written educational objectives:**  After attending this session, participants should be able to:   * Explain termination as a distinct phase and process * Apply Lacanian concepts to diagnose psychosis * Analyze several fMRI study designs in neuroscience and psychotherapy and identify major brain areas in depressed patients   It is important to remember that participants will evaluate your session after the meeting. They will be asked specifically whether they were able to achieve the goals **you** set.  Please enter your two educational objectives below:  **After attending this session, participants should be able to:**  1.  2.  3. |

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| **COMPLETE THE CME ACCREDITATION CRITERIA FORM** | | |
| **The provider has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.** | | |
| **This criterion has been eliminated from the joint provider application.** | | The CME mission statement of APsaA (**see Attachment 7 Mission Statement**) is used for the purpose of accreditation. APsaA is no longer collecting CME mission statements from individual institutes, societies, and centers. |
| |  |  | | --- | --- | | **The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions. (Formerly Criterion 12)**  ACCME Note  Using data, information, and analysis from Criterion 11, the provider is asked to step back and review its CME mission statement. Has it been successful in achieving what it outlined as expected results related to learner or patient outcome change? If not, why not? | | | **This criterion has been eliminated from the joint provider application.** | APsaA Note:  Please note that data and information collected from evaluation reports is used by APsaA to conduct a program based (APsaA’s overall CME program) analysis to see if our CME mission is being met. Collecting and submitting good evaluation data plays an important part in our ability as an accredited provider to me this requirement. |  |  |  | | --- | --- | | **The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. (Formerly Criterion 13)**  ACCME Note  Building from the review of its CME mission, the provider is asked to identify, plan, and implement changes to its CME program that will help it be more effective. This step-wise process of collecting data, reviewing it, comparing it to expected changes, and then making adjustments to be more effective, is a form of quality improvement for the accredited provider. | | | **NEW State any needed or desired changes in this program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that have been identified and implemented to improve on ability to meet the CME mission. (Formerly Criterion 13)** | Response: | | | |
| **Incorporate into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps. (Formerly Criterion 2)**  Tell us the educational need of your scientific session – increased knowledge, better competence, or improved performance – based on the professional practice gap between current practice and desirable or achievable practice you have identified (and how it was identified)    Compliance Note:  Identify gaps between current practice and desirable or achievable practice (i.e., professional practice gaps). Deduce needs as the 'knowledge causes,' 'strategy causes,' or 'performance causes' of the professional practice gap(s). The key for compliance is to be able to show that planning included the identification of a professional practice gap from which needs were identified. A common theme in the noncompliance is that no evidence that a professional practice gap was identified can be found. Professional practice is not limited to clinical, patient care practice but can also include, for example, research practice and administrative practice. | | |
| **Part 1: State the professional practice gap(s) of your learners on which the activity was based (maximum 100 words).**  **What practice-based problem (gap) will this education address?** | Response: | |
| **Part 2: State the educational need (in competence) that you determined to be the cause of the professional practice gap (maximum 50 words).**  **What is/are the reason(s) for the gap? How are your learners involved?** | Response: | |

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| **The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. (Formerly Criterion 3).**  Show how your session will attempt to change professional competence, based on what was identified as needs (that underlie a professional practice gap). The expectation is that the education will be designed to change learners’ strategies (competence).  Compliance Note:  This criterion is the implementation of the previous criterion. In the planning of your session, you must attempt to change physicians' competence, based on what was identified as the need (that underlies a professional practice gap). The expectation is that the education will be designed to change learners' strategies (competence), or what learners actually do in practice (performance). 'Knowledge' is acceptable content for accredited CME. | |
| **State what the CME activity was designed to change in terms of learners’ competence (maximum 50 words).**  **What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?** | Response: |

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| **Choose an educational format for your session that is appropriate for the setting, educational objectives, and desired results of the session. (Formerly Criterion 5)**  Compliance Note:  All activity formats (eg, didactic, small group, interactive) are perfectly acceptable and must be chosen based on what you hope to achieve with respect to change in competence. We are looking for information to demonstrate that the choice of educational format took into account the setting, objectives, and desired results of the activity. | |
| **Explain why this educational format is appropriate for this activity (maximum 25 words).** | Response: |

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| **Develop your session in the context of desirable physician attributes [eg, Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies]. (Formerly Criterion 6)**  Develop your session based on knowledge practice, quality improvement, patient-centered care, interpersonal and communication skills giving specific examples of these areas.  Compliance Note:  We are looking for an active recognition of “desirable physician attributes” in the planning process (eg, “We have planned to do a set of activities that touch on professionalism and communications to address our patients’ concerns that they are not receiving complete discharge instructions – which is the identified professional practice gap.”). The simple labelling of an activity with a 'competency' is a start and provides the learner with information with which to choose an activity and potentially will be important for reporting purposes within Maintenance of Certification™. | |
| **Part 1: Please highlight one or more of the competencies below to incorporate into your response.** | * ABMS/ACGME- Patient Care and Procedural Skills * ABMS/ACGME- Medical Knowledge * ABMS/ACGME- Practice-based Learning and Improvement * ABMS/ACGME- Interpersonal and Communication Skills * ABMS/ACGME- Professionalism * ABMS/ACGME- Systems-based Practice * Institute of Medicine - Provide patient-centered care * Institute of Medicine - Work in interdisciplinary teams * Institute of Medicine - Employ evidence-based practice * Institute of Medicine- Utilize informatics * Interprofessional Education Collaborative - Values/Ethics for Interprofessional Practice * Interprofessional Education Collaborative - Roles/ Responsibilities * Interprofessional Education Collaborative - Interprofessional Communication * Interprofessional Education Collaborative - Teams and Teamwork * Other Competencies - Competencies other than those listed were addressed |
| **Part 2: Indicate the desirable attribute(s) (i.e. competencies) this activity addresses (maximum 25 words.)** | Response: |

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| **The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (Formerly Criterion 11)**  ACCME Note  The accredited provider is asked to collect data and information about the changes that result from its educational interventions, including changes it expects learners to make, changes that learners actually make, and/or the impact on patients. Using this data and information, the provider is asked to look across all its activities and analyze its impact in terms of those changes. | |
| **Collect data about the change in learners’ competence using evaluation forms from CME Activities that can be used to draw conclusions about the CME program’s impact on changing learners’ competence.**  **NEW Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information.** | Response:  Needs assessment data is obtained by a review of the organization and content of each CAPS-Princeton group’s educational activities informed by as open as possible communication between the group members, group leaders, and the Board of Trustees, either directly or through the designated group members responsible for the implementation and maintenance of CEU standards and required documentation for each group. Group members will complete a written evaluation reviewing the program content and organization. We will work with recommendations made with the aim of improving the quality of the meetings in order to provide for the needs of participants as much as possible and to help our members make changes within their practices in regards to strategies, performance, and/or, patient care. |

**Criteria for Accreditation with Commendation**

This optional section will help APsaA show that our CME educational activities demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menuthat address the areas of:

* Promotes Team-based Education
* Addresses Public Health Priorities
* Enhances Skills
* Demonstrates Educational Leadership
* Achieves Outcomes

We believe that many of our educational activities address these areas. Choosing from the menu below, please demonstrate compliance with any seven criteria of your choice, from any category, plus one criterion from the “Achieves Outcomes” category, for a total of eight criteria. Your cooperation with this optional area is much appreciated.

**Menu of Criteria for Accreditation with Commendation (optional)**

To be eligible for Accreditation with Commendation, CME providers must demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menu. Choosing from the menu, providers need to demonstrate compliance with any seven criteria of their choice, from any category, plus one criterion from the “Achieves Outcomes” category, for a total of **eight** criteria.

All providers must demonstrate compliance with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

**Promotes Team-based Education**

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| Engages Teams | Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly Criterion 23)  Response: |
| Engages Patients/Public | Patient/public representatives are engaged in the planning and delivery of CME.  (formerly Criterion 24)  Response: |
| Engages Students | Students of the health professions are engaged in the planning and delivery of CME.  (formerly Criterion 25)  Response: |

**Addresses Public Health Priorities**

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| Advances Data Use | The provider advances the use of health and practice data for healthcare  improvement. (formerly Criterion 26)  Response: |
| Addresses Population Health | The provider addresses factors beyond clinical care that affect the health of  populations. (formerly Criterion 27)  Response: |
| Collaborates Effectively | The provider collaborates with other organizations to more effectively address population health issues. (formerly Criterion 28)  Response: |

**Enhances Skills**

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| Optimizes Communication  Skills | The provider designs CME to optimize communication skills of learners. (formerly Criterion 29)  Response: |
| Optimizes  Technical/Procedural Skills | The provider designs CME to optimize technical and procedural skills of learners. (formerly Criterion 30)  Response: |
| Creates Individualized  Learning Plans | The provider creates individualized learning plans for learners. (formerly Criterion 31)  Response: |
| Utilizes Support Strategies | The provider utilizes support strategies to enhance changes as an adjunct to its CME. (formerly Criterion 32)  Response: |

**Demonstrates Educational Leadership**

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| Engages in  Research/Scholarship | The provider engages in CME research and scholarship. (formerly Criterion 33)  Response: |
| Supports CPD for CME Team | The provider supports the continuous professional development of its CME team. (formerly Criterion 34)  Response: |
| Demonstrates  Creativity/Innovation | The provider demonstrates creativity and innovation in the evolution of its CME program. (formerly Criterion 35)  Response: |

**Achieves Outcomes**

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| Improves Performance | The provider demonstrates improvement in the performance of learners. (formerly  Criterion 36)  Response: |
| Improves Healthcare Quality | The provider demonstrates healthcare quality improvement.  (formerly Criterion 37)  Response: |
| Improves Patient/Community  Health | The provider demonstrates the impact of the CME program on patients or theircommunities. (formerly Criterion 38)  Response: |