



HEALTH CARE

INTERPROFESSIONAL  
CONTINUING EDUCATION

McLaren Health Care  
Interprofessional Continuing Education

[www.mclaren.org/main/interprofessional-continuing-education](http://www.mclaren.org/main/interprofessional-continuing-education)

1 McLaren Parkway  
Grand Blanc, MI 48439

# Continuing Education Activity Application

This document collects information necessary for the planning of your educational activity. Completion of this entire form is necessary to meet accreditation requirements and be approved to provide continuing education credit.

## Activity Information

Activity Title:

Date(s) and or/ frequency of activity (Exact date, monthly, weekly, etc.)

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Time of Activity:

McLaren Subsidiary (If external to McLaren, please provide organization name)

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Location of Activity:

Type of Education:

- |   |  |
|---|--|
| <input type="checkbox"/> Regularly Scheduled Series | <input type="checkbox"/> Manuscript Review               |
| <input type="checkbox"/> Live Course                | <input type="checkbox"/> Learning from Teaching          |
| <input type="checkbox"/> Journal CE                 | <input type="checkbox"/> Internet Searching and Learning |
| <input type="checkbox"/> Committee Learning         | <input type="checkbox"/> Performance Quality Improvement |
| <input type="checkbox"/> Enduring Material          | <input type="checkbox"/> Test-Item Writing               |
|   | <input type="checkbox"/> Other/Blended                   |

Method of Instruction:

- |   |   |
|---|---|
| <input type="checkbox"/> Face to face – In Person | <input type="checkbox"/> Face to face – Virtual |
| <input type="checkbox"/> Hybrid                   | <input type="checkbox"/> Enduring Material      |

Number of Anticipated Presenters:

Activity Director: The individual with overall responsibility for ensuring this activity is educational for the target audience and that the planning, developing, and implementation are in accordance with IPCE policies.

Name, Degree:

Phone:

Email:

Activity Coordinator/Contact: The individual responsible for the operational, logistical, and administrative coordination of the certified CE activity.

Name, Degree:

Phone:

Email:

How many credits are you requesting?

(Please report time in 15-minute increments. Note: .25 credits = 15 minutes, .5 credits = 30 minutes, 1 credit = 1 hour)

What professions do you expect to be in attendance? (Through Joint Accreditation, MHC is providing interprofessional collaboration with a team-based approach among its physicians, nurses, pharmacists, and other professions)

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List all individuals involved with planning this activity. Include full name, degree, and profession.

A planner is any individual (including residents) who are involved with identifying and/or selecting topics, cases, presenters.

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What type of credit(s) are you applying for?

- ☐ AMA PRA Category 1 (*Physician CME*)
- ☐ AOA (*Osteopathic Physician CME*)
- ☐ CNE Credits (*Nurses*)
- ☐ APA Credits (*Psychologists*)\*
- ☐ ACPE Credits (*Pharmacists & Techs*)
- ☐ ASWB ACE Credits (*Social Workers*)
- ☐ CDR CPEU Contact Hours (*Dieticians*)

Do you have a representative (speaker, planner, reviewer) representing each of the target audiences mentioned? In order to provide interprofessional continuing education credit, you must have a representative from each profession you plan to provide credit for.

- ☐ Yes    ☐ No

\*The American Psychological Association (APA) requires the **direct input of a psychologist in all phases** of the decision-making and program planning process for activities offering psychologist CE credit.

**Identify the psychologist** [full name, degree, email] **who has been involved in the decision-making and program planning for this activity.** If a psychologist has not been and will not be involved, please unselect "APA Credits" above.

Enhanced Impact: This activity will...

Select all that apply.

- ☐ Include at least 1 planner AND presenter who is a PATIENT or PUBLIC REPRESENTATIVE [JAC13]
- ☐ Include at least 1 planner AND presenter who is a RESIDENT or STUDENT of the health professions [JAC14]
- ☐ Teach about the collection, analysis, or synthesis of health/practice data AND use the data to teach learners about healthcare improvement [JAC17]
- ☐ Identify and address factors BEYOND clinical care (e.g., social determinants) that affect the health of patients - AND - teach strategies that learners can use to improve population health [JAC18]
- ☐ Provide content to improve communication skills AND evaluate observed communication skills AND provide formative feedback to learners about their communication skills [JAC20]
- ☐ Provide content to optimize technical or procedural skills AND evaluate observed technical or procedural skills AND provide formative feedback to learners about these skills [JAC21]
- ☐ None of the above

## Content and Educational Design

All educational activities must be based on an identified professional practice gap(s), reflect adult learning principles, and include evaluation. Content must be valid, evidence-based, and independent of commercial influence or bias. The education should be designed to address the professional practice gaps of the team, and to change the skills and strategy and/or performance of the healthcare team, or patient outcomes.

### Professional Practice Gap(s):

A professional practice gap is the difference between current practice and optimal practice. It can also be described as the difference between what occurs and what should occur to give the best possible care to patients. Continuing Education should be designed to address gaps in skills/strategy, knowledge, performance, and patient outcomes.

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

Example: Patients and their families feel our physicians do not effectively manage difficult conversations concerning care for chronically ill or end of life patients. Our physicians have indicated that they feel unprepared to optimally manage ethical situations in end-of-life care due to lack of training in this area.

### Educational Need(s):

State the educational need(s) that you determined to be the cause of the professional practice gap(s). Please frame these needs in areas of knowledge, skills/strategy, and/or performance.

Example: Providers need to understand how to manage ethical situations in end-of-life care (knowledge need)

Providers need to develop and apply strategies to better manage and deliver difficult end-of-life conversations with patients and their families (skills/strategy need)

Providers need to initiate end-of-life conversations with patients and their families (performance need)

Learning Objectives:

What changes in skills/strategy, performance, or patient outcomes would you like this program to help learners address? Please provide clear learner objectives by using verbs such as identify, explain, describe, compare, differentiate, examine, formulate, propose, assess, or measure.

If you are requesting credit for multiple professions, please provide at least one learner objective for this activity focused on the interprofessional team.

Educational Design/Methodology (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Didactic lecture with Q&A | <input type="checkbox"/> Panel Discussion     |
| <input type="checkbox"/> Case-based discussion     | <input type="checkbox"/> Simulation           |
| <input type="checkbox"/> Small group discussion    | <input type="checkbox"/> Skill-based training |
| <input type="checkbox"/> Other, specify:           |   |

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Accredited activities are generally planned to change competence, performance and/or patient outcomes. Indicate one or more of the outcomes that you intend to measure during or after your activity. (select at least one)

- |   |  |
|---|--|
| <input type="checkbox"/> Learner/Team Competence  | <input type="checkbox"/> Patient Health              |
| <input type="checkbox"/> Learner/Team Performance | <input type="checkbox"/> Community/Population Health |

Competencies:

Joint Accreditation requires that educational activities be developed in the context of desirable attributes (e.g., Institute of Medicine competencies, professional competencies, healthcare team competencies.) Using the sections below, please select the competencies that this activity addresses. If requesting AOA CME credit, you must select the osteopathic competencies this activity addresses and which learning objectives are reflective of those competencies.

All Activities  
(Check all that apply)

<p><b>Institute of Medicine Competencies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide Patient Centered Care</li> <li><input type="checkbox"/> Work in Interdisciplinary Teams</li> <li><input type="checkbox"/> Employ Evidence-based Practice</li> <li><input type="checkbox"/> Apply Quality Improvement</li> <li><input type="checkbox"/> Utilize Informatics</li> </ul>	<p><b>Interprofessional Education Collaborative Competencies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Values and Ethics</li> <li><input type="checkbox"/> Roles and Responsibilities</li> <li><input type="checkbox"/> Communication</li> <li><input type="checkbox"/> Teams and Teamwork</li> </ul>
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Profession Specific Competencies  
(Only select for professions in attendance)

<b>Physicians</b>	
<p><b>AOA Competencies (Osteopathic)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Osteopathic Principles and Practice</li> <li><input type="checkbox"/> Medical Knowledge and Its Application into Osteopathic Medical Practice</li> <li><input type="checkbox"/> Osteopathic Patient Care</li> <li><input type="checkbox"/> Interpersonal and Communication Skills in Osteopathic Medical Practice</li> <li><input type="checkbox"/> Professionalism in Osteopathic Medical Practice</li> <li><input type="checkbox"/> Osteopathic Medical Practice-Based Learning and Improvement</li> <li><input type="checkbox"/> System-Based Osteopathic Medical Practice</li> </ul>	<p><b>ACGME/ABMS Competencies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient Care</li> <li><input type="checkbox"/> Medical Knowledge</li> <li><input type="checkbox"/> Professionalism</li> <li><input type="checkbox"/> Interprofessional and Communication Skills</li> <li><input type="checkbox"/> Practice-Based Learning and Improvement</li> <li><input type="checkbox"/> Systems-Based Practice</li> </ul>
<p>If applying for AOA Credit, please indicate which learning objective(s) from the previous page is reflective of an Osteopathic Core Competency:</p> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>	

Nurses	
<input type="checkbox"/> Knowledge for Nursing Practice	<input type="checkbox"/> Interprofessional Partnerships
<input type="checkbox"/> Person-Centered Care	<input type="checkbox"/> System-Based Practice
<input type="checkbox"/> Population Health	<input type="checkbox"/> Informatics and Healthcare Technologies
<input type="checkbox"/> Scholarship for Nursing Discipline	<input type="checkbox"/> Professionalism
<input type="checkbox"/> Quality and Safety	<input type="checkbox"/> Personal, Professional, and Leadership Development

Pharmacists
Pharmacy Activity Type
<input type="checkbox"/> Knowledge
<input type="checkbox"/> Application
<input type="checkbox"/> Certificate Program
Pharmacy Topic Designator
<input type="checkbox"/> (01) Disease State Management/Drug Therapy
<input type="checkbox"/> (02) HIV/AIDS Therapy
<input type="checkbox"/> (03) Law
<input type="checkbox"/> (04) Pharmacy Administration
<input type="checkbox"/> (05) Patient Safety
<input type="checkbox"/> (06) Immunizations
<input type="checkbox"/> (07) Compounding
<input type="checkbox"/> (08) Pain Management

Psychologists
<input type="checkbox"/> Research
<input type="checkbox"/> Ethical and Legal Standards
<input type="checkbox"/> Individual and Cultural Diversity
<input type="checkbox"/> Professional Values, Attitudes, and Behaviors
<input type="checkbox"/> Communication and Interpersonal Skills
<input type="checkbox"/> Assessment
<input type="checkbox"/> Consultation and Interprofessional/Interdisciplinary Skills
<input type="checkbox"/> Supervision
<input type="checkbox"/> Intervention

Dietitians	
<input type="checkbox"/> Ethics	<input type="checkbox"/> Research and Scholarship
<input type="checkbox"/> Communications	<input type="checkbox"/> Quality Management
<input type="checkbox"/> Leadership and Advocacy	<input type="checkbox"/> Food, Nutrition, and Dietetics
<input type="checkbox"/> Critical Thinking and Decision Making	<input type="checkbox"/> Education and Counseling
<input type="checkbox"/> Informatics	

Social Workers	
Topic Area	
<input type="checkbox"/> General	<input type="checkbox"/> Cultural Competence
<input type="checkbox"/> Clinical	<input type="checkbox"/> Ethics

## Activity Financials

Is this program being supported by a commercial grant?

☐ Yes ☐ No

Is this activity being supported by monetary donations? (private sector, foundations, etc.)

☐ Yes ☐ No

Is this activity being supported by government monetary grants?

☐ Yes ☐ No

Will exhibitors/sponsors be participating in the program?

☐ Yes ☐ No

Is there a fee to register for this activity?

Note: If the target audience is an external (non-McLaren) provider, a fee must be applied to comply with Stark Law

☐ Yes ☐ No

## Marketing and Promotion

Would you like this activity to be advertised on McLaren's CME Tracker website for other learners to see?

☐ Yes ☐ No

If yes, please provide an activity summary/description below to be included on the CME Tracker website.

*Example: The 10th Annual Advances in Cardiovascular Imaging and Interventions conference is a comprehensive review of cardiovascular diseases. This conference is a platform for imaging and interventional practitioners who are involved in the care of patients with structural, ischemic and cardiomyopathy heart disease.*



## Attestation and Signatures

Do you plan to discuss an unlabeled/unapproved use of a drug or medical device?

☐ Yes    ☐ No

If yes, please explain:

I attest that I will make every effort to ensure my content for this CE activity will be 1.) free of advertising, trade/brand names, and products messages; 2.) promote improvements or quality in healthcare and not a specific proprietary business interest; 3.) Give a balanced view of therapeutic options, including the use of generic names; and 4.) Not be commercially biased in any manner.

☐ Yes    ☐ No

Once application is received and reviewed by the IPCE department, please allow at minimum one week for application review and approval. The Contact Person will be notified of any application questions and final decisions. The IPCE department will go over next steps with the contact person, please be conscious of the timeline for activity implementation based on the activity type selected.

Please note that credit will be awarded based on the actual hours spent in the session. Learners must sign in, complete the evaluation, and attest to their hours. The activity code to claim credit should only be provided to those learners that attended the activity. Learners will have 30 days to claim credit in CME Tracker.

Within one (1) week after the activity is complete, a summary of the content, disclosure to learner and sign in sheets must be returned to the IPCE department by the contact person or Activity Director. If this requirement is not met, the IPCE department will not be responsible for verifying credit. If credit is not verified, then the contact will be responsible for notifying attendees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Do not lock the document when electronically signing)

McLaren IPCE Staff Only:

Application Approved:

☐ Yes ☐ No Date Reviewed:

AOA Credit Type:

- ☐ Category 1-A (50% DO Speakers)
- ☐ Category 2-A (Live Allopathic)
- ☐ Category 1-B (Non-interactive enduring – 50% DO Speakers)
- ☐ Category 2-B (Enduring)

Social Work Credit (Minimum of one hour to receive credit):

☐ Yes ☐ No

Psychology Credit (Minimum of one hour to receive credit):

☐ Yes ☐ No

Interprofessional (Planned by and for the team):

☐ Yes ☐ No

Notes: