

CME Application Form

PERFORMANCE IMPROVEMENT CME

Fill-out this form and e-mail to ocme@downstate.edu

Requestor Information		
Team Leader (Name and Title)		
Organization:		
Organization:		
Department:		
Address:		
Phone:	Fax:	E-mail:

Departmental Contact person

Name:		
Phone:	Fax:	E-mail:

Name of Participants:	
Title of PI activity:	
What is the anticipated timeline to complete the project?	
How will participants communicate?	
What is the budget for the project?	
Commercial support: Please indicate if this project will receive financial support from any commercial companies or vendors. Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, list companies are you applying to:	

Stage A: Assess

Assess current practice using the identified performance measures, either through chart reviews or some other appropriate mechanism. Participating physicians must be actively involved in the analysis of the collected data to determine the causes of variations from any desired performance and identify appropriate intervention(s) to address these.

1. What performance measures are you using for your current practice assessment?

2. Specify the data source(s) you will examine in your practice assessment, e.g., chart reviews, and attach a sample of any data collection form used.

3. Describe the outcome of the measurement of your own performance in practice and/or append any data sheets to this form:

Signature: _____

Stage B: Evidence of learning from the application of PI to patient care

Implement the intervention(s) based on the results of the analysis in Stage A, using suitable tracking tools. Participating physicians should receive guidance on appropriate parameters for applying the intervention(s).

Name of Participant:	
Date Completion of Stage B:	
Title of PI Activity:	

1. Describe the intervention that you implemented based on the performance measures you selected.

2. Did you obtain guidance on the appropriate parameters for applying an intervention and assessing performance change that is specific to the performance measure and your patient base (e.g. how many patients with a given condition, seen for how long, will produce a valid assessment)? The OCME can provide assistance if needed.

Signature: _____

Stage C: Learning from the evaluation of the PI CME effort

Name of Participant (s):	
Date Completion of Stage C:	
Title of PI Activity:	

Re-assess and reflect on performance in practice measured after the implementation of the intervention(s) in Stage B, by comparing to the assessment done in Stage A and using the same performance measures. Summarize any practice, process and/or outcome changes that resulted from conducting the PI CME activity.

Signature: _____