**Accredited Continuing Education Activity Intake Form**

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| **Name of Requesting Individual:** |  | | | |
| **Proposed Title of Activity:** |  | | | |
| **Proposed Date and Location:** |  | | | |
| **Type of Activity:** *(If you are requesting multiple activities (ex. RSS and Annual Course) separate forms must be submitted for each activity as they are considered separate activities by the ACCME)* | | | | |
| Live Annual Course/Conference  Live Virtual Course/Conference  Internet Enduring Material  Other: | | Regularly Scheduled Series (RSS)  Lecture Series  Journal Club  Case Conference  Other: | | Frequency of RSS  Weekly  Monthly  2x per Month  Quarterly  Other: |
| **Target Audience and Specialty:** *(please select all that apply)* | | | | |
| Physicians  Advanced Practice Providers (NP, PA)  Nurses  Pharmacists  Other: | | Cardiology  Dermatology  Endocrinology  Gastroenterology/Hepatology  Hematology/Oncology  Integrative Medicine | | Maternal-Fetal Medicine  Primary Care/Family Medicine  Radiology  Transplant Medicine  Trauma/Emergency Medicine  Other: |
| **Desirable Physician Attributes/Core Competencies:** *(please select all that apply)* | | | | |
| **ABMS/ACGME** | | | **Institute of Medicine** | |
| Patient Care  Medical Knowledge  Interpersonal and Communication Skills  Professionalism  Systems-based Practice  Practice-based Learning and Improvement | | | Provide Patient-Centered Care  Work in Interdisciplinary Teams  Employ Evidence-Based Practice  Apply Quality Improvement  Utilize Informatics | |

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| **Please provide a brief description for the education.**  *Examples: Emergency Department team huddle; Leadership in a time of crisis; Well-being check-in* |  |
| **What practice-based problem (gap) will this education**  **address?**  *Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students* |  |
| **What is/are the reason(s) for the gap?**  **How are your learners involved?**  *Examples: We need strategies to discuss difficult topics with family members; Don’t know best ways to improve team collaboration* |  |
| **What change(s) in strategy, performance, or patient**  **care would you like this education to help learners**  **accomplish?**  *Examples: Eliminate stigmatizing language from communications with patients; Improve my management skills* |  |
| **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 to**  **the right.**  *Example: I will use the evidence-based checklist we discussed to improve screening my patients for past military service.* |  |
| **Describe how this activity will include content to educate providers on meeting patients’ social, cultural, and linguistic needs as it relates to patient health and strategies to reduce implicit bias.**  *This is now required by the state of California. See definitions of Cultural and Linguistic Competency and Implicit Bias below* |  |
| **Educational Format**   * *Length of activity* * *Format (live, didactic, online, workshop, hands-on, etc.)* * *Number of proposed faculty* |  |
| **Will this activity be seeking commercial support from industry to offset costs?**  **Yes  No**  *If yes, please list potential supporting companies.* |  |

**Definitions and Resources**

* **ACCME Standards for Integrity and Independence in Accredited Continuing Education**: [www.accme.org/standards](http://www.accme.org/standards)
* **Cultural and Linguistic Competency (CLC):** Ability and readiness of health care providers and health 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 patients’ social, cultural, and linguistic needs as it relates to patient health.
* **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.

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