

# McLeod Health

*The Choice for Medical Excellence.*

McLeod Health is accredited by the South Carolina Medical Association (SCMA) to provide continuing medical education for physicians. McLeod Health designates this educational activity for a maximum of 20 AMA Category One Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

## Credit for PI Activities:

Physicians may be awarded incremental AMA PRA Category 1 Credit for completing each successive stage of a PI activity. Incremental credits for PI activities are awarded as follows:

- Five (5) AMA PRA Category 1 Credits can be obtained for the completion of each of the 3 stages (A,B and C). Completion of the full PI cycle is not required.
- Physicians completing, in sequence, all 3 stages (A-C) of a structured PI activity may receive an additional five (5) AMA PRA Category 1 Credits, for a maximum of twenty (20) AMA PRA Category 1 Credits. This credit allocation acknowledges that the best learning is associated with completing a Performance Improvement activity.

## For a physician group to be eligible to receive CME Credit:

- Complete PI CME Activity Request
- All participants in the activity must complete a disclosure form and identify any potential conflicts of interest and a mechanism to resolve any potential conflicts.
- Complete and submit the attached form for each stage of the process (A,B & C) that credits are requested.

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## *Performance Improvement CME Activity Request*

**A) Please briefly describe the PI project for which you are seeking CME credit.**

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**B) Specify the objectives of your PI activity in terms of knowledge, competence and/or performance in practice. (at least three objectives necessary)**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

**C) Briefly describe your proposed plan for each stage:**

***Stage A: Assessment***

What evidence-based, well-designed (e.g., clearly specify required data elements, data collection is feasible) performance measures are you proposing to use to evaluate the success of the activity?

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**Stage B: Application**

Please briefly describe planned or potential intervention(s) based on identified performance measures. These can include live activities, articles, etc., but must be specific to the performance measures and participant patient base.

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**Stage C: Re-Assessment**

How will you re-evaluate performance following the intervention? A summarization of any practice, process or outcome changes is acceptable.

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**D) What is your anticipated timeline? (weeks or months you anticipate for each PI stage)**

*Stage A:* \_\_\_\_\_

*Stage B:* \_\_\_\_\_

*Stage C:* \_\_\_\_\_

**E) Please provide a brief profile of the physicians (not individuals) who will participate in the activity.**

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**F) Please provide a list of individuals, including nursing staff that will be involved in the activity. Please be sure to provide a signed disclosure form for each participant.**



**G) Would you like the McLeod Health CME Coordinator to provide a presentation in relation to your project?**

\_\_\_ **Yes**     \_\_\_ **No**

Please submit to the CME Coordinator by email to [megturner@mcleodhealth.org](mailto:megturner@mcleodhealth.org).

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