GUIDEBOOK for PLANNING, DEVELOPING & DELIVERING CHSE ACTIVITIES

CONTINUING HEALTH SCIENCES EDUCATION PROGRAM

***The CHSE Guidebook is currently being revised. Contact the office at cmeapps@mcmaster.ca
Dear Colleagues,

The Continuing Health Sciences Education (CHSE) Program within the Faculty of Health Sciences (FHS) has a mandate to support schools, departments, programs and faculty members within FHS in the planning, developing and delivering of effective CHSE activities.

**OUR MISSION is to create learning opportunities for healthcare providers to advance continuing professional development and optimize health outcomes.**

We believe in:

- Developing innovative learning opportunities
- Meeting the needs of the public and communities
- Supporting lifelong learning for health professionals
- Providing inter-professional education
- Embracing competency based education
- Advancing research and scholarship
- Achieving highest standards of service

**Continuing Health Science Education is defined** as the education of healthcare professionals following completion of formal training. CHSE activities consist of any educational activity, which serves to maintain, develop or increase knowledge, skills, competency, behaviour or performance. The goal is to provide better service for patients, the public or the profession. For our program, the term CHSE encompasses Continuing Professional Development (CPD), Continuing Education (CE), Continuing Medical Education (CME) and Inter-Professional Education (IPE).

The CHSE Guidebook is intended to provide information and assist you in the planning, developing and delivering of CHSE activities that are learner-centered, compliant with accreditation standards and effective in changing practice.

In developing the Guidebook, we have given consideration to policies and guidelines from the Canadian Medical Association (CMA), the College of Family Physicians of Canada (CFPC), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Association of the Faculties of Medicine of Canada (AFMC), the Committee on Accreditation of Continuing Medical Education (CACME) and the McMaster University Faculty of Health Sciences (FHS) policies and procedures and those of the Continuing Health Sciences Education (CHSE) Program.

The **Ten-Step design** outlined in the Guidebook is based on a curriculum model for learner-centered education and adult learning theory principles. Using this process will ensure that continuing health sciences education activities are based on “best practices” and are effective in achieving practice change as well as being compliant with accreditation requirements.
The CHSE Program has expert faculty and staff that can help you transform your ideas into world-class effective educational offerings. We provide **Educational Consultation** at no cost to all members of FHS. We recommend consulting your CHSE Program representative and/or our staff and faculty in planning, developing and delivering any CHSE activity.

It is the FHS policy that all CHSE activities using the **University/Faculty Name and/or Logo** must be reviewed and/or accredited by the CHSE Program. You must contact us for authorization to use the University/Faculty Name and/or Logo in association with CHSE activities.

The CHSE Program provides a range of other services in all aspects of planning, developing and delivering activities. You can benefit from these services with a cost recovery financial model. For more information please contact our CHSE Manager or one of our CHSE Coordinators.

The content, forms and documents outlined in this guidebook are the property of McMaster University, Continuing Health Sciences Education Program. **Copyright** and other intellectual property laws protect these materials. Reproduction of any materials included in the guidebook in whole or in part without the prior permission of the CHSE Program, is a violation of copyright law.

Yours truly,

Dr. Khalid Azzam
Assistant Dean, Continuing Health Sciences Education Program
McMaster University

[www.fhs.mcmaster.ca/conted](http://www.fhs.mcmaster.ca/conted)
# 10 Steps to Planning, Developing and Delivering Continuing Health Sciences Education (CHSE) Activities

Educational Consultation.................................................................3

**STEP 1:** Applying for Program Accreditation with The CHSE Program .............................................4  
A. Application Process  
B. Accreditation Statements  
C. Self-Approval Process

**STEP 2:** Identifying the Target Audience Learning Gap .............................................................8  
A. Defining the Target Audience  
B. Performing Needs Assessment

**STEP 3:** Appointing a Planning Committee .............................................................................12  
A. Responsibilities of the Chair  
B. Duties of Planning Committee Members

**STEP 4:** Developing the CHSE Activity .....................................................................................14  
A. Developing Learning Objectives  
B. Identifying Program Content and Topics  
C. Choosing Learning Methods  
D. Selecting Faculty and Speakers  
E. Co-developing a CHSE Activity

**STEP 5:** Managing Conflict of Interest .......................................................................................17

**STEP 6:** Establishing Financial Support and Budget ......................................................................18  
A. Maintaining Financial Records (Budget)  
B. Registration Fees  
C. Funding from External Sources  
D. Budget Reconciliation and Managing Surplus Funds

**STEP 7:** Developing Evaluation Tools ..........................................................................................20

**STEP 8:** Identifying and Implementing Marketing Strategies .......................................................22  
A. Marketing Strategies  
B. Use of McMaster University Imprimatur (Logo)

**STEP 9:** Implementation and Managing Logistics ........................................................................23  
A. Registration  
B. Certificate of Attendance  
C. Other logistics

**STEP 10:** Change in Practice ........................................................................................................26  
A. Measuring Change in Practice  
B. Moving Forward  
C. Scholarship and Research
# TABLE OF APPENDICES

**APPENDIX A:** Application for Program Accreditation ........................................................... 27

**APPENDIX B:** CHSE Policy for Reviewing and Approval of CHSE Credits ................................ 32

**APPENDIX C:** Declaration of Conflict of Interest Form ................................................................. 34

**APPENDIX D:** CHSE Policy on Conflict of Interest Management and Disclosure .................... 37

**APPENDIX E:** McMaster University CHSE Program Sponsorship and Exhibitor Guideline Form 40

**APPENDIX F:** CHSE Evaluation and Feedback Form ................................................................. 41

**APPENDIX G:** CFPC Disclosure Slides .................................................................................. 43

**APPENDIX H:** Developing SMART Objectives .............................................................. 44

**APPENDIX I:** Sample Budget ......................................................................................... 46

**APPENDIX J:** CHSE Policy on Support of Continuing Health Sciences Education  
Activities from External Sources .................................................................................. 47

**APPENDIX K:** FHS Policy Governing the Use of the McMaster University/Faculty of Health  
Sciences (FHS) Name and/or Logo in Continuing Health Sciences Education (CHSE) activities .......... 50

**APPENDIX L:** CHSE Activities and Conference Management Agreement ........................ 52
Educational Consultation

The CHSE Program Assistant Dean, Faculty and CHSE Coordinators provide educational consultation and help with the planning, developing and delivery of continuing health sciences education activities. Members of the CHSE Advisory Committee are also available to provide consultation to members of their respective departments or programs.

The purpose of the Educational Consultation is to:

- Help with problem identification
- Explore the potential for CHSE activity proposed
- Discuss the general needs assessment
- Ensure that the proposed activity does not conflict with other similar activities
- Provide an overview of the ten-step process for planning, developing and delivery of the activity

In the planning, developing and delivery process of CHSE activities we incorporate the following Kern' Six-step approach in curriculum development for medical education:

1. Problem Identification and General Needs Assessment
2. Needs Assessment for Targeted Learners
3. Goals and Objectives
4. Educational Strategies
5. Implementation
6. Evaluation and Feedback

STEP 1: Applying for Program Accreditation with CHSE

The McMaster University, Continuing Health Sciences Education Program (CHSE) is fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME) to provide CFPC Mainpro+ and RCPSC Maintenance of Certification (MOC) study credits for Continuing Medical Education.

Credit Categories: the CHSE Program has the authority to assign the following credit categories:
- The College of Family Physicians of Canada MainPro+
- The Royal College of Physicians and Surgeons of Canada MOC Credit
  - MOC Section 1
  - MOC Section 3, Simulation
  - MOC Section 3, Self Assessment

AMA Credits: The CHSE Program cannot accredit programs for AMA Credits, however, through an agreement between The Royal College of Physicians and Surgeons of Canada and The American Medical Association, physicians may convert Royal College MOC credits to AMA PRA Category 1 Credits™. Information on the process to convert Royal College MOC credit to AMA credit can be found at: www.ama-assn.org/go/internationalcme

A. APPLICATION PROCESS

It is the responsibility of the Planning Committee Chair to complete and submit the CHSE Application for Program Accreditation (Appendix A). The application is reviewed in accordance with CHSE Policy for Reviewing and Approval of CHSE Credits (Appendix B).

Complete application package should include:
- Completed CHSE Application for Program Accreditation form
- All required signatures:
  - For all Applications: Signature of the Planning Committee Chair
  - If Planning Committee Chair is NOT a McMaster faculty: Signature of McMaster University FHS Representative on the Planning Committee
  - For all (Internal) FHS Activities: Signature of Academic Chair of the Department/ Assistant or Associate Dean/ Director or Designate

Supporting Documentation:
- Needs assessment process
- Learning Objectives
- Planning Committee members
- Completed Declaration of Conflict of Interest forms for the Planning Committee members
- Educational Content and/or Agenda
- All Promotional Material
- Speakers List
- Evaluation and Feedback Form (with objective stated at top)
- Detailed Budget and Sponsorships from all sources
Additional RCPSC Form must be completed for MOC Section 3 Simulation and Self-Assessment:
http://www.royalcollege.ca/portal/page/portal/rc/members/cpd/cpd_accreditation/self_assessment_programs
http://www.royalcollege.ca/portal/page/portal/rc/members/cpd/cpd_accreditation/simulation

Specific details or additional material for an event may be requested for review and potential audit to examine content, format and presentation balance. This may include Power Point presentations, handouts, publications and other forms of material provided as elements of the educational activity.

**Processing time:**
- Regular processing time is FOUR (4) weeks after receiving a completed application with all required attachments and signatures. Any missing requirement will delay the process.
- Applications received 1-4 weeks before the event are processed as “Expedited” with an additional expedited fee.
- Applications received within 7 days of an activity are usually rejected. For special consideration please contact the CHSE Program Manager.

**Application Review Fees:** A non-refundable fee is charged for administrative and academic application review.

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**College of Family Physicians of Canada**

- CHSE has the authority to assign only Provincial Mainpro+ credits to activities into which FHS faculty have had substantial input into planning, organization, development, and implementation.
- At least one CFPC member from Ontario must be a member on the activity planning committee and have substantial involvement in development, planning, and implementation of the activity.
  - Substantial involvement is confirmed when the CFPC member verifies that:
    - he or she has had substantial input into the program being submitted for accreditation (eg, contributed to the consideration of learning needs, the determination of learning objectives, and the choice of speakers or presenters);
    - the content of the program is relevant to family medicine;
    - the planning, content, and conduct of the program meets pertinent ethical standards; and
    - he or she has been informed of any financial or non-financial incentives associated with the program.
- CHSE program may confer Provincial or National Mainpro+ accreditation for online activities.
- Online program must meet all established criteria for National Mainpro+ accreditation including a minimum of three CFPC members from any region of the country.
- CHSE Program can administer Mainpro+ activities that are accredited by CFPC.

For more information please go to: [http://www.cfpc.ca/cpd/](http://www.cfpc.ca/cpd/)
Royal College of Physicians and Surgeons of Canada

- CHSE program can accredit only activities that are developed by a physician organization or co-developed with CHSE program

Examples include (but not limited to) the following groups:
  - Faculties of medicine
  - Hospital departments or divisions
  - Medical societies
  - Medical associations
  - Medical academies
  - Physician research organizations
  - Health authorities not linked to government agencies

Non-physician Organizations:
  - Disease-oriented patient advocacy organizations (e.g. Canadian Diabetes Association)
  - Government departments or agencies (e.g. Health Canada, Public Health Agency of Canada)
  - Industry (e.g. pharmaceutical companies, medical device companies, etc.)
  - Medical education or communications (MEC) companies (e.g. CME Inc.)
  - ‘For-profit’ on-line educators, publishing companies or simulation companies (e.g. Medscape, CAE)
  - Small number of physicians working together to develop educational programming

- There must be a minimum of one Royal College Fellow on the planning committee

- There must be at least 25% interactive learning time:
  - This may include, plenary sessions, small group sessions, roundtables, workshops, break-out sessions, debates, Q&A and panel discussions
  - Online programs MUST include interaction between participants and faculty
  - Opportunities for interaction should be communicated in the program
  - Delivery method should be reflected in the learning objectives

For more information please go to: http://www.royalcollege.ca/portal/page/portal/rc/members/cpd/cpd_accreditation
B. ACCREDITATION STATEMENTS

Marketing and promotional material **SHOULD NOT** contain any comments regarding the accreditation status of an activity prior to it being reviewed and officially accredited by the CHSE Program.

Once approved, the CHSE Program will issue a letter with the details of hours approved, type and accreditation statements to be used.

Examples of Accreditation Statements:

**CFPC MAINPRO+**
This Group Learning program meets the certification criteria of **The College of Family Physicians of Canada** and has been certified by McMaster University, Continuing Health Sciences Education for up to *(number of hours approved)* Mainpro+ credits.

**RCPSC MOC**
**Section 1:** This activity is an Accredited Group Learning Activity (Section 1) as defined by the **Maintenance of Certification** program of **The Royal College of Physicians and Surgeons of Canada** and approved by McMaster University, Continuing Health Sciences Education for up to *(number of hours approved)* MOC Section 1 credits.

**Section 3: Self-Assessment**
This activity is an Accredited Self-Assessment Program (Section 3) as defined by the **Maintenance of Certification** program of **The Royal College of Physicians & Surgeons of Canada**, and approved by McMaster University, Continuing Health Sciences Education on *dd/mm/yy*. Remember to visit MAINPORT to record your learning and outcomes. You may claim a maximum of *(number of hours approved)* hours (credits are automatically calculated).

**Section 3: Simulation**
This activity is an Accredited Simulation Activity (Section 3) as defined by the **Maintenance of Certification** program of **The Royal College of Physicians & Surgeons of Canada**, and approved by McMaster University, Continuing Health Sciences Education on *dd/mm/yy*. Remember to visit MAINPORT to record your learning and outcomes. You may claim a maximum of *(number of hours approved)* hours (credits are automatically calculated).

C. SELF-APPROVAL PROCESS
Some types of CHSE activities qualify as self accredited activities of the **RCPSC MOC**. These include rounds, journal clubs and small groups learning sessions. The **RCPSC** has established criteria for the conduct of self accredited events.

For more information please visit:
STEP 2: Identifying the Target Audience Learning Gap

A. DEFINING THE TARGET AUDIENCE

Identifying potential learners early in the development and design of an educational offering is essential to ensure that the needs of all participants are addressed. This will ensure more effective learning based on the principles of adult learning theory.

The CHSE Program encourages inter-professional education. Our learners include family physicians, general practitioners, specialists, nurses, nurse practitioners, physician assistants, physiotherapists, occupational therapists, chiropractors, optometrists and all other healthcare providers. We also include students, residents and other trainees to foster lifelong learning.
B. PERFORMING NEEDS ASSESSMENT

NEEDS ASSESSMENT

The needs assessment process forms the basis of the learning objectives, the program design and content.

Needs assessment is the process involved in gathering information to identify the learning needs of the target audience. The learning needs are the basis for identifying appropriate learning objectives and the content and format of the educational activity. As part of the documentation for the application for program accreditation, the chair of the planning committee will be required to provide details of the needs assessment process and the findings.

LEARNING NEEDS

The CHSE Program requires that all developed and/or accredited activities be planned based on identified learning needs. Adhering to the principles of the Adult Learning Theory, all CHSE activities should have relevance to what the target audience wants to learn and to their practice.

INFERRED NEEDS

...may be derived from the following:
- The emergence of a new disease
- New methods of diagnosis or treatment
- Availability of new medication(s) or indication(s)
- Development of new technology
- Input from experts regarding advances in medical knowledge
- Acquisition of new facilities or equipment
- Legislative, regulatory or organizational changes effecting patient care

VERBALIZED NEEDS

...and interests may be derived from the following:
- Requests submitted on participants’ activity evaluation forms
- Formal surveys of potential participants
- Informal comments
- Patient problem inventories compiled by potential participants
- Consensus of faculty members within a department or service area

PROVEN NEEDS

...based on objective external data sources may be derived from the following:
- Epidemiological data
- Quality assurance/audit data
- Credential review/peer assessments
- Morbidity/mortality data
- Statistics infection control data
- Surgical procedures statistics
- Professional society requirements
- Literature citations/journal articles

A learning need is described as the gap in knowledge, skill, attitude and/or practice between what currently exists and what is desired.

To identify the learning gap, planning committee should:

- Describe target audience
- Describe work environment or work activities
- Identify topics of importance to the work done or activities performed
- Identify preferred learning style
- Identify current knowledge or skill level
- Determine desired knowledge, skill or performance level
Through the needs assessment process, the planning committee should determine the answers for the following questions:

- How prevalent is the need among the target audience?
- How many different assessment sources indicated this need?
- How significantly will the unfulfilled need or knowledge gap hinder health care delivery?
- How directly is the need related to actual healthcare provider performance?
- How likely is it that a CHSE activity will improve behaviour?
- How likely is it that a CHSE activity will improve performance?
- How likely is it that a CHSE activity will improve healthcare outcome?
- Are sufficient resources available to effectively address this topic?
- How receptive will the target audience be to a session on this topic?

**PERCEIVED AND UNPERCEIVED NEEDS**

The needs assessment should be conducted to identify perceived and unperceived needs. Perceived needs are those of which the learner is aware: “I know I don’t know,...”. Unperceived needs are those of which the learner is unaware: “I don’t know what I don’t know”. Both sets of needs are important to identify for the purpose of instructional design and educational event planning. Multiple sources of information must be considered when determining needs. We recommend that it should include at least one objective (unperceived) and one subjective (perceived) learning need to be identified.

**Examples of needs assessments:**

**Objective (unperceived)**
- Self-Assessment Tests
- Peer Performance Review/Audit
- Direct Observation of Practice Performance
- Expert Advisory Group
- Patients Feedback
- Chart Audits
- Clinical Incidence Reporting
- Quality Assurance Data from Hospitals or Regions
- Provincial Databases
- Published Literature
- M&M Rounds

**Subjective (perceived)**
- Survey of Target Audience
- Focus Group
- Opinion of Planning Committee Members
- Prior Evaluation of CPD/CME Activity
The needs assessment process **CANNOT** be driven or conducted by industry or commercial sponsors.

**TRANSFORMING UNPERCEIVED LEARNING NEEDS TO PERCEIVED NEEDS**

Adult learners need to relate to what they are required to learn. When they are not aware of a need to learn something new it is unlikely that they will. Healthcare professionals are known to aim for best practices, providing a non-threatening method to help identify the gap in knowledge, attitude, skills or practice usually works to motivate learning. Useful methods such as presenting a case or a new finding to reflect on or the use of an Audience Response System to answer questions related to the unperceived needs are some strategies that can help learners identify their unperceived needs.

**CHSE COMPREHENSIVE CURRICULUM NEEDS ASSESSMENT**

The CHSE Program regularly conducts comprehensive curriculum needs assessments to determine perceived and unperceived needs of its target audience. In 2013, the needs assessment survey was developed based on the available best evidence and to reflect current continuing health sciences education trends. The survey included not only the expert role, but also other CanMED roles (Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional). This survey was completed by 2650 healthcare professionals. The data is analyzed thematically to help prioritize the development of future activities. The findings of this survey are available to assist planning committees in identifying the defined target audience needs.

**Healthcare Professionals Surveyed**

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician: Family Medicine</td>
<td>13.95%</td>
</tr>
<tr>
<td>Physician: Specialist</td>
<td>15.49%</td>
</tr>
<tr>
<td>Physician: Resident</td>
<td>5.83%</td>
</tr>
<tr>
<td>Other</td>
<td>24.14%</td>
</tr>
<tr>
<td>Nurse</td>
<td>21.02%</td>
</tr>
<tr>
<td>Physician: Occupation Therapist</td>
<td>3.27%</td>
</tr>
<tr>
<td>Physician: Assistant</td>
<td>1.28%</td>
</tr>
<tr>
<td>Psychologist</td>
<td>0.34%</td>
</tr>
<tr>
<td>Radiology Technician</td>
<td>0.71%</td>
</tr>
<tr>
<td>Nutritionist/Dietitian</td>
<td>3.12%</td>
</tr>
<tr>
<td>Optometrist</td>
<td>1.32%</td>
</tr>
<tr>
<td>Laboratory Technician</td>
<td>1.32%</td>
</tr>
<tr>
<td>Medical Student</td>
<td>1.32%</td>
</tr>
<tr>
<td>Midwife</td>
<td>0.41%</td>
</tr>
</tbody>
</table>
STEP 3: Appointing a Planning Committee

Planning Committee Members should be representative of the defined target audience. This is to ensure that the learning needs of the target audience are identified, recognized and addressed. Where required, Planning Committee Members should reflect the principles of inter-professional education. All Planning Committee Members representing the various groups of the target audience should have substantial input into the program development including content, speaker selection and format.

For activities developed or managed by the CHSE Program, the CHSE Coordinator involved in the activity is a Member of the Planning Committee. It is also encouraged to have the discipline representative on the CHSE Advisory Committee or the Assistant Dean, when possible, as a Member of the Planning Committee. This is to help with the planning, developing and delivering of the activity and to ensure that the CHSE Program standards are maintained.

Representatives from industry or commercial sponsors CANNOT be planning committee members.

RECORD KEEPING

Planning Committee Members are required to maintain meeting minutes and document any decisions that have been implemented in the development of the CHSE activity.

CHSE AND FHS POLICIES

It is the responsibility of the Chair and Planning Committee Members to abide by all CHSE and FHS policies related to any CHSE activity. They must ensure that these policies are followed in the planning, development, delivery and evaluation of all CHSE activities. The policies include (but are not limited to) the following:

- CHSE Policy on Support of Continuing Health Sciences Education Activities from External Sources
- CHSE Policy on Conflict of Interest Management and Disclosure
- Policy Governing the Use of the McMaster University/Faculty of Health Sciences (FHS) Name and/or Logo in Continuing Health Sciences Education (CHSE) Activities
- Recommendations for Managing Conflict of Interest for Faculty and Students in Educational Programs in the Faculty of Health Sciences – McMaster University
- McMaster University Copyright Policy: http://milo.mcmaster.ca/faqs/copyright_mac
A. RESPONSIBILITIES OF THE CHAIR

Chair’s Affiliation to McMaster University: The Chair of the Planning Committee must have an active appointment in the Faculty of Health Sciences, McMaster University. If the Chair is not a faculty member, the activity should be co-developed with the CHSE Program (Step 4, Section E). Alternately, an active faculty member on the Planning Committee could accept the responsibility to ensure that all the Chair’s responsibilities are complied with and signs the Application for Program Accreditation.

Responsibilities of the Chair:

- Ensure that the Planning Committee is representative of the target audience
- Accountable for the planning, developing and delivery of the CHSE activity
- Ensure that all the teaching content in the CHSE activity has scientific validity, integrity, objectivity and is evidence based
- Responsible for accurately completing and submitting the CHSE Application for Program Accreditation with all the required attachments and signatures
- Ensure that the Declaration of Conflict of Interest forms (Appendix C) are obtained from Planning Committee Members and sent to the CHSE Program with the Application for Program Accreditation (Appendix A)
- Ensure that the Declaration of Conflict of Interest forms are obtained from all speakers, moderators and reviewed by planning committee prior to the activity
- Ensure that any Potential Conflict of Interest is managed in accordance with CHSE policy (Appendix D)
- Ensure full compliance with the Freedom of Information and Protection of Privacy Act (FIPPA)
- Ensure that all sponsors/exhibitors sign the McMaster University CHSE Program Sponsor & Exhibitor Guidelines form prior to the activity (Appendix E)
- Submit to the CHSE Program, upon the completion of the activity:
  - Accurate final budget including revenues and expenditures (Appendix I)
  - Electronic copy of the speakers/presenters and attendees list with full names, addresses, and professional titles or designation
  - A scanned copy of the signatures of the speakers/presenters and attendees
  - Copy of the participants’ evaluation of the activity (Appendix F)
  - Signed copies of McMaster University CHSE Program Sponsor & Exhibitor Guidelines form

B. DUTIES OF THE PLANNING COMMITTEE MEMBERS

Planning Committee members have substantial involvement in developing the CHSE activity including:

- Needs assessment
- Developing learning objectives
- Identifying activity content
- Choosing learning methods
- Selecting faculty and speakers
- Developing evaluation tools
- Maintain scientific integrity by selecting the best faculty and ensuring that the topics, content and the learning objectives are representative of the identified needs
- Should consider opportunities to promote inter-professional education
- Ensure a variety of learning methods to best meet the needs of adult learners.
- Provide advice on logistics, implementation and budget to the chair and when applicable the CHSE Coordinator
- Enforce the CHSE Policy on Conflict of Interest (Col) Management and Disclosure including reviewing Declaration of Col forms and when applicable the CFPC three-step Disclosure Slides (Appendix G)
- Review evaluations and final budget following the activity
STEP 4: Developing a CHSE Activity

A. DEVELOPING LEARNING OBJECTIVES

The development of learning objectives is one of the most important steps of creating a learning activity. It is mandated that the learning objectives be linked to the learners needs. Objectives should be written from the perspective of the learner and describe what the participants will be able to do following the educational activity.

Objectives should be written to complete the phrase: “At the end of this learning activity the participants will…”

Planning committees should consider having overall course objectives and specific objectives for each presentation or workshop in the activity. The planning committee should actively participate in developing learning objectives by reviewing the needs assessment and identify the needs gap. The learning needs identify appropriate learning objectives and determine the content and format of the educational activity.

Learning objectives should be presented as **SMART objectives** (Specific, Measurable, Achievable, Realistic and Time based). *(Appendix H)* describes the process of writing SMART Objectives.

Learning objectives need to be communicated clearly with speakers by including the objectives in the speakers’ invitation letter.

**Begin with the End in Mind.** The planning committee for each CHSE activity is encouraged to develop the learning objectives based on Dixon’s² four levels of evaluation. Each learning objective should clearly indicate how participation in the educational activity will influence attendees.

- **Level 1:** Perception and opinions
- **Level 2:** Knowledge, skills, and attitudes
- **Level 3:** Performance behaviour
- **Level 4:** Patient outcomes

This practice will promote the linkage of learning objectives with outcome measurement levels.

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B. IDENTIFYING PROGRAM CONTENT AND TOPICS

Program content and topics should be based on the learning objectives that are linked to the identified needs.

All individuals engaged in the planning, development and delivery of a CHSE activity share in the responsibility of the teaching content. They need to ensure that the activity has scientific validity, integrity, objectivity and is evidence based. It should be clearly presented and learner-centered.

C. LEARNING METHODS

Learning methods should aim to address the identified learning needs and objectives of the target audience. It is advised to use multiple learning methods to address variation in learning needs of target audience. The CHSE Program recommends that each event include at least two complementary learning methods.

Listed below are examples of educational delivery options:

- Lectures
- Plenary sessions
- Small group sessions
- Roundtables
- Case-based presentation with or without patients
- Workshops
- Case-based small groups
- Practice-based small group
- Simulation
- Demonstrations of techniques
- Panel discussions
- Breakout sessions
- Debates
- Multimedia e.g. videotape
- Online programs (with interaction between participants and faculty)

INTERACTIVITY

Any accredited CHSE activity is required to incorporate at least 25% of the time spent in interactive learning and must be indicated in the program schedule or agenda. This is essential to facilitate effective adult learning. It allows the learners to frame the topic within their own context and links theoretical knowledge to experience in practice.

The approach of incorporating interactivity and using mixed delivery methods is associated with increased impact on practice.3

D. SELECTING FACULTY AND SPEAKERS

Selecting faculty who can present content that meets the learning objectives is important to maintain Scientific Integrity.

Characteristics of a desirable speaker/presenter include:

- Expert on the activity topic
- Skilled and engaging presenter
- Credible
- Learner-centered
- Reliable and punctual
- Absence of conflict of interest

The CHSE Program encourages planning committees to select faculty from within the expert faculty at McMaster FHS.

Speakers/presenters must be assigned specific topics to teach and given specific learning objectives to meet when requested to speak.

All speakers/presenters must abide by CHSE policies related to ethical practices and McMaster copyright policy: http://milo.mcmaster.ca/faqs/copyright_mac, and policy on Academic integrity: http://www.mcmaster.ca/policy/Students-AcademicStudies/AcademicIntegrity.pdf.

In activities managed and delivered by the CHSE Program, the CHSE Coordinator provides support to the chair and planning committee in correspondence with potential speakers. It is highly recommended that once a potential faculty is identified, the initial request for participation is sent from the planning committee chair. Once request is accepted, further follow-up could be done by the CHSE Coordinator.

**Compensation and Honoraria:** The planning committee may consider reasonable honoraria to McMaster University faculty speakers for their participation at a CHSE activity based on respective department regulation. Expenses incurred in travel may be reimbursed. Small gifts are also acceptable. It is appropriate for guest faculty and visiting speakers to accept both reasonable honoraria and reimbursement for personal travel, lodging, and meal expenses. Faculty may not be paid directly by commercial organizations, but should be paid through the planning committee chair or the CHSE Program.

E. CO-DEVELOPING A CHSE ACTIVITY

CHSE activities can be co-developed with the CHSE Program. If the Chair is not a McMaster Faculty Member, the activity should be co-developed with the CHSE Program. In the co-development process the CHSE program provides support with the planning, developing and delivery of the CHSE activity. The Planning Committee should also include an active McMaster faculty member who would ensure that all the Chair’s responsibilities are complied with and signs the Application for Program Accreditation. The intellectual property of such programs is owned by both the CHSE Program and the Planning Committee. The Continuing Health Sciences Education Activities and Conference Management Agreement (Appendix L) must be signed by both parties.
STEP 5: Managing Conflict of Interest

Conflict of interest in CHSE activities may arise when an individual has a role in the planning or delivery of the activity and where there may be competing interests/loyalties that could impact the educational content in a real or perceived manner.

The CHSE Program does not view the commercial support to an activity, nor the financial relationship with a program faculty as necessarily implying bias, decreasing the value of an activity, or diminishing the individual’s participation. However, as apparent, potential or actual conflict of interest may arise in these situations, any support and/or relationship should be disclosed and appropriately managed in order to uphold transparency, objectivity and scientific validity.

Organizers and individual presenters of a CHSE activity must disclose to participants any financial affiliations that may lead to potential, apparent or actual, conflict of interest. This transparency to learners helps to ensure scientific validity, objectivity and completeness of a CHSE activity.

Details of the CHSE Program policies and procedures are outlined in the CHSE Policy on Conflict of Interest Management and Disclosure (Appendix D). It is mandatory to abide by this policy for all CHSE activities. As part of the CHSE Application for Program Accreditation process, the Declaration of Conflict of Interest Form (Appendix C) must be completed by anyone in a position to control or influence the content of the CHSE activity. This includes planning committee, all speakers, presenters, moderators and other faculty. It is required to disclose any relationship and/or affiliation with any commercial organization over the past two years prior to the activity.
STEP 6: Establishing Financial Support and Budget

A. MAINTAINING FINANCIAL RECORDS

The documentation of financial activities relating to revenues and expenditures for CHSE activities, including accounting and reporting processes, must adhere to the accounting principles and policies of the FHS.

A budget with all projected revenues from all sources and expenses should be prepared by the planning committee and submitted to CHSE Program as part of the Application for Program Accreditation package. A final budget with actual revenues from all sources and expenses must be sent to the CHSE Program within 60 days of completing the activity.

For CHSE managed activities, CHSE Coordinators and Administration will assist the planning committee in completing projected and actual budget and ensure compliance with policies. A sample budget format is provided in (Appendix I).

When planning a CHSE activity, the planning committee should aim to be financially self-sustaining. The cost of CHSE activities could be recovered from multiple sources including:

- Registration Fees
- Internal Funding
  - FHS Departments and Programs
- External Funding
  - Commercial and non-commercial sources

B. REGISTRATION FEES

It is encouraged that a registration fee be charged to recover some or all of the costs associated with conducting the educational activity. At a minimum, registration fees should offset the costs of social activities, meals and refreshment. The CHSE discourages developing programs that are funded from commercial sources and charges no registration fees.

The practice of using differential registration fees for physicians, nurses, other health professionals, residents and students is acceptable. Planning committees are encouraged to consider differential registration fees for early bird registration to promote an activity. Consideration should also be given to a differential fee for late or on site registrations since these are associated with increased administrative costs.
C. FUNDING FROM EXTERNAL SOURCES

All funds from commercial sources should be in the form of an unrestricted educational grant. For the FHS activities, grants should be payable to McMaster University. Funding should have ‘no strings’ attached and should be provided without stipulations linked to content or delivery.

For activities managed by the CHSE Program, it is recommended that the initial request for funding for a specific activity be initiated by the chair and/or the planning committee. The CHSE Coordinator provides support with correspondence and follow up.

For all activities that receive funding from for-profit (commercial) organizations, the planning committee must ensure adherence to the CMA Policy Summary on Physicians and Pharmaceutical Industry, 2007 Update and CHSE Policy on Support of Continuing Health Sciences Education Activities from External Sources (Appendix J). This applies to all continuing health sciences education activities in the FHS. This includes activities that are developed and/or accredited by the CHSE Program as well as activities that are not accredited or reviewed by the CHSE Program. It is required for all commercial organizations to complete and sign the McMaster University CHSE Program Sponsorship and Exhibitor Guidelines Form (Appendix E) in regards to their display.

Other sources of external funding may include support from government agencies or professional associations including not-for-profit organizations.

D. BUDGET RECONCILIATION AND MANAGING SURPLUS FUNDS

A final budget with actual revenues from all sources and expenses must be sent to CHSE Program within 60 days of completing the activity. This applies to all programs that are accredited by the CHSE Program. This final budget must include all sponsorship received and actual registration revenues.

For activities managed and delivered by the CHSE program, this final budget will be prepared by the CHSE Coordinator.

Surplus funds generated from an activity should be earmarked for the planning, development, or delivery of subsequent activities of a recurring nature. Surplus funds from a single, non-recurring event should be forwarded to the Department Academic Chair and be used to support continuing health sciences education activities in the department/division/program.

For activities developed and delivered with support from CHSE Program, surplus will be retained by the CHSE Program for subsequent reoccurring activities. If requested by the planning committee chair, CHSE Program will forward funds to the Department Academic Chair. Alternatively, funds could be earmarked for other CHSE activity with approval of the planning committee chair and/or the Assistant Dean.
STEP 7: Develop Evaluation Tools

Developing evaluation tools should be considered early in the planning and design of the CHSE activity. All continuing health sciences educational activities that are developed and/or accredited by CHSE Program must have an evaluation process that is linked to the learning objectives. The evaluation process should be both formative and summative.

It is a CHSE strategic objective to “maintain an evaluation process that measures change in perceptions, competencies, behaviours, and/or outcomes”. This emphasizes the importance of evaluating the effectiveness of CHSE activities.

The evaluation processes should be modeled after Dixon’s four levels of evaluation:

- **Level 1** – Perception and opinion data;
- **Level 2** – Knowledge, skills, and attitudes (competency);
- **Level 3** – Performance data (impact on behavior); and
- **Level 4** – Outcome data (impact of patient care and health status).

All evaluations should have a minimum requirement of Level 1 (Perception and opinion data). The CHSE Program strongly encourages the development of evaluation tools beyond level 1, with a focus on knowledge translation and patient and population outcome.

A. EVALUATION AND FEEDBACK FORMS

Evaluation and feedback forms must outline the learning objectives. Participants are asked if stated learning objectives, as well as, their own learning objectives for the activity were met. It is required that the feedback forms specifically identify the perception of industry influence or bias within the educational materials. Evaluation forms should be based on the 7-point Likert scale, which provides more options and effectively differentiates truly outstanding offerings. This also complies with the Faculty teaching effectiveness evaluations.

The planning committee may consider feedback on the following areas:

<table>
<thead>
<tr>
<th>SPEAKERS/PRESENTERS</th>
<th>LOGISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>The content was consistent with the stated objectives</td>
<td>Effectiveness of marketing and promotional material</td>
</tr>
<tr>
<td>The information was presented clearly</td>
<td>Information on the motivation to attend an activity</td>
</tr>
<tr>
<td>The information was relevant to practice</td>
<td>Suggestions for improvements in the activity for the event planning committee</td>
</tr>
<tr>
<td>The amount of time left for discussion was adequate</td>
<td>The quality of administration and activity management services (brochures, registration, catering, facilities, handouts/audio visuals)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DESIGN</th>
<th>CURRICULUM DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived needs assessment for future educational activities</td>
<td>Future topics for content development</td>
</tr>
<tr>
<td>Different educational needs of target audience segmented by professional category</td>
<td>Suggestions for future presenters/speakers</td>
</tr>
<tr>
<td>Overall program effectiveness in achieving the educational objectives</td>
<td>Intention to change in practice</td>
</tr>
<tr>
<td>Presence or absence of perceived commercial bias</td>
<td></td>
</tr>
</tbody>
</table>
**CHSE Evaluation and Feedback Form (Appendix F):** This standardized form should be used for all CHSE developed activities. It meets all the above requirements and it could be used for CHSE accredited activities.

**Satisfaction Index:** A “satisfaction index” can be calculated for each item by multiplying the weighted average of the responses for an item by a factor (100/7). To calculate the weighted average of responses on an item, multiply the number of respondents by the weight assigned to each answer and then adding altogether and divide by total number of respondents.

$$\text{Satisfaction Index} = \text{weighted average} \times \frac{100}{7}$$

Weighted Average = \((1\times N_1+2\times N_2+3\times N_3+4\times N_4+5\times N_5+6\times N_6+7\times N_7)/N\)

Where \(N\) is total number of respondents and \(N_x\) is number of respondent selecting a corresponding anchor on the scale.

A satisfaction index below 60% on any item should be reviewed by the chair of the planning committee. Strategies should be developed to improve satisfaction with the activity in subsequent offerings. For activities delivered by the CHSE Program this process is completed electronically. The CHSE Program can provide this service when requested for independently delivered activities. We encourage using the CHSE standardized forms for consistency.

**B. KNOWLEDGE TRANSLATION**

Participants in all CHSE activities should be asked on the evaluation form to provide one to three changes that they plan to implement in their practice as a result of the CHSE activity. This knowledge translation tool, used to bridge the knowledge to action gap, is based on work by Dr. Jocelyn Lockyer. Lockyer, et. al.\(^4\), found that a commitment to change predicts actual change in practice. The CHSE Evaluation and Feedback Form contains the following open ended item, which asks participants to document commitment to change: “This course will cause me to make these changes in my practice”. Long-term evaluation is needed to assess the extent to which the learning outcomes have been met.

Physicians are also encouraged to complete a personal learning project (MOC) or “Linking Learning to Practice” project (Mainpro+) to encourage reflecting learning as knowledge translation.

**C. MEASURE EFFECTIVENESS**

The planning committee and speakers/facilitators should review the CHSE activity feedback and evaluations. It is recommended that the planning committee have a meeting following the activity to review feedback and discuss implementing measures of effectiveness that were planned as part of the evaluation process.

**D. FEEDBACK TO SPEAKERS**

All speakers must receive a summary of their own evaluations.

The CHSE Program staff enters records of faculty teaching and contributions to CHSE activities in STAR-CV (Faculty Activity Reporter) for programs that are managed and delivered by the CHSE Program. Reporting of faculty contributions for involvement in CHSE activities not organized or managed through the CHSE Program is the responsibility of the chair of the planning committee.

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STEP 8: Identifying and Implementing Marketing Strategies

A. MARKETING MATERIAL
Various strategies could be used to disseminate information about the upcoming CHSE activities; this should be linked to various known methods to reach the target audience. Using a multipronged approach including print, mail, electronic and social media is recommended.

The CHSE Program provides marketing expertise and operation that is available to all activities developed or managed by the CHSE Program. This service is also available upon request for a cost-recovery fee for all FHS activities.

Materials for the marketing and promotion of CHSE activities, in print or electronic, should contain the following information:
- Title of activity
- Venue, location, date and time
- Learning objectives
- Target audience
- Registration fees
- Cancellation and refund policies
- Accreditation status (when approved)
- Identification of accredited provider organization
- Approved accreditation statement with assigned credit value

Statements of accreditation status included in marketing material should identify the accrediting organization. The CHSE Program provides specific accreditation statements as described under Step 1, page 7.

Accreditation statements SHOULD NOT be included in promotional material prior to receiving confirmation of approval from an authorized accrediting authority.

B. USE OF MCMASTER UNIVERSITY IMPRIMATUR (LOGO)
The use of McMaster University imprimatur is controlled by the FHS Policy Governing the Use of the McMaster University/Faculty of Health Sciences (FHS) Name and/or Logo in Continuing Health Sciences Education (CHSE) activities (Appendix K). Individual faculty members are not permitted to use the McMaster University Faculty of Health Science imprimatur in CHSE activities without authorization.
STEP 9: Implementation and Logistics

A. REGISTRATION

Setting limits to the maximum number of registrants should be considered based on the format, venue and facility capacity for the planned activity.

When planned activities have a limited capacity, the limits should be noted in the promotional material.

REGISTRATION POLICIES FOR ALL CHSE ACTIVITIES

- For all FHS activities, registration information for all CHSE activities should be processed by McMaster University staff and should be managed according to the University policies for confidentiality and privacy protection.
- Responsibility for registration and the collection of information pertaining to registrants should not be delegated to an external agency especially an industry sponsor or an identified communications company or consultant group.
- Personal information from registration should not be shared or provided to sponsors, industry representatives or external communication companies.
- If the registrant has consented to having their name appear on a published registration listing, only their full name, city and province should be provided. The lists should be printed on blue paper to prevent duplication by photocopying.
- Any registration and attendance information retained must be in compliance with the Freedom of Information and Protection of Privacy Act FIPPA http://www.mcmaster.ca/univsec/fippa/fippa.cfm.

CHSE REGISTRATION SERVICE

- The CHSE Program adheres to the privacy legislation under the Freedom of Information and Protection of Privacy Act (FIPPA). Registration data is kept in a secured data management system. Information is not released without consent given by participants on their registration forms.
- The CHSE Program registration-processing fee applies to all health care professionals registered in CHSE Program events. The fee covers a spectrum of associated registration services.

REFUND AND CANCELLATION POLICIES FOR ALL CHSE ACTIVITIES

It is recommended that planning committees establish policies with regard to registration cancellation and refunds. The policy should indicate the amount of the refund and the timelines refunds will be honored and processed. It is suggested that a specified amount as a percentage of the registration fee be identified as non-refundable and retained for administrative and processing purposes.
THE CHSE PROGRAM REFUND AND CANCELLATION POLICY

The CHSE program reserves the right to cancel or reschedule an activity due to insufficient registration, cancellation by the planning committee or any other circumstances that are beyond our control. The CHSE Program will attempt to contact all registrants by the same method they registered. Registrants will receive full refund of registration fees.

Registrants cancelling their registration up to 14 days before the activity will be refunded less a 25% of the registration fee to a maximum of $50.00. No refunds will be issued for cancellations received after this date.

The CHSE Program does not assume any liability for any airfare, travel, hotel or other damage that may arise from cancellation.

B. CERTIFICATE OF ATTENDANCE

Certificates of Attendance are issued by the CHSE Program and must comply by the CFPC and RCPSC requirements. McMaster University Certificates of Attendance for CHSE Activities cannot be issued without receiving permission from the CHSE Program. Maintenance of attendee/registrant database information for auditing of accredited activities must be kept for seven years.

Upon completion of your activity you must submit to CHSE:

1. A complete list of ALL program attendees, regardless of profession. This list must be submitted using the Excel template, provided by the CHSE (no other template will be accepted). We will use this list to issue/email your attendees their certificates. It is the CHSE policy that ALL attendees receive a certificate of attendance. A $15-$25 per registrant fee will be invoiced once certificates have been sent. This registration information will be retained by the Continuing Health Sciences Education Program for audit purposes (for a 7 year period) and in compliance with the Freedom of Information and Protection of Privacy Act (FIPPA).

2. Signatures. A scanned copy of your participants’ signatures, collected upon arrival at the event.

3. Final Budget. A final budget must be submitted to CHSE upon activity completion. Where applicable, CHSE will refer to your budget to calculate the 3% Tithe.

Certificates should meet the requirements of McMaster University Policy on Certificates and Diplomas.

http://www.mcmaster.ca/policy/AdminAcad/AcadAdmin/CertificatesandDiplomas.pdf
C. OTHER LOGISTICS

Other logistical arrangements that the planning committee should consider in the planning, developing and delivering of CHSE activities include:

- Speaker travel
- Speaker accommodation
- Room setup and lighting
- Audio/Visual

The CHSE Program employs a full staff compliment to provide these administrative, logistical and promotional services:

**Administration**
- Development of planning time line and responsibilities
- Participation in event planning committee meetings

**Financial Management Services**
- Budget development
- Accounting services
- Revenue and expense management
- Preparation of financial statements and reports
- Preparation of receipts and taxation forms

**Conference Planning**
- Venue selection and bookings
- Hotel accommodation bookings
- Site preparation for registration and display areas
- Site preparation for educational sessions
- Site preparation for sponsor and industry exhibit area
- Arrangements for catering and food services
- Negotiations for custom services or discounts
- Organization of special events and companion programs
- Organization of social activities

**Commercial Support Management**
- Liaison with sponsoring agencies
- Compile exhibitor/grantor request packages
- Manage and assign display and exhibitor space
- Monitor sponsor recognition

**Guest and Local Faculty Arrangements**
- Liaison with faculty and speakers
- Preparation of Declaration of Conflict of Interest forms/slides
- Arrangement of speaker travel and accommodation needs
- Arrangement of audiovisual services
- Preparation of sponsor recognition materials
- Preparation of program reports and evaluation summary
- Arrangement of liability insurances
- Provision of on-site coordination services during the event

**Registration Services**
- Faculty and participant registration services
- Credit card payment processing
- On-line registration processes
- Preparation of registrant lists
- Production of faculty, delegate and sponsor name tags
- Development and preparation of delegate materials
- Customized delegate workshop registration and timetables
- On-site staffing for registration desk
- On-site registration services

**Promotion and Public Relations**
- Design and development of program brochures
- Design and development of promotional material
- Design and development of program syllabus (includes speaker presentations, agenda, disclosure statements and notes pages)
- Design and development of on-site signage
- Distribution, mailing and advertising (including CHSE Program social media sites)

**Program Evaluation**
- Design and develop evaluation forms
- Obtain and compile participant evaluation and feedback
- Prepare evaluation summary for planning committee
STEP 10: Change in Practice

A. MEASURING CHANGE IN PRACTICE

The CHSE Program encourages a follow up with participants 3-6 months following the event to measure self-reported change in practice. This is achieved by sending a compiled list of the commitment-to-change actions expressed in the original feedback forms. Attendees are asked to report actual changes implemented in their practice since attending the educational activity.

B. MOVING FORWARD

A successful CHSE activity is continually developing. This is mostly true for reoccurring activities. It is also true for non-reoccurring activities as the learning activity can be a trigger to recognize new learning needs. Planning committees are encouraged to implement changes in their future activities based on lessons learned from a current activity.

A successful CHSE activity must respond to:

- Evaluation and feedback
- New and emerging knowledge and evidence
- Changes in target audience learning needs
- Changes in societal needs
- Changes in resources

It is always encouraged to plan ahead and have a date for next year’s event, presented at the current year’s event.

Effective change management is required to maintain strengths and promote further improvements.

C. SCHOLARSHIP AND RESEARCH

Evaluating the impact of a CHSE activity on patient outcome and population health is complex. However, demonstrating such an impact is of significant academic and practical influence. The CHSE Program encourages, and will support, scholarly activities that will address whether CHSE activities influence health professionals’ behavior, performance and/or patient and communities health outcomes. This area of research is a CHSE strategic priority. Well-designed projects could be executed as joint scholarly activity with the CHSE Program and receive funding from the CHSE Research and Innovation Fund.
**APPLICATION FOR PROGRAM ACCREDITATION**

Submit your completed application and supporting documents by email, fax, in person or by mail to the address above.

**APPLICATION REVIEW FEE SCHEDULE***

Application **WILL NOT** be reviewed until payment has been received. Payment does not guarantee accreditation and is non-refundable. Additional fees may apply for complex reviews.

<table>
<thead>
<tr>
<th>CHSE Activity</th>
<th>McMaster Activity</th>
<th>External (Non-McMaster) Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Learning Activity (MOC Section 1 and/or Mainpro 1)</td>
<td>$400</td>
<td>$1,200</td>
</tr>
<tr>
<td>Simulation, Self Assessment, MOC Section 3 &amp; Online Modules</td>
<td>$1,000</td>
<td>$2,500</td>
</tr>
<tr>
<td>Review without Accreditation</td>
<td></td>
<td>To be determined depending on the complexity of the application</td>
</tr>
</tbody>
</table>

**APPLICATION FOR ACCREDITATION CHECKLIST:**

Please submit this checklist along with your Application for Accreditation and all supporting documentation in the following order:

1. Accreditation Fee Payment Enclosed*
2. Application for Accreditation Checklist
3. Completed Application with all required Signatures, signed by McMaster Representation:
   - Planning Committee Chair or McMaster Faculty Member on the Planning Committee
   - Academic Chair of the Department / Assistant or Associate Dean / Director or Designate
4. Written Needs Assessment
5. List of Planning Committee Members
6. Learning Objectives
7. Program Content / Topics / Agenda
8. Faculty and Speakers list
9. Completed Declaration of Conflict of Interest forms for all Planning Committee Members
10. Budget (Revenues / Expenses, including CHSE Accreditation Review Fee and Attendee Fees)
11. Promotional Materials (if Applicable)
12. Evaluation and Feedback form:
   - Objectives Stated at the top of the Evaluation and Feedback Form
   - Question on Bias with Comment Section (Commercial and other Forms of Bias)

**PAYMENT INFORMATION:**

<table>
<thead>
<tr>
<th>ACTIVITY NAME:</th>
<th>VISA</th>
<th>M/C</th>
<th>AMEX</th>
<th>CASH</th>
<th>CHEQUE</th>
<th>PJR E/NAL TRY</th>
<th>AMOUNT TO CHARGE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>M/C</td>
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</table>

**PAYMENT INFORMATION:**

Payment by:

- **VISA**
- **M/C**
- **AMEX**
- **CASH**
- **CHEQUE**

Credit Card Holder's Name:

Card number:

Expiry:

**NOTE:** Please include all supporting documents, otherwise the review **WILL NOT** occur.

- - Please refer to THE GUIDEBOOK for clarification on completing any of the steps in this application - -
APPLICATION FOR PROGRAM ACCREDITATION

Complete and print this fillable online PDF form, or print this form and complete by hand. Submit completed form with ALL supporting documents to the attention of the Program Manager, CHSE Office: by fax, in person, or by mail at least four weeks prior to your activity. Expedited applications will be subject to additional fees.

A non-refundable processing fee will be charged for application review.

Date of Application: [ ] [ ] [ ]

This program is a McMaster University Faculty of Health Sciences Activity: [ ] Yes [ ] No

Is this activity being co-developed? [ ] Yes [ ] No | If yes, specify: ________________________________

Is this activity being co-sponsored with a Non FHS partner? [ ] Yes [ ] No | If yes, specify: ________________________________

Activity Name: ______________________________________________________________________________

Activity Date(s) and Time(s): __________________________________________________________________________

Activity Location (Institution/Resort/Hotel/City/Province): __________________________________________________________________________

Indicate the credit categories required for the target audience (check all that apply):

[ ] The College of Family Physicians of Canada Main Pro M1*
[ ] The Royal College of Physicians and Surgeons of Canada MOC Credit* (choose one of the following):
  [ ] MOC Section 1
  [ ] MOC Section 3, Simulation
  [ ] MOC Section 3, Self Assessment (Additional RC form must be completed and attached with application)
  [ ] Review without Accreditation. According to FHS Policy on governing the use of the McMaster logo.

*Note: Planning Committee Membership must include an Active Member of the Colleges for respective categories requested.

Type of Activity:

[ ] Conference [ ] Rounds [ ] E-learning [ ] Simulation [ ] Workshop [ ] Journal Club
[ ] Seminar Series [ ] Self-Assessment Tool [ ] PBSG [ ] Other, Please specify: ________________________________

Planning Committee Chair/Course Director: _____________________________________________________________

Institution / Organization: ____________________________________________________________

Discipline: ________________________________________________________________

Street/City: ________________________________________________________________

Province: ________________________________________________________________ Postal Code: ____________________________

Telephone: ______________________________________________________________ Fax: _______________________________________

Email: ________________________________________________________________

Academic Chair/Assistant or Associate Dean/Director or Designate (**Required for all FHS activities**):

Name: ____________________________________________________________

Email: ____________________________________________________________ Phone: ____________________________ Ext: ____________

Activity Coordinator: ____________________________________________________________

Telephone: ____________________________________________________________ Ext: ____________

Email: ____________________________________________________________
### Target Audience:
Provide an estimate of the total number (#) of attendees:

- [ ] GP/FP: # ________________________
- [ ] Specialists: # ________________________
- [ ] Other Health Professional, specify: # ________________________
- [ ] Students / Trainees: # ________________________
- [ ] Other: # ________________________ specify: ________________________

### Needs Assessment:
Please check all methods used for determining Subjective (perceived) and Objective (unperceived) educational needs of the target audience (at least one objective and one subjective educational need should be used):

**Objective (unperceived)**
- [ ] Self-Assessment Tests
- [ ] Peer Performance Review/Audit
- [ ] Direct Observation of Practice Performance
- [ ] Expert Advisory Group
- [ ] Patients Feedback
- [ ] Chart Audits
- [ ] Clinical Incidence Reporting
- [ ] Quality Assurance Data from Hospitals or Regions
- [ ] Provincial Databases
- [ ] Published Literature
- [ ] M&M Rounds

**Subjective (perceived)**
- [ ] Survey of Target Audience
- [ ] Focus Group
- [ ] Opinion of Planning Committee Members
- [ ] Prior Evaluation of CPD/CME Activity

*Attach the Needs Assessment document*

### Planning Committee Members:
Attach a list of all members of the Planning Committee including Titles, Professional Designations, Department or Organization Affiliations and Contact Details (a copy of the program brochure will suffice if it includes this information). For MainPro Credits, at least one (1) CFPC Member must be a Member of the Planning Committee and have substantial involvement in development, planning, and implementation of the program.

### Learning Objectives:
Attach a statement describing what knowledge, skills or attitude the participant will acquire by participating in this activity (a copy of your activity brochure will suffice if it includes this information). Please refer to CHSE Guidebook for information on writing SMART Learning Objectives.

### Activity Content and Topics (Agenda):
Attach a copy of the Program Agenda with exact times for each activity including Question & Answer, Panel Discussion, Nutritional Breaks and Meals. Ensure your Agenda includes **25% interactive participant time** (a copy of the activity brochure will suffice if it includes this information).

### Learning Methods:
Please indicate which presentation method(s) will be used (check all that apply)
- [ ] Lecture
- [ ] Workshops
- [ ] Videotape
- [ ] Panel Discussions
- [ ] Simulation
- [ ] Case Presentation with Patients
- [ ] Case-Based Small Groups
- [ ] Practice-Based Group
- [ ] Demonstrations of Techniques
- [ ] Other, please specify: ________________________

### Program Faculty and Speakers:
Attach a list of Program Faculty and Speakers including Titles, Professional Designations, Department or Organization Affiliations and Contact Details (email and/or phone numbers). Select faculty who can present content that meets the learning objectives.

### Managing Conflict of Interest:
Attach completed Declaration of Conflict of Interest Form (CHSE forms found on Website) for each of the Planning Committee Members, Faculty and Speakers. Please ensure that information is provided on how to mitigate any potential bias or conflict of interest.
APPENDIX A: APPLICATION FOR PROGRAM ACCREDITATION

STEP 6

Budget:
Attach a copy of your preliminary budget. *(For a sample budget, please refer to Appendix I in the CHSE Guidebook)*

Registration Fees:
Provide Registration Fee Amount(s):

- [ ] NO CHARGE, specify: ____________________________
- [ ] Students/Trainees $ __________________________
- [ ] Physician $ __________________________
- [ ] Other Health Professionals $ ______________________

External Funding (Sponsorships):
Please identify all sources and amounts of sponsorship revenue supporting this activity:

<table>
<thead>
<tr>
<th>Sponsor Name</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

STEP 7

Evaluation Tools:
Please indicate which method(s) will be used to evaluate the activity:

- [ ] Audience Feedback
- [ ] Pre-Post Knowledge Testing
- [ ] Practice Reflection Exercise
- [ ] Other, please specify: __________________________

*Please attach a copy of the activity evaluation form*

STEP 8

Marketing/Promotional Material:
Provide a copy of all Marketing/Promotional Material for the activity (include list of web based materials if applicable).

DECLARATIONS AND APPROVALS

A. Declaration of the Planning Committee Chair/Course Director:
As the Planning Committee Chair/Course Director, I accept the responsibility for the accuracy of the information provided in this application.
I have read the CHSE Guidebook for Planning, Developing and Delivering Continuing Health Sciences Education Activities and all related policies.
To the best of my knowledge this activity is developed in compliance with the CHSE Guidebook and is adherent to all related policies. I accept all the responsibilities of the Chair of the planning committee as outlined in the CHSE Guidebook.

Signature of the Planning Committee Chair/Course Director
X __________________________ Date: __________________________

B. Declaration of the McMaster University Faculty of Health Science Representative on the Planning Committee:
As the McMaster University FHS Representative on the Planning Committee for this CME/CPD activity, I hold an active academic appointment at McMaster University and I have been actively involved in the planning of this activity.

If the Chair of this Planning Committee is not a McMaster Faculty Member, I will ensure that all the responsibilities stated above under Declaration A and those stated in the CHSE GuideBook are complied with.

Signature of McMaster University FHS Representative on the Planning Committee
X __________________________ Date: __________________________

C. Academic Chair/Assistant or Associate Dean/Director or Designate Approval and Support:
As the Academic Chair/Assistant or Associate Dean/Director or Designate of the Department of __________________________,
I approve and support this activity as a McMaster University FHS activity. My program/Faculty has had substantial input into the planning, organization, development, and implementation.

Signature of Academic Chair of the Department/Assistant or Associate Dean/Director or Designate
X __________________________ Date: __________________________
APPENDIX A: APPLICATION FOR PROGRAM ACCREDITATION

FOR MCMASTER UNIVERSITY CHSE USE ONLY

Program Name: ____________________________________________________________

Date Received: [ ] YEAR [ ] MONTH [ ] DAY

Activity Date: [ ] YEAR [ ] MONTH [ ] DAY

Date 1st Review: [ ] YEAR [ ] MONTH [ ] DAY

Reviewed by: ________________________________________________________________

Documentation Checklist:

☐ 1. Accreditation Fee Payment Enclosed
☐ 2. Application for Accreditation Checklist
☐ 3. Completed Application with signatures
☐ 4. Written Needs Assessment
☐ 5. List of Planning Committee Members
☐ 6. Learning Objectives
☐ 7. Program Content/Topics/Agenda
☐ 8. Faculty and Speakers list

☐ 9. Completed Declaration of Conflict of Interest forms for all Planning Committee Members
☐ 10. Budget (Revenues / Expenses, including CHSE Accreditation Review Fee and Attendee Fees)
☐ 11. Promotional Materials (if Applicable)
☐ 12. Evaluation and Feedback form:
☐ Objectives Stated at the top of the Evaluation & Feedback Form
☐ Question on Bias with Comment Section (Commercial and other Forms of Bias)

For RCPSC MOC:

Is the activity developed by a Physician Organization?  ☐ Yes ☐ No  Name: __________________________

Does the Planning Committee have a RCPSC Fellow?  ☐ Yes ☐ No  Name: __________________________

For CFPC MainPro:

Does the Planning Committee have a CFPC Member?  ☐ Yes ☐ No  Name: __________________________

For McMaster FHS Activity?

☐ Yes - Academic Chair, Associate/Assistant Dean or Program Director signature on application or email confirming FHS activity status
☐ No - External Activity

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Academic Review completed by: ________________________________

(Assistant Dean/CHSE Coordinator)

<table>
<thead>
<tr>
<th>REVIEW RESULTS</th>
<th>DATE</th>
<th>DETAILS</th>
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</thead>
<tbody>
<tr>
<td>☐ Approved</td>
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<tr>
<td>☐ Rejected</td>
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<tr>
<th>REVIEW REQUESTS</th>
<th>DATE</th>
<th>DETAILS</th>
<th>DATE RECEIVED</th>
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<tr>
<td>☐ Requested Change to Application</td>
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</table>

Communication attached?  ☐ Yes ☐ No ☐ N/A

Signature: X ________________________________________________________________

[ ] YEAR [ ] MONTH [ ] DAY

Date 2nd Review (if applicable):

[ ] YEAR [ ] MONTH [ ] DAY

Approval:

Date Final approved:

Signature: X ________________________________________________________________

[ ] YEAR [ ] MONTH [ ] DAY

Invoice:

Application Fee: $ __________________________

Attendance Certificate Fee: $ _____ / _____ per participant

Tithe Applicable:  ☐ Yes ☐ No
CHSE POLICY
FOR REVIEWING AND APPROVAL OF CHSE CREDITS

Preamble

CHSE Program is committed to ensuring the process for reviewing and accrediting Continuing Health Sciences Education (CHSE) activities is consistently applied to all programs and events. In our processes, our goal is to ensure that all programs accredited by CHSE comply with standards of national accreditation systems such as The College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC).

CHSE Credits refer to Continuing Medical Education (CME), Continuing Professional Development (CPD) and any other Continuing Education (CE) Credits the CHSE Program may process for healthcare professionals.

Purpose

In implementing a transparent and reliable process for program accreditation and assignment of credits, a quality management system is consistently applied to ensure the rigorous application of credits.

General Principles

1. CHSE will ensure that the policies and standards of national accreditation systems (CFPC, RCPSC, etc.) in setting CHSE standards and policies are followed.

2. All programs approved for CPD credits must comply with CHSE and FHS policies, and meet or exceed standards related to the planning, design, development and delivery of continuing health sciences education activities. (These policies include and are not limited to Conflict of Interest, FIPPA, Support from External Sources, Copyright)

3. The reference for current standards is documented in the CHSE Guidebook for Planning, Developing and Delivering Continuing Health Sciences Education Activities. (http://fhs.mcmaster.ca/conted/documents/CHSE-Guidebook_web.pdf)
CHSE INTERNAL PROCEDURE FOR REVIEWING AND APPROVAL OF CHSE CREDITS

Planning Committee Chair completes and submits the Application for Program Accreditation to CHSE Program

CHSE Administrator

records date application received in CHSE application tracking system and ensures all required documentation and signatures are included

If complete

> 4 weeks Regular Application

< 4 weeks Expedited Application

Goes to Assistant Dean, CHSE

Application and/or activity is not compliant with CHSE policies and standards, Assistant Dean offers feedback to Chair and requests additional information

Assistant Dean completes Academic Review based on this policy. Complex cases are discussed with the respective accrediting Colleges and/or reviewed by CHSE Advisory Committee for an opinion

Approved:
External/Internal Programs
Assistant Dean forwards application to CHSE Administrator. Registration Coordinator issues the Accreditation Approval Letter to Chair of Planning Committee along with procedure instructions and invoice.

CHSE Programs
Assistant Dean forwards application to CHSE Administrator
Registration Coordinator issues the Accreditation Approval Letter to Chair of Planning Committee and a copy the CSHE Coordinator

Declined:
Assistant Dean provides verbal or written feedback to Chair about the decision and offers recommendations for improvement.
Registration Coordinator invoices for application review fee and retains for reference.

Quality Management Process:
Every 10th Regular Application received by CHSE Administration is scanned and emailed to an identified member of the CHSE Advisory Committee for an independent review. If the results of the review differ from the Assistant Dean’s decision, then feedback is given to the Assistant Dean and the case is re-reviewed and potentially discussed with the respective accrediting Colleges and/or taken to the CHSE Advisory Committee for their opinion.
 DECLARATION OF CONFLICT OF INTEREST

PLANNING COMMITTEE MEMBERS & SPEAKERS

Everyone in a position to control the content of the Continuing Health Sciences Education activity, including planning committee chair/members and all speakers, presenters, moderators and other faculty, must disclose any relationship and/or affiliation with any commercial organization during the past two years by completing this form and complying with CHSE Policy on Conflict of Interest Management and Disclosure available on the CHSE website and in the CHSE Guidebook.

I am participating in this Continuing Health Sciences Education activity as a:
- Planning Committee Member
- Speaker
- Both

SECTION 1: CONTACT INFORMATION
(This information will NOT be released. It is strictly to be used for the planning of this activity)

Name:  Cell:  
Email:  Office:  
Address:  Fax:  

ASSISTANT’S CONTACT INFORMATION
(This information will NOT be released. It is strictly to be used for the planning of this activity)

Name:  Cell:  
Email:  Office:  

SECTION 2: PLANNING COMMITTEE MEMBER & SPEAKER DISCLOSURE

- I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Speakers who have no involvement with industry should inform the audience that they cannot identify any conflict of interest.
- I have/had an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization. Complete the section below as it applies to you during the past two calendar years. Please indicate the commercial organization(s) with which you have/had affiliations, and briefly explain what connection you have/had with the organization. You must disclose this information to your audience.

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<tr>
<th>Company/Organization</th>
<th>Details</th>
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<tbody>
<tr>
<td>I I am a member of an Advisory Board or equivalent with a commercial organization</td>
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<tr>
<td>II I am a member of a Speakers Bureau</td>
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<tr>
<td>III I have received payment from a commercial organization (including gifts or other consideration or ‘in kind’ compensation)</td>
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<tr>
<td>IV I have received a grant(s) or an honorarium from a commercial organization</td>
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<tr>
<td>V I hold a patent for a product referred to in the CHSE activity or that is marketed by a commercial organization</td>
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<tr>
<td>VI I hold investments in a pharmaceutical organization, medical devices company or communications firm</td>
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<tr>
<td>VII I am currently participating in or have participated in a clinical trial within the past two years</td>
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SECTION 3: FOR SPEAKERS ONLY

- VIII I intend to make therapeutic recommendations for medications that have not received regulatory approval (i.e. “off-label” use of medication)
  - Yes
  - No
  You must declare all off-label use to the audience during your presentation.

SECTION 4: ACKNOWLEDGEMENT

I, ______________________________________, acknowledge that the above information is accurate and I understand that this information will be publicly available.

Signature: ____________________________  Date: ____________________________
### A. A/V REQUIREMENTS

A full AV set up will be provided including laptops and projectors. We are using PowerPoint version 2010 currently. To maintain the schedule and flow of the conference we ask that you bring your presentation on a USB stick at least 1 hour prior to your start time. If you have audio or video files in your presentation we ask that they be compatible with Windows Media Player. If possible please forward any presentations with media 1 or 2 days prior to the conference so your presentation can be checked for compatibility and ensure we have the equipment to facilitate your needs. If you are unsure please contact the CHSE Coordinator responsible for the activity for more information.

If you are planning on using your own computer for your presentation please inform the CHSE Coordinator immediately to ensure the device is compatible with the rest of the AV equipment. Apple users must provide their own video adapter to VGA.

Please be aware that for some CHSE activities the use of your own equipment is prohibited and presentations must be submitted using PowerPoint 2010.

|_______________________________________________________________________________________________________|
|_______________________________________________________________________________________________________|
|_______________________________________________________________________________________________________|

### B. BIOGRAPHY

☐ Short Biography (please email a one paragraph Biography that is required for introduction purposes)

**EXAMPLE:**

Dr. John Doe

John Doe graduated from Harvard University and came to Canada in 1980. He was an assistant professor at Dalhousie University. He is presently at McMaster University and is an Associate Professor, Department of Clinical Epidemiology and Biostatistics. Research interests include the population epidemiology of chronic renal insufficiency and the prevention of thrombotic and bleeding complications in chronic renal insufficiency and dialysis.

*Please forward all information to CHSE Coordinator (xxx@mcmaster.ca) by ____________________________.*

### C. SLIDE PRESENTATION (in powerpoint format)

☐ HANDOUT SLIDE PRESENTATION (No more than 24 slides)

Please forward to CHSE Coordinator (xxx@mcmaster.ca) by ____________________________ to ensure that there is sufficient time to print the material. Please DO NOT FAX your handout material, please forward either by email or mail on a CD.

☐ SLIDE PRESENTATION

Please bring a copy of your Power Point Presentation with you on the day of your talk. If you are using your own laptop and if it is a MAC, please bring your VGA Adapter. Check in at the registration desk. **NOTE THAT ALL PRESENTATIONS WILL BE DELETED AFTER THE PROGRAM AND NO COPIES WILL BE MADE OR DISTRIBUTED UNLESS EXPLICITLY AGREED TO BY YOU.**

### D. ACCEPTANCE

I ☐ Agree / ☐ Disagree) to present on the topic requested, and in the event that I am unable to do this, it is my responsibility to find a replacement unless an emergency warranted my absence.

If your material has not been received by the deadline requested above I understand that it is my responsibility to provide my own printed material on the day of the activity.

Signature: ____________________________________________  Date:  __________________________________________

**PLEASE FORWARD YOUR COMPLETED FORM TO:**

CHSE Coordinator via FAX 905-572-7099 or EMAIL xxx@mcmaster.ca

BEFORE ____________________________

PLEASE fill out this form electronically, save the PDF to your computer and email it back as an attachment.
### HONORARIA

<table>
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<tr>
<th>Program Name:</th>
<th>Date:</th>
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<tbody>
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<td>Postal Code:</td>
<td>Phone Number:</td>
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<tr>
<td>Email:</td>
<td>Social Insurance Number:</td>
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</table>

Indicate your preference of payment (select one of the three options listed below):

- **I AM an Employee of McMaster University**
  Honoraria payments are processed through McMaster University payroll system. Deductions may be withheld from your payment. As per CRA regulations, a T4A will be issued to you. Honorarium payment will be deposited into employee’s designated bank account.

  - McMaster University Employee Number: 
  - Social Insurance Number: 

- **Employee Group (Check one)**
  - SAAO
  - Part-time Academic
  - Post-Doctoral Fellow (FHS)
  - Temporary or Casual
  - TMG
  - Clinical Faculty
  - Clinical Scholars
  - Other (non-union only) (specify ____________________________)
  - Student (non-union)
  - Research Associate (Academic)

- **I AM NOT an Employee of McMaster University (and a resident of Canada)**
  Honoraria payments are processed through McMaster University payroll system. Personal income taxes may be withheld from your payment. As per CRA regulations, a T4A will be issued to you. Cheque will be mailed to address specified above.

  - Social Insurance Number: 

- **I AM NOT a Resident of Canada**
  If you are a non-resident of Canada, the Canada Revenue Agency (CRA) requires you to complete a “Non-Resident Tax Waiver Application” in order that personal income taxes will not be withheld from your honorarium payment. McMaster has posted a copy of the CRA’s waiver form on [www.mcmaster.ca/bms/forms/nonretax.pdf](http://www.mcmaster.ca/bms/forms/nonretax.pdf). Please forward it to the CRA. The CRA will send the waiver authorization to you. You are then required to submit the waiver to our department for processing of payment. No deductions are withheld from your payment. As it can take the CRA up to 8 weeks to process the application and issue the waiver authorization, this form needs to be submitted to CRA by you well in advance of the program for which you are receiving honorarium payment.

  - If you are not granted a tax waiver by the CRA, or decide not to apply for a tax waiver, the appropriate tax treatment is applied by our Payroll Dept. A T4A-NR slip will be issued to you. You will need to file an individual tax return in order to obtain a refund of the tax withheld. The CRA website for Non-Residents of Canada is [www.cra-arc.gc.ca/tx/nnrsdnts/ndvdls/nnrs-eng.html](http://www.cra-arc.gc.ca/tx/nnrsdnts/ndvdls/nnrs-eng.html).

- **Honoraria payment into Business Account**
  Honoraria payments to limited or incorporated companies, partnerships, associations and groups are paid through Accounts Payable on a cheque requisition. The cheque will be mailed to the address specified below. The following information is required to process the cheque:

  - Name of Business: 
  - Business Address: 
  - City, Province, Postal Code: 
  - HST/Business Number (required): 

  - Signature: ____________________________ Date: ____________________________

[PLEASE FORWARD YOUR COMPLETED FORM TO: CHSE Coordinator via FAX 905-572-7099 or EMAIL xxx@mcmaster.ca](mailto:xxx@mcmaster.ca)
CHSE POLICY
ON CONFLICT OF INTEREST MANAGEMENT AND DISCLOSURE

Preamble
Conflict of interest may arise when an individual has a role in the planning or delivery of a CHSE activity and where there may be competing interests /loyalties that could impact the educational content in a real or perceived manner.

CHSE does not view the commercial support to an activity, nor the financial relationship with a program faculty as necessarily implying bias, decreasing the value of an activity, or diminishing the individual’s participation. However, as actual, potential or apparent conflict of interest may arise in these situations, any support and/or relationship should be disclosed and appropriately managed in order to uphold transparency, objectivity and scientific validity.

Organizers and individual presenters of a CHSE activity must disclose to participants any financial affiliations that may lead to potential, apparent or actual, conflict of interest. This transparency to learners helps to ensure scientific validity, objectivity and completeness of a CHSE activity.

Related CHSE Policies
CHSE Policy on Support of Continuing Health Sciences Education Activities from External Sources

Principles
1. McMaster Continuing Health Sciences Education Program follows the recommendations and guidelines set forth by the following:
   a. CMA Policy Summary on Physicians and Pharmaceutical Industry, 2007 Update
   b. College of Family Physicians of Canada (CFPC) Conflict of Interest Policy
   c. Royal College of Physician and Surgeon of Canada (RCPSC) Conflict of Interest Policy
   d. Recommendations for Managing Conflict of Interest for Faculty and Students in Educational Programs in the Faculty of Health Sciences –McMaster University

2. Everyone in a position to control the content of the CHSE activity, including Planning Committee Chair, Planning Committee Members and all speakers, presenters, moderators and other Faculty, must disclose any relationship and/or affiliation with any commercial organization during the two years prior to the activity.
Responsibilities

1. **CHSE Declaration of Conflict of Interest Form (appendix to this policy and Website)**
   a. The Chair and all members of the activity planning committee must complete the Declaration of Conflict of Interest Form as part of the CHSE Application for Program Accreditation Process.
   b. All speakers and presenters must complete the Declaration of Conflict of Interest Form.

2. **Planning Committee Role in Managing Conflict of Interest**
   a. Planning Committee is responsible for identifying and managing actual and potential Conflict of Interest.
   b. Planning Committee Chair is responsible to ensure Declaration of Conflict of Interest Forms are completed as per this policy.
   c. Planning Committees should avoid requesting the involvement of speakers with known Conflict of Interest.
   d. Planning Committee should review all Declaration of Conflict of Interest Forms from all speakers and presenters.
   e. Planning Committee should review (when applicable for CPFC accreditation) the three-step disclosure slides.
   f. If potential or true Conflict of Interest is identified, the Planning Committee should manage this conflict by changing the speaker, changing the topic or conducting an independent peer-review of the teaching contents including materials.
   g. For activities developed and delivered by CHSE Program, the Educational Event Coordinator on the planning committee facilitates these roles.

3. **Disclosure and Transparency to Learners:**
   a. Disclosure must be done verbally, displayed in writing on a slide at the beginning of a presentation, and included in the written conference materials.
   b. Slide(s) should be visually and verbally presented to the audience. Sufficient time must be allowed for the audience to read and comprehend the information being shared. There must be an opportunity for the audience to ask questions.
   c. For CFPC Accredited programs, speakers should adhere to CFPC Three-Step Disclosure Process (http://www.cfpc.ca/CPDProvidersandPlanners) which must include the following:

   **Slide 1 - Faculty/Presenter Disclosure:**
   - (Personal) Relationships with commercial interests (over last 2 years) including:
     - Grants/Research Support, Speakers Bureau/Honoraria, Consulting Fees and Other

   **Slide 2 - Program Disclosure of Commercial Support:**
   - Source of financial support received and format
   - Source of in-kind support and format
Slide 3 - Mitigation Bias:* 
- A description of how potential sources of bias identified have been mitigated.

(* If the speaker has no relationships to declare AND the program has been developed without support from commercial entities, third slide may be omitted)

d. For large events with multiple sessions, information for participants about commercial support for the entire program needs to be presented only once at the beginning of the program, as well as in written program materials. Individual speakers need only present information about their own relationships or lack thereof (Slide 1 & 3).

4. Conflict of Interest Quality Management:
   a. All activities that are reviewed and/or accredited by the CHSE Program must have a question pertaining to participants’ perception of bias (‘bias question’) in their evaluation/feedback form.
   b. The CHSE Program will flag and review activities with significant, actual, potential or apparent bias noted by attendees on the ‘bias question’.
   c. Information on actual, potential or apparent bias from evaluations and lessons learned from reviews should be shared with speakers, Planning Committee Chair and members.
   d. The CHSE Program will utilize a bias-detection tool when needed.
   e. The Assistant Dean will inform the Academic Chair of serious and recurrent actual biased activities and/or non-compliance with this policy.

If appropriate, action may be initiated in accordance with the McMaster University’s Academic Integrity Policies.
(refer to: http://www.mcmaster.ca/policy/Students-AcademicStudies/AcademicIntegrity.pdf)

Approved by CHSE Advisory Committee: February 13, 2014
McMaster University,
Continuing Health Sciences Education
Program Sponsorship and Exhibitor Guidelines

Guidelines for sponsorship and exhibit displays at all McMaster University, Continuing Health Sciences Educational Programs:

1. Product specific information can be provided with official indication and PAAB approval.
2. Non-Product specific information can be provided if the information is accurate educational information such as guidelines, dosing cards, Rx info. There should NOT be anecdotal information or off label promotional information.
3. Demonstration devices and apparatus (i.e. inhalers, glucose monitors) without product may be displayed. No product or placebo may be used in devices.
4. Baby and Supplemental feeding products will not be allowed.
5. No proprietary or over the counter items will be allowed. This will include pain medications, anti-histamines, mouthwash products etc. If you are not sure please check with the Program Chair before the program.
6. Gift items of any sort (including candy, food or drinks) are not allowed.
7. Computer display screens without audio displaying educational information with official indication and PAAB approved may be displayed.
8. Product or Company marketing screens are allowed but shouldn’t go beyond allotted table space.
9. Displays cannot be set up in the main plenary of any CHSE Activity session.
10. Registrants will be encouraged by the event organizers to visit the exhibit booths. It is expected that exhibitors remain at their booth during the refreshments breaks and do not actively engage in promotion of their company or product at any other time during the program.

Agreement

Although the representatives of your company may attend the large group lectures or small group workshops (space permitting), they cannot actively participate (make comments, give an opinion etc.) Advance registration for small group workshops is mandatory.

Please note that due to Ontario’s Freedom of Information and Protection of Privacy Act (FIPPA), we are unable to provide a registrant list.

Please sign below and return a signed copy to the Program Chair prior to the start of the conference.

Thank you for your support.

Program Name

Name (please print)    Company Name

Signature    Date
# EVALUATION & FEEDBACK FORM

To help us access this activity and plan future ones, please take a moment to complete this evaluation form.

## Activity Name: ____________________________ Date: ____________________________

### Profession:
- [ ] FP
- [ ] Specialist
- [ ] PT
- [ ] OT
- [ ] SW
- [ ] RN
- [ ] Pharm
- [ ] Other

### Learning Objectives:
[List objectives here]

Please rate each presentation listed below by stating your agreement/disagreement to the following statements.

<table>
<thead>
<tr>
<th>STRONGLY DISAGREE 1</th>
<th>DISAGREE 2</th>
<th>SOMEWHAT DISAGREE 3</th>
<th>NEUTRAL 4</th>
<th>SOMEWHAT AGREE 5</th>
<th>AGREE 6</th>
<th>STRONGLY AGREE 7</th>
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<tbody>
<tr>
<td>Presentation – Speaker and Talk Title</td>
<td>Content was consistent with stated objective</td>
<td>Information was presented clearly</td>
<td>Information presented was relevant to practice</td>
<td>Discussion time was adequate</td>
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</table>

March 2015
1. How did you hear about the activity?
   - Brochure
   - Word of Mouth
   - Previous Attendance
   - Website
   - Posting in Hospital/University
   - Email
   - Mark Your Calendar

2. What motivated you to attend this activity?
   - Content information pertinent to work setting
   - Needed for professional certification
   - Recommended by colleague
   - Word of Mouth
   - Other, specify: _______________________________________________________

3. My personal objectives for the activity were met today.
   - STRONGLY DISAGREE
   - DISAGREE
   - SOMEWHAT DISAGREE
   - NEUTRAL
   - SOMEWHAT AGREE
   - AGREE
   - STRONGLY AGREE

   Comments (specify what the bias is so that the planning committee may address):
   ________________________________________________________________

4. This activity was free of commercial bias.
   - Yes
   - No

   Comments (specify what the bias is so that the planning committee may address):
   ________________________________________________________________

5. This activity was free of other forms of bias.
   - Yes
   - No

   Comments (specify what the bias is so that the planning committee may address):
   ________________________________________________________________

6. Please rate the following:

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Somewhat Average</th>
<th>Somewhat Good</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<td>1</td>
<td>2</td>
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<td>4</td>
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<td>6</td>
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<td>6</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

   - Brochure (i.e. appearance, sufficient information), conference registration and check in
   - Facility
   - Handouts
   - Audio Visual
   - Catering, breakfast, lunch, breaks

7. This activity will cause me to make these changes in my practice:
   1. ________________________________________________________________
   2. ________________________________________________________________
   3. ________________________________________________________________

8. Could this activity have been more effective? If so, in what way?
   ________________________________________________________________

9. What topics would you like addressed at future activities?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

10. General Comments?
    ________________________________________________________________

CHSE PROGRAM MISSION STATEMENT:
We create learning opportunities for Healthcare providers to advance Continuing Professional Development and optimize health outcomes.

Did we accomplish our mission statement today?
   - Yes
   - No
Disclosure of Potential Conflict of Interest

Faculty/Presenter Disclosure

Faculty and presenters Conflict of Interest Disclosure is included in the syllabus and will be verbally shared by individual speakers before the start of each talk including:
- Grants/Research Support
- Speakers Bureau/Honoraria
- Consulting Fees
- Other

SLIDE REMAINS THE SAME

Disclosure of Potential Conflict of Interest

Disclosure of Commercial Support

This program has financial support from INSERT SPONSOR NAMES in the form of an unrestricted educational grant.

Disclosure of Potential Conflict of Interest

Mitigating Potential Bias

The agenda of this course and topics discussed was selected by the planning committee based on a INSERT EITHER Needs Assessment or Evaluations and current trends in INSERT PROGRAM TOPIC ie Diabetes, Internal Medicine with no input from sponsors.
DEVELOPING SMART LEARNING OBJECTIVES

The following guidelines are provided to assist in the development of appropriate learning objectives for a proposed educational experience.

**Step 1.** Describe the information, skills, behaviors, or perspectives participants in the session will acquire through attendance and participation.

**Step 2.** Clearly identify the outcomes or actions participants can expect to demonstrate as a result of the educational experiences. See the action words below.

**Step 3.** Write the learning objectives that relate to these outcomes and that reflect the content of the session. Objectives describe the behavior of the learner and:

- are stated clearly
- define or describe an action
- are measurable, in terms of time, space, amount, and/or frequency.

---

<table>
<thead>
<tr>
<th>Domain</th>
<th>Emphasis</th>
<th>Relevant Verbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>Knowledge</td>
<td>Recall, identify, recognize, acquire, distinguish, state, define, name, list, label, reproduce, order</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Comprehension</td>
<td>Translate, extrapolate, convert, interpret, abstract, transform, select, indicate, illustrate, represent, formulate, explain, classify, comprehend</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Application</td>
<td>Apply, sequence, carry out, solve, prepare, operate, generalize, plan, repair, explain, predict, demonstrate, instruct, compute, use, perform, implement, employ, solve</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Analysis</td>
<td>Analyze, estimate, compare, observe, detect, classify, discover, discriminate, explore, distinguish, catalog, investigate, breakdown, order, determine, differentiate, dissect, contrast, examine, interpret</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Synthesis</td>
<td>Write, plan, integrate, formulate, propose, specify, produce, organize, theorize, design, build, systematize, combine, summarize, restate, argue, discuss, derive, relate, generalize, conclude, produce</td>
</tr>
<tr>
<td>Cognitive</td>
<td>Evaluation</td>
<td>Evaluate, verify, assess, test, judge, rank, measure, appraise, select, check, judge, justify, evaluate, determine, support, defend, criticize, weigh, assess</td>
</tr>
<tr>
<td>Affective</td>
<td></td>
<td>Agree, avoid, support, participate, cooperate, praise, help, offer, join</td>
</tr>
<tr>
<td>Psychomotor</td>
<td></td>
<td>Adjust, repair, taste, bend, measure, perform, operate, use, move</td>
</tr>
</tbody>
</table>
Avoid using verbs that are difficult to measure objectively. The following verbs are difficult to assess, thus should be used with caution:

- know
- comprehend
- understand
- appreciate
- familiarize
- study
- be aware
- become acquainted with
- gain knowledge of
- cover
- learn
- realize

**Review Checklist:**

- Does the learning objective stem from the target audience learning needs?
- Is the learning objective measurable?
- Does the learning objective target one specific aspect of expected performance?
- Is the learning objective learner-centered?
- Does the learning objective utilize an effective, action verb that targets the desired level of performance?
- Do learning objectives measure a range of educational outcomes?
- Does the learning objective match instructional activities and assessments?
- Does the learning objective specify appropriate conditions for performance?
- Is the learning objective written in terms of observable, behavioral outcomes?

**Reference:**

### CME EVENT BUDGET SHEET

#### Appendix I: Sample Budget

**Name of Event:**

**Date of Event:**

### INCOME

<table>
<thead>
<tr>
<th>Description</th>
<th>Budgeted</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Registration Fees</strong></td>
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<td></td>
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<tr>
<td>Registrants</td>
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<tr>
<td># of registrants @ $__</td>
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<td># of registrants @ $__</td>
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<tr>
<td># of registrants @ $__</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td># of exhibitors - No Fee</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td># of Planning Committee members - No Fee</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Unrestricted Educational Grants from Commercial Sources</strong></td>
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<tr>
<td>Company A</td>
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<td>0.00</td>
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<tr>
<td>Company B</td>
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<td>0.00</td>
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<tr>
<td>Company C</td>
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<tr>
<td><strong>Other Grants or Sources</strong></td>
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<tr>
<td>Name 1</td>
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<td>Name 2</td>
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<td>Name 3</td>
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<td><strong>Exhibitor Fees</strong></td>
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<td>Exhibitor 1 Name</td>
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<td>Exhibitor 2 Name</td>
<td>0.00</td>
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<td>Exhibitor 3 Name</td>
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<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>0.00</td>
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### EXPENSES

#### Instructional Expenses:
- AV Equipment Rental & Support
- Conference Site/Room Rental
- Honoraria
- Table Rental
- Travel/Accommodation - Speakers
- **Enter Other Instructional Expense (Specify)**
- **Enter Other Instructional Expense (Specify)**
- **Sub-Total**
  - 0.00   - 0.00

#### Registrant Expenses:
- Lanyards
- Catering
- Credit Card Transaction Fee
- Envelopes
- Parking Passes, if applicable
- Postage
- **Enter Other Registrant Expense (Specify)**
- **Sub-Total**
  - 0.00   - 0.00

#### Administrative Expenses:
- Accreditation Fee
- Advertising/Promotion - Brochure Development/Printing
- Advertising/Promotion - Mark Your Calendar Notice Development/Printing
- CME Administrative Fee
- Mailing List Rental/Labels
- Photocopying
- Postage/Shipping
- Printing - Evaluation Forms
- Printing - Syllabus/Participant List
- Registration Processing Fee # of registrants @ $25/registrant
- Staff - Overtime Hours
- Staff - Travel/Accommodation
- Table Rental
- Telephone/Fax
- **Enter Other Administrative Expense (Specify)**
- **Sub-Total**
  - 0.00   - 0.00

**TOTAL EXPENSES**

### BALANCE (INCOME LESS EXPENSES)

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<tr>
<th>Description</th>
<th>Budgeted</th>
<th>Actual</th>
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<tbody>
<tr>
<td><strong>Sub-Total</strong></td>
<td>0.00</td>
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<td><strong>TOTAL EXPENSES</strong></td>
<td>0.00</td>
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<td><strong>BALANCE (INCOME LESS EXPENSES)</strong></td>
<td>0.00</td>
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**Date Budget Prepared/Updated:** MM/DD/YY
CHSE POLICY
ON SUPPORT OF CONTINUING HEALTH SCIENCES EDUCATION ACTIVITIES FROM EXTERNAL SOURCES

Preamble
For the purpose of this policy, the term Continuing Health Sciences Education (CHSE) encompass Continuing Professional Development (CPD), Continuing Education (CE) and Continuing Medical Education (CME). Such activities include, but are not limited to, courses, seminars, conferences, workshops, journal clubs, rounds, lectures, online activities, and the production of learning materials.

This document outlines the CHSE Program’s policies pertaining to any support received from external sources for CHSE activities in the FHS.

External Support includes that from:
- For-profit commercial organizations (pharmaceutical companies, medical supply companies, and other businesses).
- Not-for-profit organizations (government, and government agencies, and/or other professional or education organizations).

All faculty and staff affiliated to the Faculty of Health Sciences (FHS) who are involved in planning, designing, developing, organizing, implementing and/or delivering CHSE activities, are required to abide by this policy. The policy also applies to registrants and attendees of CHSE activities.

Related CHSE Policies
CHSE Policy on Conflict of Interest Management and Disclosure

Principles
McMaster’s Continuing Health Sciences Education Program follows the recommendations and guidelines set forth by the following organizations:
- CMA Policy Summary on Physicians and Pharmaceutical Industry, 2007 Update
- Canada Rx&D Code of Ethical Practices, 2012
- Recommendations for Managing Conflict of Interest for Faculty and Students in Educational Programs in the Faculty of Health Sciences - McMaster University

In addition to the above recommendations and guidelines, the following guidelines will be observed:

1. Content Development
The CHSE Program and/or the Planning Committees must have overall responsibility for the needs assessment, educational objectives, design, content and delivery of all CHSE activities. This includes the selection of topics, speakers, course material, outcome evaluation, registration, budget, and any expenditure associated with the event.
Representatives from commercial sponsors must not be Members of the event Planning Committee.

Unaccredited portions of any event must be clearly identified and remain separate from the scientific agenda.

2. **Speakers Independence and Conflict of Interest Disclosure**

Speakers must not receive any advice on educational content or support with materials from commercial sponsors.

Speakers must not receive honoraria directly from commercial sponsors or any help with travel or lodging.

Each speaker must complete the CHSE Declaration of Conflict of Interest Form and comply with CHSE Policy on Conflict of Interest Management and Disclosure.

3. **Content & Presentations**

Topics may not be product or promotion oriented. Presentations must give a balanced view of all therapeutic options. Use of generic names is encouraged. However, if trade names are employed, the trade names of relevant competing products must also be used.

Any off-label or unapproved uses of therapeutics or diagnostics is discouraged. Speakers must disclose to the audience clearly when off-label or unproven use is discussed.

The use of company name, logo, or product/company colour is strictly prohibited.

4. **Registration Fee**

It is encouraged that a registration fee is charged to the participants of CHSE activities that receives commercial support.

5. **Payment to Registrants**

Participants must not be directly paid in any way to attend a program. Participants must be responsible for their own travel and lodging costs.

6. **Extent of Commercial Support**

Where possible, multiple sponsors should be acquired to support an educational activity. Single sponsor educational activities are discouraged - as a method to reduce the potential for bias or undue influence on the educational content.

Commercially supported social events must not compete with, nor take precedence over, educational events.

7. **Direction of Funds from Commercial Sources**

Funds from commercial sources assume the form of educational grants payable to Continuing Health Sciences Education, Faculty of Health Sciences, McMaster University. Funds cannot be paid directly to any individual involved in the development of CHSE activities.
8. **Sponsors Recognition**
   It is acceptable to acknowledge the sponsors’ support verbally, in-print or as a slideshow. Any acknowledgement must be separate from the educational material.

   Sponsor logos on advertising and promotional material must be appropriately sized and positioned separate from the McMaster University imprimatur.

   It is appropriate to establish graded sponsorship recognition (Bronze, Silver, Gold etc.) based on support provided. Categories will be determined by the Event Planning Committee and CHSE staff and should be consistent with sponsor privileges.

   Tagging sponsorship to specific elements of the educational program is unacceptable.

9. **Commercial Displays & Sponsors Promotion**
   When commercial exhibits are part of a program, arrangements for these exhibits must not influence the planning process, nor interfere with the presentation of the accredited activities. The location of promotional displays must be determined by the CHSE Program staff or the Planning/Logistics Committee with no influence from sponsors, and should be in an area outside of that used for the educational activities.

   Each commercial sponsor or exhibitor must read, agree and sign the McMaster University Continuing Health Sciences Education Program Sponsorship and Exhibitor Guidelines.

   Sponsors must not be permitted to provide product materials or promotional give-a-ways in the sponsor display areas or the educational areas. Materials suitable for distribution to delegates and participants in the designated sponsor area should be limited to informational materials.

10. **Disclosure of Commercial Support and Conflict of Interest**
    When applicable, commercial support must be disclosed at the beginning of the activity both verbally and with a slide when applicable. It must also be mentioned in printed material.

    All speakers, faculty and planning committee members must adhere to the CHSE Policy on Conflict of Interest Management and Disclosure.

Revised 2009 Policy. Approved by CHSE Advisory Committee: February 13, 2014
FHS POLICY
GOVERNING THE USE OF THE MCPMASTER UNIVERSITY/FACULTY OF HEALTH SCIENCES (FHS) NAME AND/OR LOGO IN CONTINUING HEALTH SCIENCES EDUCATION (CHSE) ACTIVITIES

1. Purpose

The purpose of this policy is threefold:

- To ensure that CHSE activities directed towards health sciences professionals that use the McMaster University/Faculty of Health Sciences (FHS) Name and/or Logo is compliant with the CHSE Program standards.
- To provide ongoing support to the CHSE Research and Innovation Fund through the generation of a tithe.
- To maintain a centralized inventory of current CHSE activities in FHS.

2. Background

 Continuing Health Sciences Education is defined as the education of healthcare professionals following completion of formal training. CHSE activities consists of any educational activities which serve to maintain, develop or increase knowledge, skills, competency, behaviour or performance with the goal to provide better service for patients, the public or the profession with healthcare providers/professionals as the target audience.

The Continuing Health Sciences Education Program within the FHS has a mandate to support Schools, Departments and Programs in the planning, design, development, organization and delivery of effective CHSE activities. The CHSE Program is required to maintain accreditation by CACME (The Committee on Accreditation for accreditation of Continuing Medical Education).

The use of the University/FHS Name and/or Logo on CHSE activities gives an educational program and its content greater credibility and hence increased value to the participants. The use of the Name/Logo also suggests University/Faculty oversight and endorsement.

3. Policy

3.1 The use of the McMaster University/FHS Name and/or Logo on CHSE activities that meet the definition in section 2 above will be restricted to such activities reviewed and/or accredited by the CHSE Program in the FHS. This provision excludes offerings of the Program for Faculty Development.

3.2 In return for permission to use the University/Faculty Name and/or Logo, the CHSE Program will charge a 3% tithe on gross revenues from all external sources on all activities; external sources include but are not limited to registration fees, commercial funding, government funding and restricted or unrestricted educational grants. Funding from within the FHS and affiliated hospitals is exempt from this surcharge.

3.3 The above surcharge is independent of other CHSE administrative services that are provided on a cost recovery basis.
4. Procedures

4.1 All continuing health sciences education activities using the University/Faculty Name and/or Logo will be reviewed by the CHSE Program using established procedures to confirm adherence to standards, polices and ethical guidelines*.

4.2 All proceeds from the 3% tithe will be directed towards the CHSE Research and Innovation Fund (RIF) that will be used to support educational research. The RIF will also be used to support ongoing CHSE curriculum needs assessment, overall program evaluation and innovative activities that advance the CHSE Program’s academic mission.

4.3 The CHSE Program will maintain a centralized registry of all continuing health sciences education activities in FHS. This will ensure better planning of activities across the Faculty. All activities reviewed and/or accredited by CHSE Program will be posted on the CHSE website.

5. Reference

* CHSE Guidebook for Planning, Developing and Delivering Continuing Health Sciences Education Activities

Approved by MDSM Council: February 12, 2014
Approved by FHS Executive Council: _____________
Continuing Health Sciences Education Activities and Conference Management Agreement

This agreement is between McMaster Program for Continuing Health Sciences Education (CHSE) and (Department program or Organization regarding the following event:

(EVENT NAME and DATE)

This event is developed and delivered as a collaboration between CHSE) and (Department program or Organization.

CHSE will provide the following service:

- Permission to use McMaster University/Faculty of Health Sciences (FHS) Imprimatur according to FHS policy
- Reserve appropriate meeting space based on the agenda and projected number of attendees
- Secure appropriate accommodation for delegates and speakers based on projected number of attendees
- Participate in a monthly meeting with the Planning Committee Chair/Course Director and planning committee members.
- Design, prepare and disseminate all mark your calendars and registration brochures
- Coordinate, prepare and distribute all promotional materials both in hard copies and electronic.
- Correspond with speakers regarding presentation requirements, accommodation, travel, and audiovisual needs
- Correspond with sponsors regarding their displays, set-up and location, and appropriate materials
- Coordinate and maintain conference registration lists. This is the property of McMaster University and will not be shared, donated, or used for any other purpose.
- Receive and process payment in the form of cash, cheque, credit cards for:
  - Registration fee
  - Sponsorship fee
  - Exhibitor fee
- Liaison with meeting site and other organizations regarding:
  - set-up of conference and workshop rooms for conference
  - catering for conference delegates
  - allocation of poster board displays, sponsors and exhibitors space/areas
- Direct mail and eblast all marketing materials
- Upload registration form and brochure to CHSE website, and all CHSE Social Media sites
- Prepare delegate packages, name badges, registration lists, accessibility needs, special meal requirements and all conference material/syllabi for the conference including the final program for speakers, delegates, and sponsors
- Onsite supervision on conference day
- Organization and manage the registration desk
- Pay all conference expenses, including accommodation for speakers, and planning committee as well as any honorarium
- Maintain financial statement and prepare final budget
- Collect evaluations and provide final evaluation reports
- In accordance with CHSE policies and procedures, review Program Accreditation Application for MOC Maintenance of Certification (Royal College of Physicians & Surgeons) and/or MainPro (College of Family Physicians of Canada) Credits
(Department program or Organization, represented by Planning Committee Chair/Course Director, agree:

- To adhere to all CHSE and FHS policies related to the development and delivery of continuing health sciences education that are outlined in CHSE Guidebook and Policy Manual including those related to commercial support and conflict of interest.
- To complete Program Accreditation Application and include all required materials as per CHSE policy.
- To reimburse McMaster University CHSE for all direct costs related to the event. This includes but is not limited to: reimbursement for facility rental, hotel and food attrition, travel marketing, printing and graphic/web support, and CHSE (AMOUNT) Logistic and Management Support.
- That CHSE will be paid (AMOUNT) for Logistics and Management Support regardless if the event is cancelled.
- The $25.00 per participant fee (includes speakers, guests, and planning committee members) and is based on the overall number of registered persons.
- CHSE is acting as an agent and in good faith signs off/hires all services and legal agreements pertaining to the (EVENT) with permission from the event committee and will not be held liable or incur financial damages should the program cancel or services with CHSE are withdrawn for any reason.
- That this activity, or any part of it, will not be organized or delivered in the future without the same level of involvement from McMaster CHSE as outlines in this agreement unless a written approval is obtained from CHSE Assistant Dean.

Signed on the ________day of the ________month of 20__ in the City of ___________ in the Province of ________

_______________________________________________________  __________________________
Planning Committee Co-Chair/Course Director Name and Signature    Date

_______________________________________________________  __________________________
(Department program or Organization

Sheilah Laffan, Program Administrator
McMaster University, Continuing Health Sciences Education

Date
FULL CHSE MANAGEMENT AND ACCREDITATION SERVICES

The Continuing Health Sciences Education Program (CHSE) has a mandate to support schools, departments, programs and faculty members within FHS in the planning, developing and delivering of effective CHSE activities. If you are designing a Continuing Health Sciences Education activity, consider partnering with our team.

EACH FULLY MANAGED ACTIVITY INCLUDES:

- Educational Consultation
- Accreditation Facilitation (not including application fee)
- Program Management
- Financial Management
- Venue Negotiation & Management
- Communication & Administrative Support
- Commercial Support Management
- Marketing, Promotion & Public Relations
- CHSE Staff On-site Support
- Full Registration Services/Support

ACCREDITATION

We are fully accredited by the Committee on Accreditation of Continuing Medical Education (CACME) to provide study credits for Continuing Medical Education. We have the authority to assign the following credit categories:

- The College of Family Physicians of Canada MainPro+
- The Royal College of Physicians and Surgeons of Canada MOC Credit(s)

RESEARCH

- Explore methods to capture perceived and unperceived learners needs
- Evaluate effectiveness of current CHSE activities
- Develop and evaluate best practices to promote lifelong learning
- Develop and validate measurements and evaluation instruments
- Measure CHSE impact on health outcomes

REGISTRATION SERVICES

- Including online and phone registrations, secure credit card processing, issuing appropriate attendance documentation

OUR MISSION

To create learning opportunities for healthcare providers to advance continuing professional development and optimize health outcomes

SELF-DIRECTED LEARNING AND COACHING

Self-directed learning resources available through the CHSE Program include Coaching, Consultation with CPD Educator, practice reflection tools and other resources available on the CHSE Program website. The CHSE Program has two APLL trained Coaches (Assisting Physicians in Lifelong Learning) available to physicians and other healthcare professionals to help in identifying professional goals, identifying perceived and unperceived learning needs, and pursuing appropriate continuing professional development activities.

EDUCATIONAL CONSULTATION

- Discuss the general needs assessment.
- Explore the potential for CHSE activity proposed.
- Provide an overview of the process for planning, developing and delivery of the activity.

QUESTIONS?

For more information and for a quote on our services:

Sheilah Laffan, CHSE Program Manager
905-525-9140 ext 22120
laffans@mcmaster.ca

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