

CME PROVIDER SYMPOSIUM & COORDINATOR'S EXCHANGE

OCTOBER 1, 2019

Ohio
State Medical
Association



SYMPOSIUM INFORMATION

Location: Crowne Plaza Dublin
600 Metro Place North
Dublin, OH 43017
614-764-2200

Date: October 1, 2019

Time: 7:45 a.m. – 3:30 p.m.

FACULTY

Candace Kohli, PhD
Manager of Systems Education &
Outreach
*Accreditation Council for Continuing
Medical Education*

Todd Baker
CEO
Ohio State Medical Association

BREAKOUT FACILITATORS

James Lewis, MD
Alice Dachowski, MD
Candace Kohli, PhD
Becky Fleig, MEd
Monica Climer, MBA, MSM, CHCP

WHO SHOULD ATTEND

This symposium is for CME professionals, such as directors, coordinators and physician chairpersons who wish to enhance their CME planning skills, provide updates about the CME environment and to establish a practical forum for CME providers to share ideas and learn from each other.

OBJECTIVES

- Apply the ACCME's Menu of Criteria for Accreditation with Commendation and discuss opportunities for your accreditation.
- Work with case studies to better understand the requirements of the new commendation criteria.
- Gain insights from hearing about ACCME's recent experience with organizations pursuing Accreditation with Commendation.
- Identify new opportunities to utilize CME as a strategic asset to address clinician burnout, quality improvement and interprofessional collaborative practice.
- Help those new to CME to gain an understanding of the basic requirements.

AGENDA

7:45 a.m. Registration and Breakfast

8:15 a.m. Welcome, Introductions and Overview
Jay Williamson, MD
Chair, OSMA Focused Task Force on Accreditation

8:30 a.m. An Update from the ACCME: Evolving Accreditation
with Commendation - Candace Kohli, PhD

9:30 a.m. New Menu of Criteria for Accreditation with
Commendation (Breakout Groups)

Participants will choose 3 of 5 30-minute session options:

1. C23-25 – Promotes Team Based Education | 2. C26-28 – Addresses Public Health Priorities
3. C29-32 – Enhances Skills | 4. C33-35 – Demonstrates Educational Leadership
5. C36-38 – Achieves Outcomes

11:00 a.m. Break

11:15 a.m. Breakout Group Facilitators Report to Large Group
Each facilitator will have 10 minutes to summarize,
with feedback from Candace Kohli.

12:15 p.m. Lunch - Speaker: Todd Baker

1:15 p.m. CME Coordinator's Exchange
Topics of Interest with Open Dialogue & Networking

3:30 p.m. Adjourn

CONTINUING PROFESSIONAL DEVELOPMENT (CME Provider Symposium)

The Ohio State Medical Association is accredited by the ACCME to provide continuing medical education for physicians. The OSMA designates this live activity for a maximum of **4.0 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

OVERNIGHT ACCOMMODATIONS

A \$99 room rate is available until September 2, subject to availability, by calling 1-866-309-0989. Please identify yourself as a member of the CME Provider Symposium.

DISCLOSURE INFORMATION

The content of this course does not relate to any product of a commercial interest; therefore, there are no relevant financial relationships to disclose from the planning committee or faculty.

REGISTRATION

Deadline to Register:
September 27, 2019

Please call if attempting to register beyond the deadline.

CME PROVIDER SYMPOSIUM & COORDINATOR'S EXCHANGE

Easy Online Registration at: OSMA.org/events

-or- Call: (800) 766-6762
Fax: (614) 527-6763

-or- Email this form (please use one form per registrant) to tpate@osma.org
Mail payment to: Ohio State Medical Association • PO Box 2091 • Mt. Vernon, OH 43050-7291

PARTICIPANT INFORMATION

Please add additional names on a separate sheet or copy this form. Use a separate form if registering staff for different sessions.

Participant Name _____ Email _____

Title _____ Company _____

Address _____ City/State/Zip _____

Number of Years in CME: ☐ Less than 2 ☐ 2-5 ☐ 5-10 ☐ 10+

Organization Type: ☐ Local Accreditation by OSMA ☐ National Accreditation by ACCME ☐ Seeking OSMA Accreditation ☐ Not Accredited

SELECT SESSIONS (Check all that apply.)

- ☐ CME Provider Symposium
☐ Afternoon Coordinator's Exchange

SELECT LUNCH

- ☐ Regular
☐ Vegetarian
☐ Other _____

PRICING

Registration Fee @ \$200 ea.

TOTAL NUMBER OF REGISTRANTS _____

TOTAL AMOUNT ENCLOSED \$ _____

METHOD OF PAYMENT

- ☐ Check enclosed payable to: OSMA ☐ Check is being mailed separately
☐ Credit card charge (please check one): ☐ MasterCard ☐ VISA ☐ AmericanExpress

Credit Card Number _____ Expiration Date _____ Validation Code _____

Name on Card (please print) _____

Billing Address (if different than above) _____ City _____ State _____ Zip Code _____

*Substitution/Cancellation: If you cancel, a full refund will be provided if you contact the OSMA at (800) 766-6762 or info@osma.org at least five business days in advance of the course date. No refunds will be granted thereafter. Confirmation: You will receive an email confirmation upon registration. **If you do not receive confirmation please contact the OSMA at (800) 766-6762 or info@osma.com.** Dietary or Special Requests: Please call the OSMA Knowledge Center at (800) 766-6762 if you have a special dietary request or other requests in order to fully participate.*

Do you have any questions that the symposium faculty can address or best practices that you would like to share in the afternoon?
Please provide them here or email tpate@osma.org.