

Coalition for Physician Enhancement

Application for Organizational Membership 2010

Membership Category

Organizational* Annual Dues: \$1000.00 USD

*Applicants for Organizational Membership must complete and submit the “Statement of Organizational Activity” which will be reviewed by the CPE Board of Directors prior to acceptance as an organizational member. **If you are renewing your organizational membership, please submit the renewal form in place of the “Statement of Organizational Activity.”**

Completed Organizational Membership Application and check should be mailed to:

Coalition for Physician Enhancement Membership Application
c/o Dr. Henry Pohl
Vice Dean for Academic Administration
Albany Medical College
47 New Scotland Ave. MC-34
Albany, New York 12208

Checks for Membership Dues should be made payable to:

Albany Medical College
TIN: 14-1338310

For credit card payment:

Fill out and submit the Credit Card Charge Slip form.

Note: Organizations applying for membership will have their check held for a maximum of 90 days pending review and acceptance of their application by the Board of Directors. Once accepted as an organizational member, the check will be cashed. If an organization is not deemed acceptable, the check will be returned.

Please make sure that the check or Credit Card Charge Slip form is enclosed with the application.

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Contact Information - Organizational Membership

1. Primary Contact: Member 1

Name	
Title	
Organization	
Mailing Address	
Telephone	
Fax	Email

2. Member 2

Name	
Title	
Organization	
Mailing Address	
Telephone	
Fax	Email

3. Member 3

Name	
Title	
Organization	
Mailing Address	
Telephone	
Fax	Email

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Statement of Organizational Member Activity

Persons submitting an application as an Organizational Member must complete the following documentation. Organizational membership applications must be approved by the CPE Board of Directors in compliance with CPE's "requirements for organizational membership". Please make sure application is legible. Thank you.

A. *The Ecology Of The Program*

1. State the mission of your program:

2. Provide written information about the following:

The administrative structure within which the program operates, and its formal relationships with other organizations; the confidentiality policies (please do not submit policies) of the program as well as any agreement between the physician-participant and the program; the fiduciary responsibilities of the program with respect to reporting requirements to provincial/state licensing authorities and other organizations.

3. Does the program document that the physician-participant has been made aware of and/or has received copies of the written information noted above?

Yes

No

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B. Assessment: The Program should assess the competence and/or performance of an individual physician to identify his/her educational needs.

1. Describe how the program assesses the physician-participant's educational needs independently, not depending solely on information provided by the physician-participant or the referring agent.

2. If substandard patient care is a concern, describe how the assessment evaluates the physician-participant's care of patients in a specific clinical context as well as within the broader scope of the physician's area of practice.

3. If an organization and/or regulatory agency has referred the physician for assessment, describe how the program is able to provide an evaluation of the individual physician's performance that may assist the referrer in determining whether:

The physician can safely remain in or return to independent clinical practice;
Specific education activities may be recommended to improve the physician's clinical performance.

4. How does the program assess or evaluate data relevant to the following areas of clinical competence and/or performance:

Interpersonal and communications skills; Data gathering (history, physical, and diagnostics); Patient care documentation; Knowledge(basic and clinical sciences); Clinical judgment and decision-making; Relevant technical or psychomotor skills; Neuropsychological screening or assessment

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5. Describe how inferences drawn from the assessment results take into account the accuracy, reliability, and reproducibility of the tests that were utilized.
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- C. *Planning Educational Intervention:* The Program should have the capacity to design a goal-directed educational intervention to address the competency and/or performance assessment findings for the individual physician-participant.
 1. Describe how the evaluation of assessment results determine if an educational intervention is indicated.

 2. When an educational intervention is appropriate, describe how the program has the ability to develop a learning plan that meets the identified learning needs and establishes specific educational goals for the physician-participant.

 3. When an educational intervention is appropriate, describe how the program has the capacity to recommend and/or develop feasible educational activities that meet the educational needs of the physician as reflected in the goals set by the education plan.

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- D. *Educational Intervention:*** The Program should have the capacity to develop, implement and monitor the learning activities of the physician as he/she participates in an individualized educational intervention focused on the areas of educational need identified in the competence and/or performance assessment.
- 1. Describe what inventory of available educational resources is available.**

 - 2. Describe how the program determines the extent to which:**
 - a. Educational activities are addressing the specific educational needs of the physician-participant;

 - b. The physician-participant is participating in and in compliance with the educational intervention activities

 - c. The physician-participant is meeting his/her identified educational objectives.

 - 3. Describe how the program evaluates the individual participant's change/improvement in competence and/or performance in order to determine the effectiveness of education intervention in addressing the physician's identified educational needs.**

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E. **Reporting:** The Program should maintain individual reports and appropriate records for all phases of the competence and/or performance assessment and educational process.

1. Describe the process whereby physician-participants and referring organizations (as authorized) receive formal reports from the program:

After assessment; periodically during the educational phase; at the completion of the educational activities; on reassessment.

2. Describe how individual records that document the progress of each physician-participant are maintained.

F. **Program Evaluation and Development:** The Program should use both self-study (internal) and external review.

1. Does the program, at least every five years, conduct a self-study to determine the extent to which its mission is being met?

Yes

No

2. Is the program, at least every five years, subject to an external review by peers who are experts in personalized assessment and education?

Yes

No

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Albany Medical Center Credit Card Charge Slip

Charge Amount				
Credit Card Information				
Check one:	American Express	VISA	MasterCard	Discover
Card Holder Name				
Card Holder Address				
Card Holder Telephone				
Credit Card Number			Exp. Date	
Signature				

For office use only	
Date Information Processed	
Authorization Number Obtained	
Signature of person processing information	Ext. #