

## Course Request Form

**Instructions:** Please download this PDF form to your computer. Complete the form and submit it to [cme@ucdavis.edu](mailto:cme@ucdavis.edu) for consideration, along with the CME [Financial Disclosure Form](#). **For Mac Users:** To save your file after editing click on "File > Export as PDF". A window will pop up. Choose a destination folder and click "Save" to save your file as a Windows readable PDF. For additional guidance when completing this form, please visit our website for a variety of [helpful resources](#). **All fields must be completed to process your request.**

Today's Date: \_\_\_\_\_

Requester: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Department(s): \_\_\_\_\_

Course Chair(s): \_\_\_\_\_

Course Co-Chair(s): \_\_\_\_\_

Planning Committee Member(s): \_\_\_\_\_

Course Title: \_\_\_\_\_

### For Non-RSS Courses:

Proposed Date(s): Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Proposed Location: \_\_\_\_\_ N/A

(For an online course, mark N/A)

Total Hours of Instruction: \_\_\_\_\_ Working with 3<sup>rd</sup> Party Organization: \_\_\_\_\_

If Yes, Organization Name: \_\_\_\_\_

Who is Managing the Logistics of Your Course? \_\_\_\_\_

(i.e. event planning by Department, Conference and Event Services, External Event Planning Service, etc.)

If Other, Explain: \_\_\_\_\_

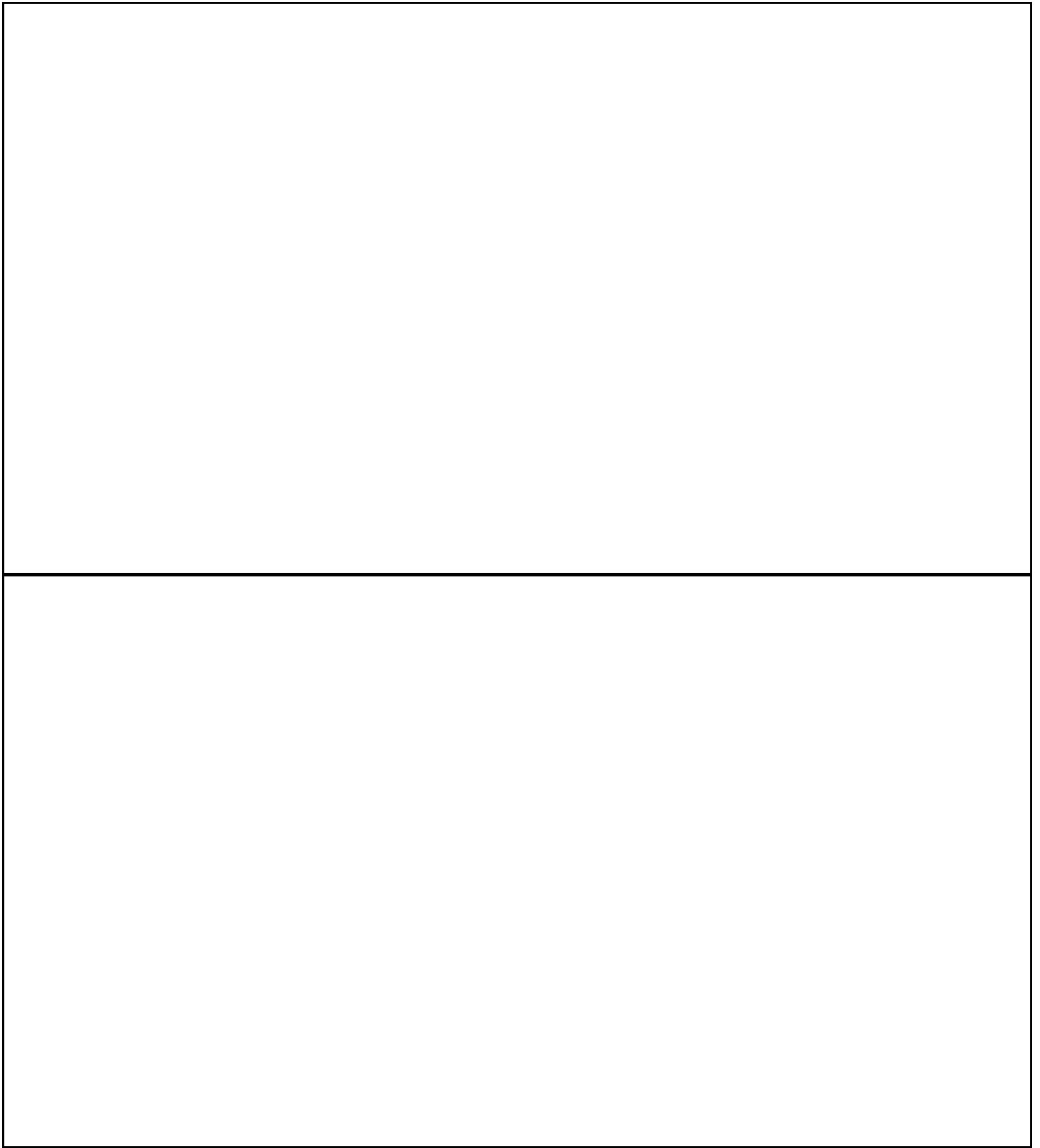
Who is the Course Planning Contact? Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Course: In Person      Virtual/Live Stream      On-demand (online)      Combination

If Combination, please explain: \_\_\_\_\_

Course Frequency: One-Time Course      Recurring Course: \_\_\_\_\_      Enduring (3 years max.)  
(including annual courses)      (e.g., grand rounds, journal club, M&Ms, etc.)



**COURSE DESCRIPTION:** (Write 4-5 sentences describing the purpose/goal of this course and expand on the educational format you plan to use.)

**GAPS:** (Describe the difference between current practice and desired or optimal practice, such as the problems, issues and/or challenges to be addressed. [Resource: Explaining Gaps, Needs and Objectives](#))

**NEEDS:** (Cause or reason for the gap, such as knowledge, competence or performance causes.)

## **CULTURAL and LINGUISTIC COMPETENCY AND IMPLICIT BIAS STANDARDS:**

Continuing medical education courses that address the practice of medicine and patient care must address the cultural and linguistic competency and implicit bias standards in the curriculum (CA Assembly Bill (AB) [1195](#) and AB [241](#)).

**Please select one or more items from each section that will be integrated into the curriculum.**

### **Section 1: Cultural and Linguistic Competency (CLC):**

- Designed and focused activities that will address the following four elements:
  - a) Applying linguistic skills to communicate effectively with the target population.
  - b) Utilizing cultural information to establish therapeutic relationships.
  - c) Eliciting and incorporating pertinent cultural data in diagnosis and treatment.
  - d) Understanding and applying cultural and ethnic data to the process of clinical care.
  - e) Understanding and incorporating mitigation strategies to overcome implicit bias in patient care.
- Incorporate translation/interpretation resources and/or integrate relevant strategies into materials for a CME activity.
- Incorporate a review and explanation of relevant federal and state laws and regulations regarding linguistic Access and Implicit Bias (please see CA AB 1195 for laws and regulations that must be included).

### **Section 2: Implicit Bias (IB):**

- Examples of how implicit bias affects perceptions and treatment decisions of physicians and surgeons, leading to disparities in health outcomes.
- Strategies to address how unintended biases in decision making may contribute to health care disparities by shaping behavior and producing differences in medical treatment (along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, or other characteristics).

**COURSE IS INTENDED TO CHANGE:** (Select all that apply)

Abilities/Skills     Quality Improvement     Medical Knowledge     Practice     Patient Outcomes

**LEARNING OBJECTIVES:** Please list what learners should be able to do in terms of changes in competence, performance or patient outcomes as a result of attending your course. One learning objective must be related to Cultural and Linguistic Competency (CLC) and one objective must be related to Implicit Bias (IB) Standards.

Examples: Demonstrate how cultural and linguistic bias manifests in..... Develop strategies to minimize impact of implicit bias in....

Additional Course Learning Objective(s):

Examples: List the 4 criteria for diagnosing... Develop a plan for screening for... Cite the 3 leading causes of...

**SOURCES:** (What sources did you use to identify the needs? Please list and attach examples, such as journal articles, CDC guidelines, etc.)

**COURSE EVALUATION**

Evaluation is an important element of CME to determine if the curriculum will change the learner’s practice. Providing formative feedback during a course is also proven to increase comprehension and the application of new learning. Please answer the following questions outlining how you will address evaluation formatively and post-course.

**Course Evaluation Methods:** (Select all that apply. Must select at least one.)

- Checklist or Rubric     Direct Observation and Feedback     Interview     Survey  
 Pre- and Post-Test     Interview     Other: \_\_\_\_\_

**Course Evaluation Type:** (Must select one or both)

- Group Evaluation     Individual Evaluation

**Course Evaluation Questions:**

All evaluations will include the [CME Mandatory Evaluation Questions](#). The following section is to identify additional questions you will ask. For additional guidance, please refer to [Creating Learning Objectives and Evaluations](#).

**Based on the learning format of this course is there opportunity to provide formative feedback to the individual and/or group learners? If so, please describe.**

**Based on your selected course evaluation methods and type(s), please list the questions to ask the learners upon course completion.** (Note: These are in addition to those questions CME will ask).

**Based on your selected course evaluation methods, list any additional question(s) to those CME will ask to determine a demonstrated change in practice.**

## LONGITUDINAL EVALUATION

Longitudinal evaluations are important in confirming that information learned in the course was applied to practice. Please answer the following questions in relation to your longitudinal evaluation plan. For additional guidance please refer to [Creating Learning Objectives and Evaluations](#).

**Longitudinal Evaluation Timeline:** (Please select only one)

3 Months       6 Months       9 Months       12 Months

**List the longitudinal questions you will ask that will confirm a demonstrated change in practice.**  
(Note: These are typically the same questions you asked at course completion, only slightly reworded).

Examples: Which of the following areas did you incorporate into practice? (List practice areas)  
Which of the following practices did you apply that you did not use before the course? (List practices)

**List the evaluation method and planned delivery for the longitudinal evaluation.** (e.g., Qualtrics survey, etc.)

**List the tracking mechanism you will use to obtain and maintain the data that shows the demonstrated change in practice from the longitudinal evaluation.** (e.g., Qualtrics reporting, etc.)

## NEXT STEPS

- Complete the CME [Financial Disclosure Form](#)
- Submit digital version (PDF) of Course Request Form and the Course Criteria Form to [cme@ucdavis.edu](mailto:cme@ucdavis.edu).
- If you have supporting documents, please attach them as PDFs to the email.
- We will contact you as soon as we receive your request. Thank you!