



CME APPLICATION & PLANNING WORKSHEET

INSTRUCTIONS

This Application/Planning Worksheet is to be submitted a **minimum of 3 months prior** to the activity to ensure compliance with ACCME and ISMA requirements. This application is an essential step that will guide you through the planning process. Each section references a letter/number (i.e., C5) which refers to the relevant ACCME Criterion. For more information on the ACCME criteria, refer to the [ACCME Essential Areas and their Elements](#).

If you require additional space for any section of this application, please attach a separate sheet, denoting the corresponding section. The application should be typed and legible, not handwritten.

TO SUBMIT

Email to Cheryl Stearley, ISMA CME Coordinator at cstearley@ismanet.org

REQUIRED SUPPORTING DOCUMENTS:

- Initial Planning Committee Meeting minutes
- Needs Assessment supportive documentation
- Preliminary Program Agenda
- Activity Budget (including projected revenue/expenses)

Contact and Activity Information			
Date Submitted: Click here to enter text.	Primary Contact Name Click here to enter text.	Email Click here to enter text.	Phone # Click here to enter text.
Hospital / Society / Organization: Click here to enter text.			
Proposed Activity Title: Click here to enter text.			
Proposed # Hours of Instruction: (Agenda required for approval of activities with multiple presentations): Click here to enter text. Hours		Estimated number of participants: <input type="checkbox"/> 25 or less <input type="checkbox"/> 26 – 50 <input type="checkbox"/> 51 – 150 <input type="checkbox"/> 150+	
Proposed Activity Date(s): Click here to enter text.		Start/End Time (if live event): Click here to enter text.	Location (if live event): Click here to enter text.

Step 1 - Proposed AMA Activity Type - The educational format chosen should be appropriate for the setting, objectives, and desired results of the activity (Select by placing an X in the appropriate box)	C5
<input type="checkbox"/> Live Activity - Course, Symposium, Workshop, Conference, Live Webcast	
<input type="checkbox"/> Enduring Activity - An enduring material is a certified CME activity that endures over a specified time. These include print, audio, video and Internet materials, such as monographs, podcasts, CD-ROMs, DVDs, archived webinars, as well as other web-based activities	
<input type="checkbox"/> Performance Improvement Activity - PI CME is a certified CME activity in which an accredited CME provider structures a long-term three-stage process by which a physician or group of physicians learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.	

Step 2 - Planning Team - Individuals with responsibility for the planning and development of the activity, and have control over the content of the activity. Specify their role. These individuals are required to complete a Disclosure of Financial Relationships COI Form. (Insert rows as needed)	C7
Name (Activity Chair): Click here to enter text. Affiliation: Click here to enter text. Title: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. Fax: Click here to enter text. Role (planner, presenter): Click here to enter text.	Name: Click here to enter text. Affiliation: Click here to enter text. Title: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. Fax: Click here to enter text. Role (planner, presenter): Click here to enter text.

Name: Click here to enter text. Affiliation: Click here to enter text. Title: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. Fax: Click here to enter text. Role (planner, presenter): Click here to enter text.	Name: Click here to enter text. Affiliation: Click here to enter text. Title: Click here to enter text. Email: Click here to enter text. Phone: Click here to enter text. Fax: Click here to enter text. Role (planner, presenter): Click here to enter text.
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Step 3 - Target Audience - Activities are generated around content that matches the learners' current or potential scope of practice. (Select all that apply – at least one from each category)

Audience: <input type="checkbox"/> Primary Care Physicians <input type="checkbox"/> Specialty Physicians <input type="checkbox"/> Pharmacists <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Rehabilitation Therapists <input type="checkbox"/> Social Worker <input type="checkbox"/> Residents and Fellows <input type="checkbox"/> Medical Students <input type="checkbox"/> Other: (specify) Click here to enter text.	Location: <input type="checkbox"/> Local/Regional <input type="checkbox"/> National <input type="checkbox"/> International	Specialty: <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Oncology <input type="checkbox"/> Pain Specialty <input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry <input type="checkbox"/> Radiology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Surgical Specialties: Trauma, General, Orthopedic, Thoracic <input type="checkbox"/> Other:
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Planning Process

The CME planning process is based on a foundation of needs assessment which serves to identify professional practice gaps of the intended audience, articulate the needs, and outline the objectives and expectations necessary to design learning activities that will change competence, performance, and/or patient outcomes. This process can be visually depicted as follows:



Step 4 - What problem will be addressed with this activity? Describe the professional, practice or system-based problem(s) for your learners that will be addressed through this educational intervention; i.e., the professional practice gap of your physicians on which the activity is based		C2
What is the problem? Click here to enter text.	Why does this problem exist? Click here to enter text.	

Step 5 – What is the physicians’ education need that will help solve the problem? State the educational need that you determined to be the cause of the professional practice gap. Consider: What should learners be doing? What should learners not be doing? What should learners understand? Competence is the ability to apply knowledge, skills, and judgment in practice; knowing how to do something. Performance is competence put into practice; the degree to which participants do what the activity intended them to do.		C2
State physicians’ knowledge need Click here to enter text.		
and/or, state physicians’ competence need Click here to enter text.		
and/or, physicians’ need for improved performance Click here to enter text.		

Step 6 - Identify Sources - how was the problem discovered? (Select all that apply by placing an X in the appropriate box). Attach supporting documentation, e.g. education request form, meeting minutes, QA data, a new regulation or best practice guideline, etc.		C2
<input type="checkbox"/> New methods of diagnosis or treatment <input type="checkbox"/> Availability of new medication(s) or indications <input type="checkbox"/> Development of new technology <input type="checkbox"/> Peer-reviewed literature <input type="checkbox"/> Data from outside sources (e.g., public health statistics, epidemiology data) <input type="checkbox"/> Survey of target audience <input type="checkbox"/> Quality assurance/audit data <input type="checkbox"/> Professional society guidelines <input type="checkbox"/> Consensus of experts (provide summary)	<input type="checkbox"/> Relevant data from previous evaluations (attach evaluation summary with relevant data highlighted) <input type="checkbox"/> Focus groups/interviews (provide summary of results) <input type="checkbox"/> Pre-program survey of target audience(attach summary of description) <input type="checkbox"/> Other physician requests (provide explanation or summary) <input type="checkbox"/> Other (specify): Click here to enter text.	

Step 7 – How will the educational intervention be designed to change physician competence, performance or patient outcomes? What are the objectives? Objectives are the take-home messages following the activity and describe what the learner should be able to do after completing the CME activity. They must be specific, measurable and bridge the gap between the identified problem(s) and desired outcome.		C3
Learning Objectives – Finish the statement: At the completion of this activity participants should be able to:	How will you know if your learner’s competence, or performance, or patient outcomes were impacted by these objectives?	
1. Click here to enter text.	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data	
2. Click here to enter text.	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data	
3. Click here to enter text.	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data	
4. Click here to enter text.	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data	
5. Click here to enter text.	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data	

Step 8 - Format - What educational approaches will produce changes identified above? Choose educational formats that are appropriate for the setting, objectives and desired results of the activity, and based on good adult learning principles (Select all that apply by placing an X in the appropriate box)		C5
<input type="checkbox"/> Lecture <input type="checkbox"/> Q&A Session(s) <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Case Presentation <input type="checkbox"/> Case Discussion <input type="checkbox"/> Audience Response System	<input type="checkbox"/> Small Group Discussion <input type="checkbox"/> Problem-Solving <input type="checkbox"/> Laboratory Activity <input type="checkbox"/> Simulation <input type="checkbox"/> Demonstration <input type="checkbox"/> Brainstorming <input type="checkbox"/> Other (Describe): Click here to enter text.	
State a justification for your format choice: Click here to enter text.		

Step 9 - Desirable Physician Attributes/Core Competencies		C6
CME activities should be developed in the context of desirable physician attributes. Place an X next to the competency that will be addressed in this activity. (select min 1, max 6)		
ACGME Competencies	IOM Competencies	ABMS MOC
<input type="checkbox"/> Patient centered care <input type="checkbox"/> Medical knowledge <input type="checkbox"/> Practice-based learning & improvement <input type="checkbox"/> Evidence Based Medicine Activity <input type="checkbox"/> Quality or Practice Improvement <input type="checkbox"/> System-based practice <input type="checkbox"/> Healthcare Systems & Resources <input type="checkbox"/> Patient Safety & Advocacy <input type="checkbox"/> Professionalism <input type="checkbox"/> Professional Behavior <input type="checkbox"/> Ethical Principals <input type="checkbox"/> Cultural Sensitivity <input type="checkbox"/> Interpersonal & communication skills <input type="checkbox"/> Communication with Patient	<input type="checkbox"/> Provide patient centered care <input type="checkbox"/> Work in interdisciplinary teams <input type="checkbox"/> Employ evidence-based practice <input type="checkbox"/> Apply quality improvement <input type="checkbox"/> Utilize informatics	<input type="checkbox"/> Professionalism <input type="checkbox"/> Patient Care and Procedural Skills <input type="checkbox"/> Medical Knowledge <input type="checkbox"/> Practice-based learning and improvement <input type="checkbox"/> Interpersonal & Communication skills <input type="checkbox"/> System-based Practice

Step 10 - Disclosure and Resolving Conflicts of Interest		C7
<input type="checkbox"/> I will ensure that all planners disclose relevant financial relationships via the ISMA's Disclosure of Relevant Financial Relationships Form prior to the first planning meeting.		
<input type="checkbox"/> I will ensure that all speakers, moderators and reviewers disclose relevant financial relationships via the ISMA's Disclosure of Financial Relationships Form at least 30 days prior to the CME event date.		
<input type="checkbox"/> I will ensure if there is a potential Conflict of Interest of a planning committee member, speaker, author, moderator, or reviewer, I will partner with the ISMA CME Office to resolve any potential conflicts of interest identified. A Resolution of Conflict of Interest (RCOI) form will be completed by the ISMA and the Resolution of Conflict of Interest (RCOI) Policy will be followed.		
<input type="checkbox"/> I will ensure that all relevant financial relationships from planners or speakers will be disclosed to all learners prior to the start of the CME event.		
<input type="checkbox"/> I will ensure that disclosure of all in-kind or commercial support is disclosed to the audience and documentation of such disclosure will be provided to the CME office.		

Step 11 – Faculty / Presenter Selection		(Select all that apply by placing an X in the appropriate box)		C7
Who will identify the presenter(s) and topic? <input type="checkbox"/> Activity Chair <input type="checkbox"/> Planning Committee <input type="checkbox"/> CME Office <input type="checkbox"/> Other: Click here to enter text.		What criteria will be used in the selection of the presenters? <input type="checkbox"/> Subject matter expertise <input type="checkbox"/> Excellence in teaching skills <input type="checkbox"/> Effective communication skills <input type="checkbox"/> Previous experience as a CME presenter <input type="checkbox"/> Other: Click here to enter text.		
Please list the name and credentials of proposed presenter(s): <i>Note - These individuals are required to complete a Disclosure of Financial Relationships Form.</i>				
NAME	CREDENTIALS	AFFILIATION		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		
Click here to enter text.	Click here to enter text.	Click here to enter text.		

Step 14 - CME ACTIVITY OUTCOMES REPORT <i>ISMA/ACCME guidelines require that educational activities are assessed; data is collected, summarized and analyzed to ensure that the educational interventions are in line with the provider's CME Mission. The CME Office will require the CME activity planning team to provide a summary of the data. See CME office staff for specific guidelines.</i>	C11
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I will ensure that data collected for this educational intervention via the methods indicated above will be provided to the ISMA CME Office in the form of a summarized outcomes report.

HOW WILL THE EVALUATIONS BE USED? (Select all that apply by placing an X in the appropriate box)

- The Activity Director will review the evaluation(s) to determine whether objectives and desired changes were met.
- Feedback will be provided to the presenters
- The evaluations will be used in planning future CME activities (i.e., topics, presenters, format)
- Barriers to change will be identified and addressed in future CME activities

Other: [Click here to enter text.](#)

Step 15 - How does this activity align with the mission of the Enter Provider Name CME Program? <i>CME activities should be designed to change competence, performance, or patient outcomes as described in the CME mission statement. Select all that apply by placing an X in the appropriate box.</i>	C1
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INSERT "Expected Results" Section of provider's CME Mission

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Designed to produce changes in physicians resulting in improved knowledge and competence. (Ability to apply knowledge, skills, and judgment in practice; knowing how to do something) |
| <input type="checkbox"/> | Designed to produce changes in physicians resulting in improved performance. (The degree to which participants do what the activity intended them to do; performance is competence put into practice.) |
| <input type="checkbox"/> | Designed to improve patient- and systems-level outcomes. (The consequences of performance, and the ability of the participants to apply what they have learned to improve the health status of their patients or those of a community) |

Step 16 - Audience Generation and Handouts	C7, C10
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Please indicate the method of publicizing this activity to prospective participants. (Check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Brochure / flyer | <input type="checkbox"/> Interdepartmental Mail / Notification | <input type="checkbox"/> Letter Invitation | <input type="checkbox"/> Announcement (print) |
| <input type="checkbox"/> Announcement (email) | <input type="checkbox"/> Monthly or weekly calendar | <input type="checkbox"/> Fax | <input type="checkbox"/> Posting at specific locations throughout hospital |
| <input type="checkbox"/> Website | <input type="checkbox"/> Save-the-Date | | |

Will participants be asked to register for this activity? Yes No

Will participants be asked to register via an online registration page? Yes No

List the handouts that will be available for participants at the time of the activity (e.g., syllabus, slides) [Click here to enter text.](#)

- I will ensure the announcement(s) to learners include proper ISMA accreditation statement (direct or joint sponsorship)
- I will submit a draft of the proposed brochure/advertisement/handouts for review by the CME office prior to printing or distribution
- I will ensure that all learners receive disclosure information for all planners and presenters associated with the activity

By signing, I agree to develop this activity in line with ACCME criteria as outlined by the Provider's CME Program. I further agree that the required documentation for this activity will be completed and submitted in a timely manner.

[Click here to enter text.](#)

_____ **CME Activity Chair**

[Click here to enter text.](#)

_____ **Date**