**CME Application & Planning Worksheet**

**General Information**

The CME planning process is based on criteria of the Accreditation Council for Continuing Medical Education (ACCME) and sound adult learning principles. The *Enter Provider Name* has the responsibility for assuring that CME activities meet these requirements. This application is an essential step that will guide you through the planning process. Each section references a letter/number (e.g., C5) which refers to the relevant ACCME Criterion. For more information on the ACCME criteria, refer to the [ACCME Essential Areas and their Elements](http://www.accme.org/dir_docs/doc_upload/f4ee5075-9574-4231-8876-5e21723c0c82_uploaddocument.pdf).

**Except where noted, all sections must be completed.** To fill out the form, just double-click on a check box and select “checked,” and/or place your cursor in a gray text box to type your responses. The boxes/pages expand to accommodate your responses. (You may also attach documents.) Once complete, save the document on your desktop and email it to your contact in the CME office.

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact and Activity Information** | | | |
| Date Submitted:  *Click here to enter text.* | Activity Contact (name, email and phone):  *Click here to enter text.* | | |
| Hospital / Department/ Organization  *Click here to enter text.* | | | |
| Proposed Activity Title:  *Click here to enter text.* | | | |
| Proposed length of activity: *(Agenda required for approval of activities with multiple presentations)*: *Click here to enter text.* Hours | | Estimated number of participants:  25 or less  26 – 50  51 – 150  150+ | |
| Proposed Activity Date(s):  *Click here to enter text.* | | 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** |
|  | **Live Activity** - Course, Symposium, Workshop, Conference, Live Webcast | |
|  | **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 | |
|  | **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.* | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:**  Primary Care Physicians  Specialty Physicians  Pharmacists  Physician Assistants  Nurse Practitioners  Rehabilitation Therapists  Social Worker  Residents and Fellows  Medical Students  Other: (specify) *Click here to enter text.* | **Location:**  Local/Regional  National  International | **Specialty:**  Anesthesiology  Emergency Medicine  Family Medicine  Internal Medicine  Neurology  Oncology  Pain Specialty | Pediatrics  Psychiatry  Radiology  Rheumatology  Surgical Specialties: Trauma, General, orthopedic, Thoracic  Other: |

**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, e.g. 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 was 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** |
| New methods of diagnosis or treatment  Availability of new medication(s) or indications  Development of new technology  Peer-reviewed literature  Data from outside sources (e.g., public health statistics, epidemiology data  Survey of target audience  Quality assurance/audit data  Professional society guidelines  Consensus of experts (provide summary) | Relevant data from previous evaluations (attach evaluation summary with relevant data highlighted)  Focus groups/interviews (provide summary of results)  Pre-program survey of target audience(attach summary of description)  Other physician requests (provide explanation or summary)  Other (specify): *Click here to enter text.* | |

|  |  |  |
| --- | --- | --- |
| **Step 7** – **How will the educational intervention be designed to change physician’s 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.* | Subjective data - *participants will self-report changes*  Objective data - *chart pulls, QI data* | |
| **2.** *Click here to enter text.* | Subjective data - *participants will self-report changes*  Objective data - *chart pulls, QI data* | |
| **3.** *Click here to enter text.* | Subjective data - *participants will self-report changes*  Objective data - *chart pulls, QI data* | |
| **4.** *Click here to enter text.* | Subjective data - *participants will self-report changes*  Objective data - *chart pulls, QI data* | |
| **5.** *Click here to enter text.* | Subjective data - *participants will self-report changes*  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** |
| Lecture  Q&A Session(s)  Panel Discussion  Case Presentation  Case Discussion  Audience Response System | Small Group Discussion  Problem-Solving  Laboratory Activity  Simulation  Demonstration  Brainstorming  Other (Describe): *Click here to enter text.* | |
| **State a justification for your format choice:** *Click here to enter text.* | | |

|  |  |
| --- | --- |
| **Step 9 - Disclosure and Resolving Conflicts of Interest** | **C7** |
| I will ensure that all planners and faculty disclose relevant financial relationships via the *Enter Provider Name* Disclosure of Relevant Financial Relationships form at least *Click here to enter text.* weeks prior to the CME event date.  I will ensure if there is a potential Conflict of Interest of a planning committee member, a speaker, author, moderator, or evaluator, I will partner with the CME Office to resolve any potential conflicts of interest identified. A Resolution of Conflict of Interest (RCOI) form will be completed by the *Enter Provider Name* and the Resolution of Conflict of Interest (RCOI) Policy will be followed.  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.  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 10 – Faculty / Presenter Selection** *(Select all that apply by placing an X in the appropriate box)* | | **C7** |
| **Who will identify the presenter(s) and topic?**  Activity Chair  Planning Committee  CME Office  Other:  *Click here to enter text.* | **What criteria will be used in the selection of the presenters?**  Subject matter expertise  Excellence in teaching skills  Effective communication skills  Previous experience as a CME presenter  Other: *Click here to enter text.* | |
| **Please list the name and credentials of the proposed presenter (s):**  *Note: This individual(s) is required to complete a disclosure of financial relationships COI form.* *Click here to enter text.* | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Step 11 - Desirable Physician Attributes/Core Competencies**  *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)* | | | **C6** |
| **ACGME Competencies** | **IOM Competencies** | **ABMS MOC** | |
| Patient centered care  Medical knowledge  Practice-based learning & improvement  *Evidence Based Medicine Activity*  *Quality or Practice Improvement*  System-based practice  *Healthcare Systems & Resources*  *Patient Safety & Advocacy*  Professionalism  *Professional Behavior*  *Ethical Principals*  *Cultural Sensitivity*  Interpersonal & communication skills  *Communication with Patient* | Provide patient centered care  Work in interdisciplinary teams  Employ evidence-based practice  Apply quality improvement  Utilize informatics | Professionalism  Patient Care and Procedural Skills  Medical Knowledge  Practice-based learning and improvement  Interpersonal & Communication skills  System-based Practice | |

|  |  |
| --- | --- |
| **Step 12 - Activity Budget and Financial Support**  *“In-kind” and/ or commercial Support in the form of an unrestricted educational grant is allowed for CME activities; however, activities must be developed without the influence or support of any commercial entity. All financial support must be handled through the CME office.* | **C7, C8, C9, C10** |
| Are there expenses related to this activity?  Yes  No  Will a registration fee be charged?  Yes  No If yes, how much? *Click here to enter text.*  Will this activity receive “in-kind” funding from a foundation or other charitable organization?  Yes  No  Will this activity receive commercial support from a pharmaceutical or medical device manufacturer?  Yes  No  If yes, verify that you have read and agree to abide by the[*ACCME Standards for Commercial Support*](http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf)*:*  Yes  No   * If yes, attach a properly executed commercial support agreement for each vendor (LOA) * If yes, attach the income and expense statement for this activity that details and accounts for the receipt and expenditure of all the commercial support, including disposition of excess dollars * I will ensure that financial support will be disclosed to the audience prior to the start of the activity.   Will you invite vendors/exhibitors to set up displays onsite? (If yes, complete the Exhibitor application form)  Yes  No  Please indicate other sources of funding for this activity (Check all that apply)  Internal department funds  Professional society fees  State or Federal Grant/Contract  Other grants or funding sources: *Click here to enter text.*  Will presenters be paid an honorarium? (If yes, refer to CME PROVIDER policy on honoraria and expenses.)  Yes  No | |

|  |  |  |
| --- | --- | --- |
| **STEP 13 - Evaluation Methods and Outcomes Report –** *CME accredited interventions must measure what the activity has been designed to measure. Please indicate the tools that will be used to measure impact in this activity:* | | **C11** |
| **Knowledge and Competence**  *Do learners have a strategy to apply what was learned?* | Post-activity questionnaire asking learners what strategy they will apply at the end of the activity | |
| Audience response system (ARS) when presented with case-based presentation | |
| Customized pre & post-test (must be case-based scenarios to test for strategy, not just a knowledge test) | |
| Commitment to Change Statement – measures intent to change | |
| Focus Group Discussion immediately at the end of the CME event or post-time frame | |
| Delayed Physician Survey post-activity follow-up – optimal 4 – 6 weeks post activity | |
| Other: *Click here to enter text.* | |
| **Performance**  (Optional)  *Have learners implemented what was learned?* | QA/QI/PI reports post CME activity examining performance processes of care | |
| Customized Follow-Up Survey about actual change in practice (*self-reported)* at specified intervals (4-6 weeks post educational intervention) | |
| Follow-Up Survey on Intent to Change Statement regarding an actual change *(self-reported)* in a 4–6 weeks post activity is optimal | |
| Simulation | |
| Participant interview / focus group about actual change in practice | |
| Chart Audits for physician behavioral change | |
| Track and identify new administrative/procedural changes | |
| Track and identify new practices and policies / protocols. | |
| Other: *Click here to enter text.* | |
| **Patient and/or Population Outcomes**  (Optional)  Have learners implemented what they learned in a way that improves outcomes? | Observed changes in quality/cost of care/ QI data (hospital or office quality core measures) | |
| Public source health data of community / state / country | |
| Chart audit / review data | |
| Patient Safety Data | |
| Improvement in patient care based on learner’s self-report | |
| Patient Satisfaction / Experience Survey’s | |
| Measure morbidity and mortality rates | |
| Patient chart audits | |
| Other: *Click here to enter text.* | |

|  |  |
| --- | --- |
| **Step 14 - CME ACTIVITY OUTCOMES REPORT**  *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.* | **C11** |
| I will ensure that data collected for this educational intervention via the methods indicated above will be provided to the 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 (e.g., 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?** *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.* | | **C1** |
| *INSERT “Expected Results” Section of provider’s CME Mission* | | |
|  | 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) | |
|  | 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.) | |
|  | 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** |
| Please indicate the method of publicizing this activity to prospective participants. (Check all that apply)  Brochure / flyer  Interdepartmental Mail / Notification  Letter Invitation  Announcement (print)  Announcement (email)  Monthly or weekly calendar  Fax  Posting at specific locations throughout hospital    Website  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 | |

**Required Attachments, if application:**

Needs Assessment supportive documentation

Planning Team Disclosures

Activity Budget (if commercial support received)

Preliminary Agenda

*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**