



<b>Step 5 - Planning Team</b> – Those responsible for planning/development of the activity and have control over the content of the activity. These individuals are required to complete a Disclosure of Financial Relationship Form. <i>(Insert rows as needed)</i>		<b>C7</b>
Name (Activity Chair): <a href="#">Click here to enter text.</a> Affiliation: <a href="#">Click here to enter text.</a> Title: <a href="#">Click here to enter text.</a> Email: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a> Role (planner): <a href="#">Click here to enter text.</a>	Name: <a href="#">Click here to enter text.</a> Affiliation: <a href="#">Click here to enter text.</a> Title: <a href="#">Click here to enter text.</a> Email: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a> Role (planner): <a href="#">Click here to enter text.</a>	
Name: <a href="#">Click here to enter text.</a> Affiliation: <a href="#">Click here to enter text.</a> Title: <a href="#">Click here to enter text.</a> Email: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a> Role (planner): <a href="#">Click here to enter text.</a>	Name: <a href="#">Click here to enter text.</a> Affiliation: <a href="#">Click here to enter text.</a> Title: <a href="#">Click here to enter text.</a> Email: <a href="#">Click here to enter text.</a> Phone: <a href="#">Click here to enter text.</a> Fax: <a href="#">Click here to enter text.</a> Role (planner): <a href="#">Click here to enter text.</a>	

<b>Step 6 – Faculty / Presenter Selection</b>			<b>C7</b>
<b>Please list name/credentials of proposed presenter(s)</b> <i>(Insert rows as needed)</i> <i>Note: These individuals are required to complete a Disclosure of Financial Relationship Form.</i>			
Name	Credentials	Affiliation	
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	
<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	

### 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:



<b>Step 7 – State the professional practice gap(s) of your learners on which the activity is based and how this problem was discovered or identified.</b> Describe the professional, practice or system-based problem(s) for your learners that will be addressed through this educational intervention.	<b>C2</b>
<a href="#">Click here to enter text.</a>	
<b>Step 8 – State the educational need(s) that you’ve determined to be the cause of the professional practice gap. What will help solve the problem?</b>	<b>C2</b>
<b>Knowledge need</b> (i.e., is there new technology or new information that physicians need to know more about) <a href="#">Click here to enter text.</a>	
<b>Competence need</b> (i.e., are there tools or strategies available that might help learners apply what they should already know) <a href="#">Click here to enter text.</a>	
<b>Performance need</b> (i.e. is there new technology or clinical information that necessitate learners assimilating new skills) <a href="#">Click here to enter text.</a>	

<b>Step 9 – State what the CME activity is designed to change in terms of learners’ competence, performance or patient outcomes. What are the objectives?</b> 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 gaps between identified problem and desired outcomes. <i>(Insert rows as needed)</i>	<b>C3</b>
<b>Learning Objectives – Finish the statement:</b> <i>At the completion of this activity participants should be able to:</i>	<b>How will you know if your learner’s competence, or performance, or patient outcomes were impacted by these objectives?</b>
1. <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data
2. <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data
3. <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Subjective data - participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data

<b>Step 10 - Activity Budget and Financial Support</b> <i>Commercial support is financial or in-kind (e.g. products) contributions given by a commercial interest (any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) which is used to pay all or part of the costs of a CME activity.</i> <i>This does not include fees paid by vendors for an exhibit booth or companies which pay corporate sponsorships in exchange for ads, booth space or other tangible benefits.</i> <i>All financial support must be given with the full knowledge and approval of the ISMA CME office.</i>	<b>C7, C8, C9, C10</b>
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Are there expenses related to this activity?     Yes    No

Will presenters be paid an honorarium?         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" support (goods/services instead of cash as part of a support agreement)     Yes    No

Will this activity receive commercial support from a pharmaceutical or medical device manufacturer?         Yes    No

Will you invite vendors/exhibitors to set up displays onsite?     Yes    No

If yes  **Attach** a copy of the Exhibitor Application Form and fee structure

Please indicate other sources of funding being applied toward this activity (Check all that apply)

Internal dept. funds    Professional society fees    State or Federal Government grant/contract    Foundation/Private monetary donations

Other grants or funding sources:    [Click here to enter text.](#)

<b>STEP 11 - Evaluation Methods and CME Activity Outcomes Report</b> <i>ISMA/ACCME guidelines require that educational activities are evaluated for change. The ISMA CME Office will require the activity planning team to provide a summary of the program evaluation data. Please indicate the tools that will be used to measure the impact of this activity.</i>	<b>C11</b>
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<b>Knowledge and Competence</b> <i>Do learners have a strategy to apply what was learned?</i>	<input type="checkbox"/> Post-activity questionnaire asking learners what strategy they will apply at the end of the CME activity, including Commitment to Change Statement (measures intent to change)
	<input type="checkbox"/> Customized pre & post-test
	<input type="checkbox"/> Focus Group Discussion immediately following the CME event
	<input type="checkbox"/> Delayed Physician Survey / post-activity follow-up (4 – 6 weeks post activity)
	<input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>

<b>Step 12 – Program Advertisement and Handouts</b>	<b>C7, C10</b>
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Please indicate the method(s) you will use to publicize this activity to prospective participants. (Check all that apply)

Brochure/flyer     Letter Invitation     Announcement (print)     Announcement (email)     Monthly or weekly newsletter

Fax                     Website                     Save-the-Date

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

If yes, 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.](#)

**Attestation:**

- 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 Indiana State Medical Association. I further agree that the required documentation for this activity will be completed and submitted in a timely manner, as outlined in the ISMA's Activity Guide & Checklist.*

[Click here to enter text.](#)

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**CME Activity Chair**

[Click here to enter text.](#)

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**Date**