



## 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 (type PROVIDER NAME HERE) \_\_\_\_\_ 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](#).

**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:	Activity Contact (name, email and phone):	
Hospital / Department/ Organization		
Proposed Activity Title:		
Proposed length of activity: <i>(Agenda required for approval of activities with multiple presentations):</i> 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):	Time (if live event):	Location (if live event):

Step 1 - Proposed AMA Activity Type - The educational format chosen should be appropriate for the setting, objectives, and desired results of the activity <i>(Select by placing an X in the appropriate box)</i>		C5
<input type="checkbox"/>	<b>Live Activity</b> - Course, Symposium, Workshop, Conference, Live Webcast	
<input type="checkbox"/>	<b>Enduring Activity</b> - 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"/>	<b>Performance Improvement</b> - 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. <i>(Insert rows as needed)</i>		C7
Name (Activity Chair): Affiliation: Title: Email: Phone:                      Fax: Role (planner, presenter):	Name: Affiliation: Title: Email: Phone:                      Fax: Role (planner, presenter):	
Name: Affiliation: Title: Email: Phone:                      Fax: Role (planner, presenter):	Name: Affiliation: Title: Email: Phone:                      Fax: Role (planner, presenter):	

**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)

**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?

Why does this problem exist?

**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

and/or, state physicians' competence need

and/or, physicians' need for improved performance

**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):

<b>Step 7 – How will the educational intervention be designed to change physician’s competence, performance or patient outcomes? What are the objectives?</b> <i>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.</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.	<input type="checkbox"/> Subjective data - <i>participants will self-report changes</i> <input type="checkbox"/> Objective data - <i>chart pulls, QI data</i>	
2.	<input type="checkbox"/> Subjective data - <i>participants will self-report changes</i> <input type="checkbox"/> Objective data - <i>chart pulls, QI data</i>	
3.	<input type="checkbox"/> Subjective data – <i>participants will self-report changes</i> <input type="checkbox"/> Objective data - <i>chart pulls, QI data</i>	
4.	<input type="checkbox"/> Subjective data – <i>participants will self-report changes</i> <input type="checkbox"/> Objective data - <i>chart pulls, QI data</i>	
5.	<input type="checkbox"/> Subjective data – <i>participants will self-report changes</i> <input type="checkbox"/> Objective data - <i>chart pulls, QI data</i>	

<b>Step 8 - Format - What educational approaches will produce changes identified above?</b> Choose educational formats that are appropriate for the setting, objectives and desired results of the activity, and based on good adult learning principles <i>(Select all that apply by placing an X in the appropriate box)</i>		<b>C5</b>
<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):	
<b>State a justification for your format choice:</b>		

<b>Step 9 - Disclosure and Resolving Conflicts of Interest</b>	<b>C7</b>
<input type="checkbox"/> I will ensure that all planners and faculty disclose relevant financial relationships via the _____ Disclosure of Relevant Financial Relationships form at least X weeks 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, 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 _____ 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 10 – Faculty / Presenter Selection <span style="float: right;">(Select all that apply by placing an X in the appropriate box)</span>	C7
<b>Who will identify the presenter(s) and topic?</b> <input type="checkbox"/> Activity Chair <input type="checkbox"/> Planning Committee <input type="checkbox"/> CME Office <input type="checkbox"/> Other:	<b>What criteria will be used in the selection of the presenters?</b> <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:
<b>Please list the name and credentials of the proposed presenter (s):</b> <i>Note: This individual(s) is required to complete a disclosure of financial relationships COI form.</i>	

Step 11 - Desirable Physician Attributes/Core Competencies <i>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)</i>			C6
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 Principles <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 12 - Activity Budget and Financial Support <i>"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.</i>	C7, C8, C9, C10
<p>Are there expenses related to this activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will a registration fee be charged? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much?</p> <p>Will this activity receive "in-kind" funding from a foundation or other charitable organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will this activity receive commercial support from a pharmaceutical or medical device manufacturer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>If yes, verify that you have read and agree to abide by the <a href="#">ACCME Standards for Commercial Support</a>: <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>If yes, attach a properly executed commercial support agreement for each vendor (LOA)</li> <li>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</li> <li>I will ensure that financial support will be disclosed to the audience prior to the start of the activity. <input type="checkbox"/></li> </ul> <p>Will you invite vendors/exhibitors to set up displays onsite? (If yes, complete the Exhibitor application form) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please indicate <u>other</u> sources of funding for this activity (Check all that apply)</p> <p><input type="checkbox"/> Internal department funds</p> <p><input type="checkbox"/> Professional society fees</p> <p><input type="checkbox"/> State or Federal Grant/Contract</p> <p>Other grants or funding sources:</p> <p>Will presenters be paid an honorarium? (If yes, refer to CME PROVIDER policy on honoraria and expenses.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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

<b>Step 14 - CME ACTIVITY OUTCOMES REPORT</b> 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
<input type="checkbox"/> 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.		
<b>HOW WILL THE EVALUATIONS BE USED?</b> (Select all that apply by placing an X in the appropriate box)		
<input type="checkbox"/> The Activity Director will review the evaluation(s) to determine whether objectives and desired changes were met. <input type="checkbox"/> Feedback will be provided to the presenters <input type="checkbox"/> The evaluations will be used in planning future CME activities (e.g., topics, presenters, format) <input type="checkbox"/> Barriers to change will be identified and addressed in future CME activities Other:		

<b>Step 15 - How does this activity align with the mission of the Beacon Health System CME Program to design activities to change competence, performance, or patient outcomes ?</b> <i>Select all that apply by placing an X in the appropriate box.</i>		<b>C1</b>
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)	

<b>Step 16 - Audience Generation and Handouts</b>		<b>C7, C10</b>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will participants be asked to register via an online registration page? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List the handouts that will be available for participants at the time of the activity (e.g., syllabus, slides)		
<input type="checkbox"/> I will ensure the announcement(s) to learners include proper ISMA accreditation statement (direct or joint sponsorship)		
<input type="checkbox"/> I will submit a draft of the proposed brochure/advertisement/handouts for review by the CME office prior to printing or distribution		
<input type="checkbox"/> 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.

\_\_\_\_\_  
**CME Activity Chair**

\_\_\_\_\_  
**Date**