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: *(Agenda required for approval of activities with multiple presentations)*: Hours	Estimated number of participants: ☐ 25 or less ☐ 26 - 50 ☐ 51 – 150 ☐ 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 *(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.

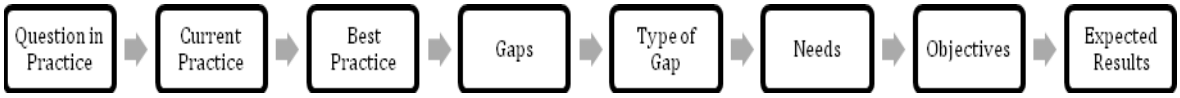
Step 2 - Planning Team - Individuals with responsibility for the planning and development of the activity, and have control over the content of the activity. Specify their role. These individuals are required to complete a disclosure of financial relationships COI form. *(Insert rows as needed)*	**C7**
Name (Activity Chair): 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:	**Location:**	**Specialty:**	
☐ Primary Care Physicians	☐ Local/Regional	☐ Anesthesiology	☐ Pediatrics
☐ Specialty Physicians	☐ National	☐ Emergency Medicine	☐ Psychiatry
☐ Pharmacists	☐ International	☐ Family Medicine	☐ Radiology
☐ Physician Assistants		☐ Internal Medicine	☐ Rheumatology
☐ Nurse Practitioners		☐ Neurology	☐ Surgical Specialties: Trauma, General,
☐ Rehabilitation Therapists		☐ Oncology	orthopedic, Thoracic
☐ Social Worker		☐ Pain Specialty	☐ Other:
☐ Residents and Fellows			
☐ Medical Students			
☐ Other: (specify)			

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):

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.	☐ Subjective data - *participants will self-report changes* ☐ Objective data - *chart pulls, QI data*
2.	☐ Subjective data - *participants will self-report changes* ☐ Objective data - *chart pulls, QI data*
3.	☐ Subjective data – *participants will self-report changes* ☐ Objective data - *chart pulls, QI data*
4.	☐ Subjective data – *participants will self-report changes* ☐ Objective data - *chart pulls, QI data*
5.	☐ 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):
State a justification for your format choice:	

Step 9 - Disclosure and Resolving Conflicts of Interest	**C7**

☐ 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.

☐ 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.

☐ 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:

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:

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.

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?

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*: ☐ 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:

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:
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:
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:

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:	

Step 15 - How does this activity align with the mission of the _____ 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)

☐ 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.

_____
CME Activity Chair

_____
Date