



CME Application Self Study & Planning Worksheet



General Information

The CME planning process is based on the criteria of the Accreditation Council for Continuing Medical Education (ACCME) and sound adult learning principles. Marshall University JCE School of Medicine as an ACCME accredited provider 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/Standard. For more information on the current ACCME criteria/standards, refer to the [Standards for Integrity and Independence in Accredited Continuing Education](#).

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, you can submit it online or 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 - 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 RFR form. <i>(Insert pages as needed, Please include ALL Planning Committee Members)</i>	C7
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Name (Activity Chair): Affiliation: Title: Email: Phone: Fax: Role (planner, presenter):	Name: Affiliation: Title: Email: Phone: Fax: Role (planner, presenter):
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Name: Affiliation: Title: Email: Phone: Fax: Role (planner, presenter):	Name: Affiliation: Title: Email: Phone: Fax: Role (planner, presenter):
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Step 2 - 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"/>	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 3 - Target Audience - Activities are generated around content that matches the learners' current or potential scope of practice. (<i>Select all that apply – at least one from each category</i>)		
Audience:	Location:	Specialty:
<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)	<input type="checkbox"/> Local/Regional <input type="checkbox"/> National <input type="checkbox"/> International	<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:

Planning Process

The CME planning process is based on a needs assessment foundation, which identifies professional practice gaps of the intended audience, articulates the needs, and outlines 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 needs		
and/or, physicians' need for improved performance		

Step 6 - Identify Sources - how was the problem discovered? <i>(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.</i>	C2
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<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 a summary)	<input type="checkbox"/> Relevant data from previous evaluations (attach evaluation summary with relevant data highlighted) <input type="checkbox"/> Focus groups/interviews (provide a summary of results) <input type="checkbox"/> Pre-program survey of the target audience (attach a summary of description) <input type="checkbox"/> Other physician requests (provide explanation or summary) Other (specify):
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Step 7 – PURPOSE: How will the educational intervention be designed to change physician’s competence, performance, and patient outcomes?	C3
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1. Physician Competence	
2. Physician Performance	
3. Patient Outcome	

Step 8 – What are the objectives? <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, and measurable and bridge the gap between the identified problem(s) and desired outcome.</i>	C3
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Learning Objectives – Finish the statement: <i>At the completion of this activity participants should be able to:</i>	How will you know if your learner’s competence, or performance, or patient outcomes were impacted by these objectives?
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>

Step 9 - Format - What educational approaches will produce the changes identified above?		C5
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>		
Didactic Methods: (oral/live presentation)	Participative Methods	
<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"/> Other (Describe):	<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):	
State a justification for your format choice:		
Step 10 - Disclosure and Resolving Conflicts of Interest		C7
<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 12 weeks before the CME event date. <input type="checkbox"/> I will ensure if there is a potential Conflict of Interest between a planning committee member, a speaker, an author, a moderator, or an evaluator, I will partner with the CME Office to resolve any potential conflicts of interest identified. The ACCME defines "relevant financial relationships as financial relationships in any amount occurring within the past 24 months that create a conflict of interest. <input type="checkbox"/> I will ensure that all relevant financial relationships from planners or speakers will be disclosed to all learners before 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 – Content Validation Applies to all those in control of content, including the course director, planning group members, and speakers. The course director is responsible for maintaining the integrity of content validation and adhering to the following: (Include supporting references or documents for each)		C7
A	Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? (Standard 1 Ensure Content is valid) Yes No	
B	Does all scientific research referred to reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? (Standards for Integrity and Independence 1.2) Yes No	
C	Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? (Standards for Integrity and Independence 1.3) Yes No	
D	Does educational activity avoid advocating for, or promoting, practices that are not, or are not yet adequately based on current science, evidence, and clinical reasoning? (Standards for Integrity and Independence 1.3) Yes No	
E	Does the activity exclude and advocate for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or matters of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients? (Standards for Integrity and Independence 1.4) Yes No	
_____ (chairperson initials) I have read, understand, and will comply with the Content Validation statement.		
Comments:		

Step 12 – Faculty / Presenter Selection <i>(Select all that apply by placing an X in the appropriate box)</i>		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:	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:	
Please list the name and credentials of the proposed presenter (s): <i>Note: This individual(s) is required to complete a disclosure of financial relationships RFR form.</i>		
Step 13 - Desirable Physician Attributes/Core Competencies		C6
<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>		
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"/> <i>Evidence-Based Medicine Activity</i> <input type="checkbox"/> <i>Quality or Practice Improvement</i> <input type="checkbox"/> System-based practice <input type="checkbox"/> <i>Healthcare Systems & Resources</i> <input type="checkbox"/> <i>Patient Safety & Advocacy</i> <input type="checkbox"/> Professionalism <input type="checkbox"/> <i>Professional Behavior</i> <input type="checkbox"/> <i>Ethical Principles</i> <input type="checkbox"/> <i>Cultural Sensitivity</i> <input type="checkbox"/> Interpersonal & communication skills <input type="checkbox"/> <i>Communication with Patient</i>	<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 14 - Activity Budget and Financial Support		C8, C9, C10
<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>		
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 <ul style="list-style-type: none"> If yes, verify that you have read and agree to abide by the ACCME Standards for Commercial Support 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 the disposition of excess dollars. I will ensure that financial support will be disclosed to the audience prior to the start of the activity. Yes No Will you invite vendors/exhibitors to set up displays onsite? (If yes, complete the Exhibitor application form) Yes No Please indicate <u>other</u> 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 15 - 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 the impact of this activity:		C11
Knowledge and Competence 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 a 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:	
Performance (Optional) 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:		
Patient and/or Population Outcomes (Optional) 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:		

Step 16 - CME ACTIVITY OUTCOMES REPORT MUSOM/ACCME guidelines require that educational activities be assessed; data is collected, summarized, and analyzed to ensure that the educational interventions align 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.	
HOW WILL THE EVALUATIONS BE USED? (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:	

Step 17 - How does this activity align with the mission of the MUSOM CME Program to design activities to change competence, performance, or patient outcomes? <i>Select all that apply by placing an X in the appropriate box.</i>		C1
CME Mission: MUSOM Continuing Medical Education is committed to fostering an environment rich in professional development opportunities for physicians and interprofessional healthcare teams as they pursue lifelong learning in medicine. Based on the context of desirable physician attributes and competencies, we provide state-of-the-art, evidence-based, innovative, and impactful healthcare education and research expected to improve physician knowledge, competence, performance, and, ultimately, patient health and outcomes.		
<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 18 - Audience Generation and Handouts		C7, C10
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 (email)	<input type="checkbox"/> Monthly or weekly calendar	<input type="checkbox"/> Fax
<input type="checkbox"/> Website	<input type="checkbox"/> Save-the-Date.	<input type="checkbox"/> Announcement (print)
Posting at specific locations throughout hospital		
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 ACCME-approved MUSOM 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:

Needs Assessment supportive documentation.
Activity Budget (if commercial support is received)
Preliminary Agenda
Planning Committee Minutes
CV/Bio for each speaker (Handouts/PowerPoints are to be turned into CME Office before Activity.
Relevant Financial Relationship Forms for all planning committee members and all speakers/faculty/authors/reviewers/other

Total CME Credits Approved _____ hrs.

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

CME Committee Chair

Mohammed I Ranavaya MD, JD, MS
Associate Dean, CME, MUSOM

Date

Date