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: *(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 - 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. *(Insert pages as needed, Please include ALL Planning Committee Members)*	**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 2 - 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 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 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:

Question in Practice → Current Practice → Best Practice → Gaps → Type of Gap → Needs → Objectives → Expected Results

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?**	C2
(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.	

☐ 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 a summary)

☐ Relevant data from previous evaluations (attach evaluation summary with relevant data highlighted)
☐ Focus groups/interviews (provide a summary of results)
☐ Pre-program survey of the target audience (attach a summary of
☐ description)
☐ Other physician requests (provide explanation or summary)
　 Other (specify):

Step 7 – **PURPOSE**: How will the educational intervention be designed to change physician's competence, performance, and patient outcomes?	C3
1. **Physician Competence**	
2. **Physician Performance**	
3. **Patient Outcome**	

Step 8 – **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, and 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 9 - Format - What educational approaches will produce the 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

Didactic Methods: (oral/live presentation)	Participative Methods
☐ Lecture ☐ Q&A Session(s) ☐ Panel Discussion ☐ Case Presentation ☐ Case Discussion ☐ Audience Response System ☐ Other (Describe):	☐ Small Group Discussion ☐ Problem-Solving ☐ Laboratory Activity ☐ Simulation ☐ Demonstration ☐ Brainstorming ☐ Workshops

State a justification for your format choice:

Step 10 - 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 12 weeks before the CME event date.

☐ 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.

☐ 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.

☐ 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 Independence1.2) 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 maters 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	*(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 RFR form.

Step 13 - Desirable Physician Attributes/Core Competencies	C6
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)	

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 14 - Activity Budget and Financial Support	C8, C9, C10
"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.	

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](#)
- 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?*	☐ Post-activity questionnaire asking learners what strategy they will apply at the end of the activity
	☐ Audience response system (ARS) when presented with a 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 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** |

☐ 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 17 - How does this activity align with the mission of the MUSOM CME Program to design activities to change competence, performance, or patient outcomes? *Select all that apply by placing an X in the appropriate box.*	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.

☐ 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 18 - 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 ACCME-approved MUSOM 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:

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

Maximum CME Credits Approved RSS continuous 2026-2027, Hybrid, various locations throughout the year

_____ 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.

Reviewed and found in compliance with ACCME standards for CAT 1 CME Credits.

_____
CME Activity Chair

_____
Stacey R. Arthur, MS
CME Coordinator

_____
CME Committee Chair
Mohammed Ranavaya, MD, JD, MS
Senior Associate Dean, CME, MUSOM

_____
Date

_____
Date

Updated 1/1/26 by Dr. Mohammed Ranavaya, MD, JD, Senior Associate Dean CME