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| **Activity Information** |
| **title:**  |
| **credits**   | *AMA PRA Category 1 Credit™* requested: | Other continuing education credits offered for this activity: |
| **Date/Time/Location of live activity:**Start/Publication date for enduring/other types:  |
| **activity type/format:**Live activities: [ ] Course (workshop, conference etc.) [ ]  RSS [ ]  Internet Live(webcast ) [ ] Learning from Teaching/Faculty Credit |
| Enduring Materials: [ ]  Enduring (Print/Recorded/Computer-based) [ ]  Internet Enduring (Online, recorded presentation, Podcasts)  |
| [ ]  Internet Point of Care/Internet Searching and Learning  | [ ]  Performance Improvement CME (PI CME) |
| Other learning format/activity type (please specify):  |
| *Note: The above types are consistent with the ACCME’s PARS activity types and* AMA learning formats. |
| **Joint Provided Activity**List non accredited organizations that you are planning and conducting this activity in conjunction with:  |
| *Notes: 1. ACCME defined commercial interests cannot serve as a joint provider; 2. Use the accreditation statement for a joint provided activity; 3.It is a co provided NOT a joint provided activity when two accredited organizations collaborate to conduct an activity.* |

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|  | **C7 SCS 2: Disclosure** **tracking**: Use this section to track disclosure information and identify any Relevant Financial Relationship (RFR) for each planner, presenter, author or other person who can influence the content of the activity including staff and those who have to approve content and to review and/or document COI resolution.  |
|  **Name/Title/Degree** | **Role in Activity****(planner, speaker, presenter, author, Committee, Reviewer etc.)** | **name of commercial interests they have financial relationships with or state “none” (indicate if self or spouse/partner)** | **nature of relationship or role with commercial interest (i.e. grant, speaker)** | **Date Disclosure information collected** | **if a RFR identified, how was coi resolved? provide separate documentation** |
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| **C 7 SCS 6: disclosure to the audience:** Check the method that will be used to disclose to the audience: 1. Any relevant financial relationships (or lack thereof) and 2. Any commercial support provided for the activity: [ ] Slide [ ] Syllabus/Program [ ] Evaluation (distributed prior to activity) [ ]  Verbal (requires written attestation) [ ]  Flyer or Brochure [ ]  Other:  |

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| **Activity Planning** |

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| **target audience md/do**  |
| List practice specialty (optional): | Identify by professional training or titles any non-physicians who may also be learners for this activity: |
| **C6: desirable physician attributes/core competencies** Check one or more attributes/core competency relevant to the target audience for this activity. *Based on American Board of Medical Specialties, Institute of Medicine, Accreditation Council for Graduate Medical Education* |
| [ ]  Patient care or patient-centered care | [ ]  Professionalism/Ethics | [ ]  Quality improvement |
| [ ]  Medical knowledge | [ ]  System-based practice | [ ]  Utilization of informatics |
| [ ]  Practice-based learning and improvement | [ ]  Interdisciplinary teams | [ ]  Employment of evidence-based practice |
| [ ]  Interpersonal and communication skills |  |

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| **Activity Planning Matrix**  |
| **C2: PROFESSIONAL PRACTICE GAP (PPG)**  | **C2: EDUCATIONAL NEED(S)** | **C3: EXPECTED RESULTS AND LEARNING OBJECTIVES** | **C5:FORMAT\*** |
| Describe at least one professional practice gap for your target audience that is the difference between current practice or outcomes and desirable or achievable practice or outcomes. List the source(s) that are used to define the gap(s). (e.g. new professional or practice guidelines; review of scientific journals, national or local data, practice based audits; peer review processes, consultation with experts who identified deficiencies in practice that can be corrected through education, input from Quality or Performance Improvement data, input or surveys from medical staff and evaluation data from previous CME educational activities | Identify one or more educational need(s) that, if met, may help to close each gap.**TYPE OF NEED**Indicate if educational needs are due to lack of knowledge, and/or competence and/or performance.[ ]  knowledge[ ]  competence[ ]  performance | **expected results:** The intended result of this activity is a change in: [ ] Competence (New or improved skills or strategies that are *intended* to be put into practice)[ ] Performance (New or improved skills and strategies that are *implemented* in practice)[ ] Patient Outcome (Analysis of data pre/post activity)*(Note: Activities must be designed to change at least competence and not only a change in knowledge)*A common way to demonstrate the expected results is through specification of **learning objectives**. Learning objectives need to be stated in terms of: **A*t the completion of this activities, the learner will be able to:*** *(use action words such as “apply integrate, utilize etc.” rather than “understand, identify and recognize etc.” which implies knowledge only)* | Indicate educational method(s) or format that will be used to facilitate meeting the objective(s).  |
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| *Note: The following is a sample of education format or methods. Choose the format/ method(s) that best matches the learning objectives/expected results and is within available resources. In-person meetings may include different methods such as panels, Q&A, lectures, small group discussions or demonstrations.* |
| 1. didactic lecture
2. roundtable and/or problem-based discussion
3. moderated poster session
 | 1. panel discussion
2. q&a session
3. case presentation
 | 1. self-study print or online guides
2. simulation/skill lab/“hands on” workshop
3. interactive video/computer instruction
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| **Activity Planning**  |
| **cultural and linguistic competency (clc)** If an activity has a clinical care component, the planners (not faculty or authors) must identify as part of their planning process at least one cultural or linguistic health disparity that is relevant to the targeted physician learners or their patient community. The provider should document when no CLC issue was identified. For each relevant disparity, indicate how it will be addressed in the activity (e.g., presentation slides, handout materials, etc.).  |
| **DESCRIBE A RELEVANT CLC HEALTH DISPARITY THAT WILL BE ADDRESSED IN THE ACTIVITY**  | **DESCRIBE HOW THE DISPARITY WILL BE ADDRESSED IN THE ACTIVITY** (e.g. Presentation, Handout, etc.) |
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| **c10 scs 5: clinical content validation** Clinical presentations need to be reviewed to ensure that the content is evidence-based, free of commercial bias and balanced. |
| **List presentation/material with clinical content.** | **Identify the physician reviewer validating content** | **Describe any changes made to resolve identified problems** |
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| **C11: Activity Evaluation**  |
| Select a method to measure changes in learners’ competence or performance, or in patient outcomes.  |
| **competence** |
| [ ] **Learner Evaluation Form.** A key question to ask is: *What specifically will the learner change in their practice based on the content of the activity?* | [ ]  **Audience response system** (ARS) that tests learning before, during, and/or after the activity |
| [ ]  **Customized pre- and posttest** | [ ]  **Simulation/Skills Lab Observations surveys** |
| [ ]  **Case-based studies** (where learner must make decisions) | [ ]  Other, specify: |
| **performance** |
| [ ]  **Measure adherence to best practices/guidelines/protocols**  | [ ]  **Customized follow-up surveys/interviews/focus groups about actual changes in practice at specified interval(s)** |
| [ ]  Other, specify: |
| **patient outcomes** |
| [ ]  **Observation** of changes in health-status measures | [ ]  **Patient feedback and surveys** |
| [ ]  **Data** from quality, patient safety,registry reports | [ ] Other, specify:  |
| For accreditation compliance, record and maintain summary data along with an analysis that documents if the activity achieved the expected results for the activity. |
| *Notes: 1. Questions that are often asked about the quality of presentations, faculty, and/or logistics may be helpful in planning future activities but fail to inform planners if the objectives/expected results from the activity were achieved. 2. It may also be useful to ask if the learner If they perceive any bias in content/presentation, if they anticipate any barriers to implementing the intended changes and if they are able to perform the stated learning objectives for the activity.* |

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| **C 8 and 9: Commercial Support and Promotion (if applicable)** |
| **commercial support** |
| Will this activity receive commercial support (financial or in-kind grants or donations) from an ACCME defined commercial interest? [ ]  No [ ]  Yes  |
| **Name of Commercial Supporter** | **[ ] In Kind****[ ] Monetary Support** | **Signed LOA?** | **List Amount ($) Received** | **Expenditures:** **Specify how funds were spent** |
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| *Notes: If commercially supported, the activity must abide by the ACCME Standards for Commercial Supportsm. Attach signed agreements with each Commercial Interest including those who provide In-Kind support and detail the receipt and expenditure for each commercial support amount in the chart above or attach a financial statement with receipt and expenditure information.*  |
| **advertising and exhibits (commercial promotion)** Will promotion or advertising be part of this activity? [ ]  No [ ]  Yes Will vendor/exhibit tables or booths be allowed at this activity? [ ]  No [ ]  Yes *Notes: 1. Exhibit fees and promotion and advertising fees are not considered commercial support. 2. Agreements with exhibitors are not required but often considered good business practice. 3. No agreement, whether with a commercial exhibitor or a commercial supporter, can authorize exhibit space in exchange for their direct support of a CME activity.* |

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| **Agenda (for live activities)** |
| Insert below or attach an Agenda for a live activity.  |

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| **Approval** |
| **Approved**? [ ]  No [ ]  Yes If yes, date of approval and number of *AMA PRA Category 1 credit(s)TM* approved: If no: state changes required for approval or reason for non-approval: |