# CME Activity Planning Document

**Partial Service**

**Requesting Person / Dept or Organization:**

**Administrative Coordinator:**

**Course Director(s):**

**Date Requested:**

**Administrative Coordinator:**

**Phone:**

**Activity Title:**

**Date of Activity:**

**Place:**

**Time:**

**# Credit Hours Desired:**

**Sponsorship:** (check one) If Jointly or Co-Sponsored, include contact information.

- [ ] Jointly Sponsored: Entity Name:
- [ ] Co-Sponsored: Entity Name:

**Credit Types:** (Check all that apply)

- [ ] AMA PRA Category 1™ Credit
- [ ] BRN Credit
- [ ] Pain/Palliative Care

**Detailed Program Description:**

**Quality / Professional Practice Gap(s):** Why is this activity necessary? What is the knowledge deficit or the "problem" that underlies or constitutes the educational gap? Why does it exist? Identify the difference between current practice and ideal practice.

- [ ] State practice/performance/quality gap:
- [ ] Why does it exist?

**Quality Improvement CME (QI-CME)**

KSOM CME defines QI-CME as... An educational activity or series of activities through which the CME provider seeks to integrate quality improvement recommendations to address systems-based processes or practices with the goal of improving the performance of the health care professional thereby resulting in improved patient care and outcomes.

- [ ] Is this activity intended to be a Quality Improvement CME? [ ] YES [ ] NO

If yes, specifically how will you quantify/evaluate quality improvement?

**Performance Improvement CME (PI-CME)**

ACCME defines PI-CME “...as a CME activity in which a provider has established a process by which a physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates learning into patient care and then re-evaluates his/her performance.” Is this activity intended to be a Performance Improvement CME?

- [ ] YES [ ] NO

If yes, specifically how will you quantify/evaluate performance improvement?
PROFESSIONAL PRACTICE GAPS: What best describes the professional practice gap(s) you have identified: THE GAP EXISTS IN... (Check all that apply) [C2,3]

- [ ] Physician Knowledge (awareness and understanding)
- [ ] Competence (ability to apply knowledge, skills, judgement and/or strategy)
- [ ] Performance (what is actually being done in professional practice)

GAP ANALYSIS: What sources were used to identify the quality and/or professional practice gap? Attach documentation. (check all that apply) [C2,3,6,7,21,22]

- [ ] Dept Identified Issue/Problem
- [ ] Peer-Review Literature
- [ ] Institutional QA analysis
- [ ] Peer Consultation
- [ ] Annual Needs Assessment Survey of COH Staff
- [ ] Epidemiological Data
- [ ] Prior Evaluation/Outcomes
- [ ] Morbidity/Mortality Data
- [ ] NCCN or Similar National Clinical Guidelines
- [ ] Quality/QRRM Data
- [ ] Performance in Practice Data
- [ ] Referral Diagnosis Data
- [ ] Database Analysis
- [ ] Other: (please specify below)

Specify:

NON-EDUCATIONAL STRATEGIES: Are you currently aware of any non-educational strategies being used to close the identified gap? (e.g., patient reminders, order sets, computer decision support systems, guidelines, etc) If not, what kind of non-educational strategies could be created or used? [C17]

CORE COMPETENCIES: What MOC physician core competencies are addressed by this educational activity? (Check all that apply) [C6]

- [ ] Patient Care (treatment of health problems and the promotion of health)
- [ ] Medical Knowledge (application of established and evolving scientific research to patient care)
- [ ] Practice-based learning & improvement (as it pertains to your own practice; appraisal/assimilation of scientific evidence; improvements in patient care)
- [ ] Interpersonal and Communication Skills (resulting in effective information exchange and “teaming” with patients, families and other health professionals)
- [ ] Professionalism (commitment to professional responsibilities, adherence to ethical principles, sensitivity to diverse patient populations)
- [ ] Systems-based Practice (awareness of responsiveness to the larger context of health care; ability to call on system resources to provide optimal care)

DESIR ED RESULTS: What is(are) the desired result(s)? Note: What measurable changes or improvements in clinical practice/performance/patient and/or quality of care outcome(s) would you like to affect/have happen as a result of this activity? [C3]

1.
2.
3.
Additional:

BARRIERS: Indicate any potential or real barriers facing the learners of this activity that could impact the desired outcomes of incorporating new knowledge, competence, and/or performance objectives into practice. (check all that apply) [C18]

- [ ] Lack of time to assess or counsel patients
- [ ] Lack of consensus on professional guidelines
- [ ] Lack of administrative support/resources
- [ ] Insurance / reimbursement issues
- [ ] No perceived barriers
- [ ] Cost
- [ ] Patient compliance issues
- [ ] Other: (specify)

Please describe how you will attempt to address these identified barriers in this activity: [C19]
**LEARNING OBJECTIVES:** Based on the desired results describe what the learners will be able to do after having participated in this activity. **Note:** Use measurable terms like: demonstrate, outline, examine, discuss, identify assess, integrate, or distinguish...AVOID: learn, understand, know, appreciate... [C3]

1. 
2. 
3. 
4. 
   Additional:

**TARGET AUDIENCE:** (Please specify) [C2,4]

**PROMOTION:** How will you publicize this educational activity? (check all that apply) **Please Note:** All promotional items must be approved by the Office of CME prior to distribution. [C9,10]

- [ ] E-Flyer
- [ ] Email
- [ ] Brochure
- [ ] Reminder card
- [ ] Save the Date card
- [ ] Journal Ad
- [ ] Fax
- [ ] Online CME-Calendar
- [ ] CME Monthly Calendar (hard copy)
- [ ] Other: (specify)

**CULTURAL & LINGUISTIC COMPETENCY:** How will this activity conform to California AB 1195 which states that as of July 1, 2006 all Category1 CME activities that relate to patient care must include a cultural diversity and linguistic competency component? [C17]

**COMMERCIAL SUPPORT:** [C7,8,9,10]

Will there be commercial companies providing funding for this activity?  

- [ ] YES
- [ ] NO

If YES, 

- All grants must comply with ACCME Standards for Commercial Interest (provided by the Office of CME)
- All grants must comply with the Office of CME policies regarding the acceptance of Commercial Support

**Please note:** All commercial support whether real or in-kind MUST be administered through the Office of CME. Acceptance of a direct non-educational grant support may result in the loss of CME credit for the activity.

I have received the policies listed above and

- [ ] AGREE to all terms and conditions
- [ ] DISAGREE and would like to discuss policies further w/ Office of CME

**EDUCATIONAL PLATFORM:** (Check all that apply) [C3]

- [ ] Live- Single Day Activity
- [ ] Live- Multi-Day Activity
- [ ] Enduring Material
- [ ] Internet

**EDUCATIONAL DESIGN/METHODOLOGY:** Based on your activity, which educational methods will be used to achieve desired outcomes/objectives.

- [ ] Didactic lecture
- [ ] Case Presentation & discussion
- [ ] Panel discussions
- [ ] Lecture w/O & A period
- [ ] Procedure demonstration
- [ ] Other:(please specify)

- [ ] Bedside rounds or similar observation and discussion of patients
- [ ] Video Presentation w/discussion
- [ ] Webinar w/discussion
- [ ] Workshop performance of manipulative skills under supervision
- [ ] Audience Responses System

- [ ] Podcast
- [ ] Webcast
- [ ] Journal
- [ ] CD-Rom /USB
**ADMINISTRATION**

**PRELIMINARY BUDGET**
Complete the following information or attach the preliminary budget. (The KSOM OCME is not liable for expenses or losses associated with entities seeking CME accreditation.)

<table>
<thead>
<tr>
<th><strong>Projected Revenue</strong></th>
<th></th>
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<tbody>
<tr>
<td>Registration fees</td>
<td>$0</td>
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<tr>
<td>Commercial support</td>
<td>$</td>
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<tr>
<td>(List companies)</td>
<td></td>
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<tr>
<td>Intuitive</td>
<td></td>
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<tr>
<td>Total revenue</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Projected Expenses</strong></th>
<th></th>
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<tbody>
<tr>
<td><strong>Faculty</strong></td>
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</tr>
<tr>
<td>Honoraria*</td>
<td>$0</td>
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<tr>
<td>Air travel</td>
<td>$</td>
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<tr>
<td>Ground travel</td>
<td>$0</td>
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<td>Lodging</td>
<td>$0</td>
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<td>Meals</td>
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<td><strong>Staff</strong></td>
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<td>Meals</td>
<td>$0</td>
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<td><strong>Advertising</strong> (brochures/flyers)</td>
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<tr>
<td>Design</td>
<td>$0</td>
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<td>Printing</td>
<td>$</td>
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<td>Mailing lists</td>
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<td>Handling</td>
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<td>Postage</td>
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<td>Ads</td>
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| **Department support** | $ |
| **Other support (specify)** | $ |
| **Total expenses**      | $ |

| **Hotel**              |  |
| Meeting room rental    | $ |
| Catering               | $ |
| AV charges             | $ |
| Drayage for exhibits/posters | $0 |
| Shipping               | $0 |
| Office equipment (fax, phone computer, printer, etc.) | $0 |
| **Syllabus/proceedings printing** (On-site program printing) | $ |
| **Registration materials** (Bags, pens, name tags) | $ |
| **Other**              | $ |
| **CME administrative fee** | $ |
| **Total expenses**      | $ |

*KSOM OCME Honorarium and Expense Reimbursement Policy must be followed.*
**Speaker Information:** Please list

<table>
<thead>
<tr>
<th>Guest Faculty List</th>
<th>USC Faculty List</th>
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<tbody>
<tr>
<td>Name</td>
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**Please Refer to OCME KSOM Honoraria Policy**

**Evaluation & Outcomes Metrics:** Indicate what evaluation methods will be used to measure changes/improvements in competence, performance, and/or patient outcomes.

- [ ] Post Activity Evaluation tool
- [ ] Pre-Test; Post-Test
- [ ] Focus Group
- [ ] Chart Review
- [ ] Statistical data review
- [ ] Outcomes Survey
- [ ] Executive Summary (conference only)
- [ ] Other: (specify )

**Information Checklist:** Please include the following:

- [ ] Needs Assessment documentation (Required: all activities)
- [ ] Schedule / Agenda for the Activity (where applicable)
- [ ] Budget: Estimated Expenses (where applicable)
- [ ] Signed: CME Activity Letter of Agreement (where applicable)
COURSE DIRECTOR ATTESTATION:

I have read all policies REGARDING:

- Commercial Support
- Reimbursement & Honoraria
- Disclosure and Resolution of COI

☐ I AGREE to comply with all terms and conditions.
☐ I would like to discuss the terms and conditions with the Office of CME

Signature: ___________________________ Date: ___________________________

Course Director

CREDIT REVIEW & DECISION

Reviewed by: ___________________________ Signature: ___________________________

This program is ...

☐ APPROVED
☐ DECLINED

COMMENTS: