

Describe the process or processes you use to identify the professional practice gaps of your learners and the educational needs that underlie the identified professional practice gap(s). (ACCME C2)

(Choose and describe: Knowledge need and/or Competence need and/or Performance need)

Describe, list or attach the source(s) used to identify the needs and gaps. Attachments may be provided as paper copies or by listing the web links to this information below.

Criterion 3:

Describe how your activities are designed to change the competence, performance or patient outcomes of your learners. (ACCME C3)

State the Learning Objectives for the activity that will address the identified needs, gaps and expected outcomes.

At the conclusion of this educational activity, participants will be able to:

- 1.
- 2.
- 3.
- 4.

Criterion 5:

What is the format you will be using for this activity? Describe how this educational format is appropriate for the setting, objectives and desired results of the activity. (ACCME C5)

Criterion 6:

Describe how your activities/educational interventions are developed in the context of desirable physician attributes.. (ACCME C6)

Indicate the desirable physician attributes this activity addresses. (ACCME C6)

Sources: ACGME/ABMS Competencies www.acgme.org and www.abms.org:

<input type="checkbox"/>	Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
<input type="checkbox"/>	Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
<input type="checkbox"/>	Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
<input type="checkbox"/>	Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
<input type="checkbox"/>	Professionalism , as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
<input type="checkbox"/>	Systems-Based Practice , as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optimal value.

Indicate the method(s) used to evaluate and determine changes in competence, performance or patient outcomes:

- ISMS CME Evaluation Form (required)
- Quiz or Post-test (attach a copy with this planning proposal)
- Case Studies
- Other (describe and attach sample):

Criterion 7:

ACCME Definition of a Commercial Interest: A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The ACCME does not consider providers of clinical service directly to patients to be commercial interests – unless the provider of clinical service is owned, or controlled by, an ACCME-defined commercial interest.

For this CME activity, will you be Requesting Commercial Support? Yes No

If yes, provide details (amount, from whom, for what):

(You will be contacted by ISMS staff regarding this)

If no, does your organization use employees of ACCME-defined commercial interests as faculty OR planners of accredited CME (see above definition of commercial interest)? (ACCME C7, SCS 1) Yes No

Describe all the process(es) and mechanism (s) your organization uses to a) identify and (b) resolve conflicts of interest for everyone in a position to control educational content to specific to their role(s) in the activity (e.g., planners, reviewers, faculty, authors and others who control educational content). (ACCME C7, SCS 2)

If there is a relevant financial relationship on the part of any planner, the provider must take an active role to resolve that conflict by recusing the planner from controlling aspects of planning and content with which they have a conflict of interest.

Describe all the process(es) and mechanism(s) your organization uses to disclose to learners the presence or absence of all relevant financial relationships of all persons in a position to control educational content. (ACCME C7, SCS 6)

Describe all the process(es) and mechism(s) your organization uses to disclose to learners the source of support from commercial interests including “in-kind” support. (ACCME C7, SCS 6)

Criterion 8:

Will you be providing honoraria, in any form to planners, teachers and/or authors? (ACCME C8, 3.7)

Yes No

Will you be providing reimbursement of expenses for planners, teachers and/or authors? (ACCME C8, 3.7-3.9)

Yes No

Criterion 9:

Will you be organizing commercial exhibits in association with this CME activity? (ACCME C9) Yes No

If yes, describe how your organization ensures that arrangements for commercial exhibits do not 1) influence planning or interfere with presentation and 2) are not a condition of the provision of commercial support for CME activities.

Criterion 10:

It is an expectation of the ACCME that the content of CME activities does not promote the proprietary interests of any commercial interests (i.e., there is no commercial bias) and that your CME activities give a balanced view of therapeutic options. Describe how your CME activities and your program of continuing medical education ensure that these two expectations are fulfilled (e.g., in the context of your planning, procedures, policy and monitoring). (ACCME C10)

Policies:

CME Clinical Content Validation Policy:

The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public. Describe how this CME activity ensures that these expectations are fulfilled (in the context of your planning, procedures, policy and monitoring).

If this CME activity does not focus on clinical content, please use the following statement: "This CME activity does not focus on clinical content". If the specific CME activity does contain clinical content, add a sentence that addresses how the clinical content was validated. Please be as specific as possible on how this was addressed.

Cultural Competency:

Has the cultural competence of the target audience been considered? Yes No

Has a gap been identified in the cultural competence of the target audience? Yes No

If a gap in cultural competence was identified, how will it be addressed by this activity?

CME Activity Planning Check-Off List:

At the time of submission, please attach to this form:

- Completed Disclosure Forms for all planners and, if available, speakers, authors and content reviewers.
- Hard copies of sources used to identify needs and gaps, if web links were not provided.
- Copies of correspondence between the planner(s) and faculty showing discussion of objectives, honoraria and reimbursement of expenses, as applicable.
- Draft of publicity materials AND activity agenda.
- Copy of your honoraria and expense reimbursement policy
- Copy of your quiz or post-test, if applicable
- Signed Joint Providership Agreement (completed annually), if applicable.
- Completed appropriate Appendix for MOC, if applicable.
- Completed Peer Review Forms for MOC, if applicable.
- Completed REMS forms, if applicable.

Prior to the activity, the following must be submitted or discussed with the CME Department:

- Remaining Disclosure Forms (not previously submitted) for speakers, authors and content reviewers.
- Completed List of control of content for planners, speakers, authors or content reviewers.
- Documentation of resolution of conflict of interest, if applicable.
- Documentation showing how disclosure of financial relationships will be communicated to attendees, if applicable.
- Documentation showing how disclosure of commercial support will be communicated to attendees, if applicable.
- Signed Letters of Agreement, if commercial support is sought.
- Completed list of Commercial Supporters with amounts, if applicable.
- CME Credit Request Form (live activities only).
- CME Evaluation Form or other evaluation tool, if applicable.
- Correspondence with exhibitors, if applicable.
- Signed Presentation Permission Forms for copyright and videotaping purposes, if applicable.
- For Internet Enduring activities, CME office must be contacted prior to Go Live date to confirm CME information is correct.

Following the activity, the following must be submitted to the CME Department:

- Final publicity materials.
- Copies of handouts provided to participants, if any.
- Participant Evaluation Forms or evaluation summary **(within 30 days)**
- All CME Credit Request Forms collected **(live activities only)**.
- Documentation of any honoraria and/or expenses paid.
- Completed ISMS CME Activity Evaluation Summary Worksheet, if requested by ISMS staff.
- Attendance numbers, including breakdown of physician vs. non-physician attendees.
(Live activities within 30 days; enduring materials by January 15th of the following year)
- Copy of final presentations/content **(within 30 days)**
- Budget reconciliation, if you had exhibits or received commercial support for this CME activity **(within 60 days)**
- Participant data via Excel spreadsheet, if MOC activity (includes ABIM, ABA, or ABP ID, name, date of birth, and activity completion date).

For Office Use Only

Date received: _____ Decision: ____ Approved ____ Not Approved

Number of credits: _____

If enduring material, time period: _____

Signature, Chair, Committee on CME Activities

Date