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## CME ACTIVITY PLANNING GUIDE

Today's Date  Activity Name:

Course Director  E-mail  Phone Number

Address/City/State/Zip

Activity Coordinator  E-mail  Phone Number

Address/City/State/Zip

Planning Committee Members Who Influence Content

If this activity is not sponsored by a UT Health Science Center San Antonio department, please note the name of the UTHSCSA faculty member on the planning committee.

**Short Activity Description:** (Description will be used in marketing materials and grant applications. List potential agenda topics)

If UTHSCSA, name of department/division  
If not UTHSCSA, name of institution/association

Activity Start Date  Activity End Date

Venue Name

Grand Rounds/M&M/Lecture Series/Case Conference Location:

Satellite (V-Tel) locations (if applicable):

Activity City  Activity State

- Type of Activity *CS*:**
- Case Conference
  - Distance Learning Activity
  - Grand Rounds/M&M/Lecture Series
  - Journal-based CME
  - Internet point-of-care learning (PoC)
  - Live Activity
  - Performance Improvement CME (PI CME)

If this is a Series (Grand Rounds/M&M/Lecture Series/Case Conference/Journal Club, please indicate the Day(s) of the Week (check all that apply):

Series Start Time  Series End Time

Frequency  Daily  Weekly  Quarterly  Monthly  Bi-Monthly  Bi-weekly Other

Will any presentations be submitted for Ethics credit?  Yes  No

\*Per the Texas Medical Board, at least 2 formal hours must involve the study of medical ethic and/or professional responsibility every 24 months.

Estimated # of attendees:

**Learning Format C5:** Indicate the methods for engaging learners in their education that will be utilized in this activity and the rationale for their selection (check all that apply):

- Audience response system
- Case study/review
- Debate
- Demonstration
- Group discussion
- Panel discussion
- Patient simulation
- Question/answer
- Role modeling/mentoring

**Target Audience Learners C4:**

(check all that apply):

- MD
- DO
- DPM
- PA
- RN
- NP
- NPA
- LVN
- EMT
- PT
- ATC
- LAT
- PhD
- PharmD
- SW

**Do you require additional services (meeting planning)?**  Yes  No

- CE Credits (RN/NP, PT, ATC/LAT, EMT)
- Educational Grants (budget required)
- Marketing
- Meeting Planning
- Onsite Staffing
- Recording
- Registration

**Sources of Financial Support C8, SCS 34-36:**

Registration Fees

Amount Per Learner:  
(if 'none', enter 'none')

Other

**Commercial Support:**

Provide company names, therapeutic interests/ areas of focus and amount of grant request.

\*Standard 3: Appropriate Use of Commercial Support

Standard 3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a joint provider.

## Assessing the Professional Practice Gaps that Indicate a Need for the Activity C2

The ACCME requires that all educational activities be based on an identified gap in practice. A gap represents the difference between a Best Practice and the Current Practice. This is the method by which the learning objectives will be defined and measured. Please follow the steps below to create the gap analyses for your activity.

- **State the current practice** of the cohort of learners to which your educational activity is targeted. You can determine this based on interviews (formal or informal) with members of the target audience, a questionnaire, or a published article that reports on findings from learners.
- **State the source used** that provided you with current practice (i.e., from questionnaire of membership, interviews with 6 family physicians, etc.)
- **State the gap** (what needs to be done to move your target audience from the current practice to the best practice) The gap should inform you of the **type of outcomes** that are appropriate for this activity.
- **Prepare a learning objective** Learning objectives are important because they form the outline of the content you will develop and they link the learner gaps above to the content. In addition, they also inform learners of the results they can expect if they participate in this activity. Therefore, the objectives you prepare in the table below must be (1) specific, actionable, and measurable. (2) They should be stated in terms of changes the learner will make in practice or a competence they will develop.

**Please do not state the objective in terms of what you will teach, but rather in terms of how the learner will apply what s/he has learned to patient care. Learning Objectives should be actionable and measurable. Please prepare one or more objectives for each identified gap from the table below.**

### Short Statement of Need for Course Materials C2:

The statement of need should answer the question: "What conditions, issues, or problems exist that make it necessary or advantageous for physicians to participate in this activity." Please write below a descriptive summary of 4-5 sentences stating the identified gaps to be addressed in this activity:

Statement of Need:  
(include references)

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### Professional Practice Gap 1:

Best practice:

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Source of best practice:

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Current learner practice:

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Source of learner practice:

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Resulting learner gap:

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Learning objective to address THIS gap:

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**Professional Practice Gap 2:**

Best practice:

Source of best practice:

Current learner practice:

Source of learner practice:

Resulting learner gap:

Learning objective to address THIS gap:

**Professional Practice Gap 3:**

Best practice:

Source of best practice:

Current learner practice:

Source of learner practice:

Resulting learner gap:

Learning objective to address THIS gap:

**Evaluation of Educational Outcomes C11**

You are required to collect and analyze data about learner change through an evaluation tool that happen immediately after the event (by asking what the learners will do differently in their practices) and 12 weeks after the event (by asking what the learners have done).

The evaluation tool will help analyze changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

The Office of CME provides an online evaluation for your activity.

**Factors and Barriers That Could Impede Achievement of Intended Educational Results C18-19**

Which Patient Barriers to results have you identified (check all that apply):

- 3rd Party Reimbursement
- Cultural
- Economic
- Lack of resources
- Language
- Patient educational level
- Patient non-compliance
- Treatment related adverse effects

Other Please indicate:

What Physician Barriers to results have you identified (check all that apply):

- Formulary restrictions
- Inadequate reimbursement
- Institution doesn't support educational efforts
- Lack of consensus on professional guidelines
- Lack of time to assess / counsel patients
- Lack of time for implementation of new skills or practices
- Policy issues within institutions
- Professional interpersonal communications
- Resistance to change
- Technical skills
- Technology not available or inadequate

Other Please indicate:

Indicate educational strategies to be used to address the above barriers:

**Specialty Boards and Maintenance of Certification**

Has the relevant specialty board(s) and/or national association developed standards that affect the content of this activity?

If so, indicate curriculum reflective of these standards:

**Competencies that Will be Addressed in CME Content**

(check all that apply):

- Apply quality improvement
- Cognitive expertise
- Commitment to lifelong learning
- Compassionate patient care
- Employ evidence-based practice
- Evidence of evaluation of performance-in-practice
- Evidence of professional standing
- Interpersonal and communication skills
- Medical knowledge
- Practice-based learning and improvement
- Professionalism
- Provide patient-centered care
- Systems-based practice
- Utilize informatics
- Work in interdisciplinary teams

**Upon receipt of your planning guide, our office will contact you for the following items:**

Agenda

Sample marketing materials

Resources for statement of need

Speaker information (name, credentials, email address, telephone number)

**Our office will follow up with a service agreement upon review and approval of this planning guide. (Execution of our services will occur once the service agreement is signed.)**

**By checking this box, I certify that the above planning guide is accurate and true.**

Type Your Name:

Date Signed

To submit this form, click the "Submit" button to the right and follow instructions after selecting the appropriate e-mail account.