



SCMA CME Planning Form

Incomplete forms will not be considered for credit.

Activity Title:		Activity Date(s):	
Providership: (select one)	<input type="checkbox"/> Direct <input type="checkbox"/> Joint		
Provider Name: (your organization):			
Address:			
Contact Name:			
Email Address:			
Phone:			
Activity Type: (Select one)	<input type="checkbox"/> Live <input type="checkbox"/> Enduring <input type="checkbox"/> Regularly Scheduled Series (RSS)* <input type="checkbox"/> Other _____		
Location:			
Activity Overview:	<p>In 1 or 2 sentences tell us about this activity. What is this activity and what do you hope to accomplish through it?</p> <p>1.</p> <p>2.</p>		

<p>List in the box to the right the professional practice gap(s) of your learners on which the activity was based: (C2)</p>	<p>Finish This Sentence: Our target audience's current professional practice is less than ideal or could be better in terms of:</p> <p>(Please select all that apply)</p> <p><input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance</p>
<p>Explain in the box to the right the educational need(s) that you determined to be the cause of the professional practice gap(s) (C2) (Attach documentation if available)</p>	<p>Finish this sentence: The target audience needs education related to:</p>
<p>Explain in the box to the right what this CME activity was designed to change in terms of learners' competence or performance or patient outcomes (C3)</p>	<p>Finish these sentences: (if applicable)</p> <p>Learners should accomplish what in terms of competence:</p> <p>Learners should accomplish what in terms of performance:</p> <p>Learners should accomplish what in terms of patient outcomes:</p> <p>(Please select all that apply)</p> <p><input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes</p>
<p>Explain in the box to the right why this educational format is appropriate for this activity (C5) (i.e.: Live presentation, webinar, enduring material, roundtable discussion, cases, simulation etc.)</p>	<p>Finish this sentence: The chosen educational format is more appropriate because:</p>

<p>Target audience: Continuing Medical Education must be designed and directed to serve the clinical professional performance of practicing physicians.</p>	<p><input type="checkbox"/> Physicians: specialty(ies): _____</p> <p><input type="checkbox"/> Nurse Practitioners</p> <p><input type="checkbox"/> Physician Assistants</p> <p><input type="checkbox"/> Pharmacists</p> <p><input type="checkbox"/> Registered Nurses</p> <p><input type="checkbox"/> Other (specialty) _____</p>
<p>Learning Objectives: (C5) Your learning objectives must be measurable, should address the educational needs that you identify in your target audience, and should state some specific practice-based improvements or tasks that the learners should be able to do (or do better) as a result of this activity.</p>	<p>Finish this sentence: As a result of this activity, learners should be able to:</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p>
<p>Desired Results (C 5) Please explain all that apply – attach document if needed</p>	<p>Finish this sentence: As a result of this activity, learners should be able to:</p> <ul style="list-style-type: none"> • Increase knowledge as it relates to: • Improve competency of skill as it relates to: • Improve patient care / outcomes as it relates to:

Please choose from the competencies below, the desirable physician attribute(s) this activity addresses (Check all that apply) (C 6)

ACGME/ABMS Competencies	Institute of Medicine Competencies	Inter-professional Education Collaborative Competencies
<input type="checkbox"/> Patient care and procedural skills <input type="checkbox"/> Medical knowledge <input type="checkbox"/> Practice based learning and improvement <input type="checkbox"/> Interpersonal and Communication skills <input type="checkbox"/> Professionalism <input type="checkbox"/> Systems-based Practice	<input type="checkbox"/> Provide Patient-centered Care <input type="checkbox"/> Work in Interdisciplinary Team <input type="checkbox"/> Employ Evidence-based Practice <input type="checkbox"/> Apply Quality Improvement <input type="checkbox"/> Utilize Informatics	<input type="checkbox"/> Values/Ethics for Inter-professional practice <input type="checkbox"/> Roles/Responsibilities <input type="checkbox"/> Communication <input type="checkbox"/> Teams and Teamwork

COMMERCIAL SUPPORT

Will you receive any financial or in-kind support for this activity from any organizations whose primary business is to produce, market, sell, re-sell, or distribute healthcare products used by or on patients?

No, and I agree to notify the SCMA CME Department if we receive this type of support

Name of Activity Director: _____

Signature: _____

Yes, this activity is receiving what is referred to as “commercial support” for CME purposes

If commercial support is received, a letter of agreement (LOA) must be completed for each commercial supporter. Contact SCMA CME Office for copy of LOA

Name of Commercial Supporter(s):

AMOUNTS:

ALL IN-KIND DONATIONS (C7)

Important reminder - if commercial support is received, an accurate documentation detailing the receipt and expenditure of Commercial Support will be required within 30 days from the conclusion of the CME activity. (C8/SCS 3.13)

Reminder - All education must actively promote improvements in health care and NOT proprietary interests of commercial interests. (C10/SCS5)

Please respond to any of the following questions that may apply to your CME activity

The questions below are related to the promotion of team-based education

Are members of inter-professional teams engaged in the planning and delivery of inter-professional education (IPCE)?
Yes No (C23)

If yes, please identify.

Are patients/public representatives engaged in the planning AND delivery of CME?
Yes No (C24)

Did you include any students of the health profession in your planning?
Yes No (C25)

If yes, please give names, student major and explain their roles

Did you include students of the health professions as faculty?
Yes No (C25)

If yes, please give names

The questions below are related to addressing public health priorities

Will this program advance the use of health and practice data for healthcare improvement?
Yes No (C26)

If yes, how?

Does your activity teach strategies that learners can use to achieve improvements in population health?
Yes No (C27)

If “yes” – how?

Collaboration with other stakeholders to address population health issues more effectively.
Yes No (C28)

If yes, who? Please explain relationship(s).

The questions below are related to enhancing skills of learners

Will this program optimize communication skills of learners?
Yes No (C29)

If “yes” – how?

Will this program optimize technical and procedural skills of learners?
Yes No (C30)

If “yes” – how?

Is this program designed to create individualized learning plans for learners?
Yes No (C31)

If “yes” – how?

<p>Are you planning any “support strategies” to enhance change as an adjunct to this CME program? Yes No (C32)</p>	<p>If “yes” – how? Please provide examples – handouts, posters, flyers, giveaways, etc.</p>
<p>The questions below help <u>demonstrate educational leadership</u></p>	
<p>Does this education program support CME research and scholarship? Yes No (C33)</p>	<p>If “yes” – how?</p>
<p>Will this program support the professional development of the CME team? Yes No (C34)</p>	<p>If “yes” – how?</p>
<p>Will this program demonstrate creativity and innovation in the evolution of CME programs? Yes No (C35)</p>	<p>If “yes” – how?</p>
<p><u>The questions below are to help provide ideas to show that the program achieved its planned outcomes</u></p> <p>Select one from below if possible.</p>	
<p>Will you be able to demonstrate improvement (measure) in the performance of the learners who attend this CME program? Yes No (C36)</p>	<p>If “yes” – how? Please provide documentation when available.</p>
<p>Will you be able to demonstrate healthcare quality improvement as a result of this CME Program? Yes No (C37)</p>	<p>If “yes” – how?</p>
<p>Will you be able to demonstrate the impact of this CME program on patients or in your community? Yes No (C38)</p>	<p>If “yes” – how?</p>

As the activity director responsible for the educational content of the proposed jointly provided CME Activity, I agree to comply with all SCMA’s policies and procedures, including but not limited to those pertaining to CME’s and the joint providership fee as indicated below. I understand that the South Carolina Medical Association is committed to providing continuing medical education programs that are evidence-based, objective, scientifically supported, balanced, and free from commercial bias, and that the polices, outlined in this application work towards that goal. I attest to have the authority to administer this activity on behalf of the Host Organization identified and that the information and documents provided in/with this application are complete & accurate to the best of my knowledge.

Signature

Printed Name

Date