

**Southeast Georgia Health System  
CME Application & Planning Worksheet**

*This application/planning worksheet collects all information necessary to plan and develop the proposed CME activity. Completion of all sections of this form is necessary to meet accreditation requirements. CME staff members are available to help you navigate this process.*

**Section 1 of 4: Activity Description**

<b>Activity Information</b>		
Title and Speaker		
Date	Time	Location

**Requested Number of CME Credit Hours:** \_\_\_\_\_

<b>Type of Activity</b> (select all that apply) <i>ACCME Criteria 5</i>
<input type="checkbox"/> Course (grand rounds, symposium, workshop, conference, etc.) - <input type="checkbox"/> Regularly Scheduled Series (journal club, case presentation, tumor board, etc) – Frequency: <input type="checkbox"/> Other type of activity, please specify:

<b>Planning Process</b> <i>ACCME Criteria 7</i>
1. Who identified the speakers and topics: <input type="checkbox"/> Activity Medical Director _____ <input type="checkbox"/> Planning Committee Member _____ <input type="checkbox"/> Other (provide name): _____
2. What criteria were used in the selection of speakers (select all that apply)? <input type="checkbox"/> Subject matter expert <input type="checkbox"/> Excellent teaching skills/effective communicator <input type="checkbox"/> Experienced in CME <input type="checkbox"/> Other: _____
3. Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain: _____

Note: All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis. Providers are not eligible for ACCME accreditation or reaccreditation if they present activities that promote recommendations, treatment or manners of practicing medicine that are not within the definitions of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

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**Section 2 of 4: Planning Leadership**

**Activity Course Director** The physician or basic scientist who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a certified activity.

<b>Name</b>		<b>Degree(s)</b>			
<b>Title</b>		<b>Affiliation</b>			<b>Department</b>
<b>Address</b>			<b>City</b>		<b>State</b>
					<b>ZIP</b>
<b>Phone</b>		<b>Fax</b>			<b>Email</b>

**Planning Committee** *In addition to the Activity Course Director and Administrative Coordinator, list all individuals in control of content for this activity. Use additional sheets if necessary.*

**Note, all individuals listed are required to complete a CME disclosure** (disclosure form is section 4 of 4 of this application).

Name of Individual	Individual's role in activity	Name of commercial interest	Nature of relationship
<i>Example: Jane Smythe, MD</i>	<i>Course Director</i>	<i>None</i>	<i>--</i>
<i>Example: Thomas Jones</i>	<i>Faculty</i>	<i>Pharma Co. US</i>	<i>Research Grant</i>

**Alignment with SGHS CME Program Mission Statement (C1) check all that apply**

*The Southeast Georgia Health System Continuing Medical Education Program seeks to provide practicing physicians with educational opportunities that will contribute to advance the prevention, diagnosis and/or treatment of disease.*

*Check all that apply:*

- Contribute to their professional learning**
- Maintain clinical competency**
- Promote the appropriate implementation of medical advances**

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**Section 3 of 4: Needs Assessment and Educational Design**

<b>Target Audience</b> <i>(select all that apply – at least 1 box from provider type, geographic location, and specialty must be selected)</i>			
<b>Provider Type:</b> <input type="checkbox"/> Primary Care Physicians <input type="checkbox"/> Specialty Physicians <input type="checkbox"/> Psychologists <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Other (specify):	<b>Geographic Location:</b> <input type="checkbox"/> Internal SGHS <input type="checkbox"/> Local/Regional		
<b>Specialty:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> All Specialties  <input type="checkbox"/> Anesthesiology  <input type="checkbox"/> Cardiology  <input type="checkbox"/> Emergency Medicine  <input type="checkbox"/> Family Medicine  <input type="checkbox"/> Gastroenterology  <input type="checkbox"/> Neurology  <input type="checkbox"/> OB/GYN  <input type="checkbox"/> Pulmonary           </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Oncology  <input type="checkbox"/> Orthopaedics  <input type="checkbox"/> Pediatrics  <input type="checkbox"/> Primary Care  <input type="checkbox"/> Psychiatry/Psychology  <input type="checkbox"/> Radiology  <input type="checkbox"/> Radiation Oncology  <input type="checkbox"/> Surgery  <input type="checkbox"/> Other (specify):           </td> </tr> </table>		<input type="checkbox"/> All Specialties <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Family Medicine <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Neurology <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pulmonary	<input type="checkbox"/> Oncology <input type="checkbox"/> Orthopaedics <input type="checkbox"/> Pediatrics <input type="checkbox"/> Primary Care <input type="checkbox"/> Psychiatry/Psychology <input type="checkbox"/> Radiology <input type="checkbox"/> Radiation Oncology <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify):
<input type="checkbox"/> All Specialties <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Cardiology <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Family Medicine <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Neurology <input type="checkbox"/> OB/GYN <input type="checkbox"/> Pulmonary	<input type="checkbox"/> Oncology <input type="checkbox"/> Orthopaedics <input type="checkbox"/> Pediatrics <input type="checkbox"/> Primary Care <input type="checkbox"/> Psychiatry/Psychology <input type="checkbox"/> Radiology <input type="checkbox"/> Radiation Oncology <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify):		
<b>Identification of Professional Practice Gap, Educational Needs, Learning Objectives, and Desired Results</b> <i>(ACCME Criteria 2, 3)</i>			
<p>The <u>Professional Practice Gap</u> is the difference between actual and ideal performance and/or patient outcomes. Learning objectives should indicate the desired change in performance of the participants.</p>			
<b>State the professional practice gap(s) of the learners on which the activity is based.</b> <i>Reference relevant data and/or supporting literature.</i>			
<b>State the educational need(s) that are determined to be the cause of the professional practice gap(s).</b>	<b>Knowledge need</b> <i>and/or</i>		
	<b>Competence need</b> <i>and/or</i>		
	<b>Performance need</b> <i>and/or</i>		
<b>State the learning objective/s for this activity in terms of learners' competence or performance or patient outcomes.</b>			

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**Educational Design/Methodology** *The activity should be structured to achieve the stated learning objectives. Please indicate the educational method(s) that will be used to achieve the stated objectives. Select all that apply.*  
**ACCME Criteria 5**

<input type="checkbox"/> Didactic Lecture (knowledge) <input type="checkbox"/> Panel Discussions (knowledge) <input type="checkbox"/> Roundtable Discussion (knowledge) <input type="checkbox"/> Q&A Sessions (knowledge)	<input type="checkbox"/> Case Presentations (knowledge and competence) <input type="checkbox"/> Simulation/Skills Lab (competence and performance) <input type="checkbox"/> Performance Improvement Initiative (knowledge, competence, and performance) <input type="checkbox"/> Other:
<p><b>Explain why the selected educational format is appropriate for this activity.</b></p>	

**ACGME Core Competencies (select a minimum of 1)**

*CME activities should be developed in the context of desirable physician attributes. Please indicate which Accreditation Council for Graduate Medical Education (ACGME) core competency(ies) that will be addressed in this activity. ACCME Criteria 6*

- Patient Care or Patient-Centered Care:** identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with, and educate patients; share decision-making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
- 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.
- Practice-Based Learning and Improvement:** involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- Interpersonal and Communication Skills:** that result in effective information exchange and collaboration with patients, their families and other healthcare professionals.
- Professionalism:** commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.
- System-Based Practice:** actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

**Evaluation and Outcomes** *How will you measure if changes in competence, performance or patient outcomes have occurred? Check all that apply. If specific outcome measures are desired, please attach questions separately.*  
**Criteria 11**

**Competence**

<input type="checkbox"/> Post activity evaluation for changes in practice ( <b>must use SGHS post-CME activity evaluation tool</b> ) <input type="checkbox"/> Customized pre and post-test	<input type="checkbox"/> Chart audits <input type="checkbox"/> Direct observations <input type="checkbox"/> Other:
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**Performance/Patient Outcomes**

<input type="checkbox"/> Changes in quality performance through measurable outcomes <input type="checkbox"/> Changes in patient outcomes through measurable outcomes	<input type="checkbox"/> Customized follow-up survey/interview/focus group about actual change in practice at specified intervals <input type="checkbox"/> Other:
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**DEMONSTRATION**

**REQUIRED ATTACHMENTS** *The following documents must be included at time of application submission.*

Attachment 1	The activity agenda
Attachment 2	Signed disclosure forms for <b>all</b> individuals in control of content for this activity
Attachment 3	Data and/or sources that identify the practice gap to be addressed during this activity
Attachment 4	A copy of the presentation to be used during the activity

**PRE-ACTIVITY REQUIREMENTS** The following items must be submitted **prior** to the start of the activity.

Item 1	The MAG accreditation statement for this activity, as provided to learners. (e.g., brochure, program book, or announcement)
Item 2	Evidence that mechanisms are being implemented to resolve conflicts of interest for all individuals in control of content prior to the start of the activity.
Item 3	The disclosure information as <u>providing to learners</u> about the relevant financial relationships (or absence of relevant financial relationships) that each individual in a position to control the content of CME disclosed to the provider.

**POST ACTIVITY REQUIREMENTS** The following items must be submitted **post** completion of the activity.

Item 1	Attendance rosters
Item 2	The data or information generated from this activity about changes achieved in learners' competence or performance or patient outcomes
Item 3	Activity evaluations

**ACKNOWLEDGEMENT**

By signing below, I acknowledge, as the Activity Course Director, that I am responsible for providing the above listed items according to time lines outlined.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Southeast Georgia Health System  
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Section 4 of 4: Commercial and Promotional Support  
ACCME Criteria 8, 9, 10**

Southeast Georgia Health System CME Program Policy does not allow commercial support and exhibits. Expenses to support an activity may be paid out of the SGHS Education and Library Fund and/or by another SGHS department. Activities supported by another SGHS department must submit a projected budget of any anticipated expenses with the completed Continuing Medical Education *AMA PRA Category 1 Credit™* Application and Activity Planning Tool. A budget summary statement must be provided within 30 days of the activity.

**Conflicts of Interest**

**The ACCME defines a commercial interest as “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.”**

All individuals in a position to control the content of this CME activity must disclose any relationships with a commercial interest that 1) benefits the individual in any financial amount and 2) has occurred within the past 12 months. A conflict of interest is present if the individual has both a financial relationship with a commercial entity and has the opportunity to affect content relevant to the products/services of that commercial entity. Conflicts of interest will be reviewed prior to the CME activity by the CME Coordinator. Any acknowledged or perceived conflicts of interest will be forwarded by the CME Coordinator to the Chair and/or medical staff members of the Education and Library Committee. If a conflict of interest is determined to exist, it must be resolved prior to participation in this CME activity by:

- Altering the financial relationship with the commercial entity; and/or
- Altering the individual's control over CME content related to the commercial entity.

If the conflict of interest cannot be resolved, the Chair of the Education and Library Committee may disqualify the individual (i.e. speaker, activity director and/or planning committee member) with the manifested conflict of interest. If an appropriate replacement cannot be found, the activity will not be approved for Continuing Medical Education *AMA PRA Category 1 Credit™*.

**Disclosure**

How will disclosure information of the speaker and all planning committee members be conveyed to the participants?  
 In writing †  Verbally †  Other: \_\_\_\_\_

All verbal disclosures must be documented in writing by the Activity Director or Activity Coordinator and submitted to the MSS Coordinator within 30 days of the activity.

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†  Approved †  Not Approved Reason: \_\_\_\_\_

**Chair, Education and Library Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

CME Credit Hours Approved: \_\_\_\_\_