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# MMS CME Activity Planning Document for AMA PRA *Category 1 Credit™*

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**MASSACHUSETTS  
MEDICAL SOCIETY**

*Every physician matters,  
each patient counts.*

Massachusetts Medical Society  
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# Instructions

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All CME activity planning documents must be submitted for review two months (60 days) prior to the activity date.

The Massachusetts Medical Society (MMS) developed this planning document with the following purpose:

- To clarify its goals for sponsorship and joint sponsorship of quality CME activities
- To support the strategic priorities of the MMS through education
- To highlight educational needs assessment based on identified gaps in practice
- To clearly articulate learning objectives as markers of enhanced competence, performance, and/or patient outcomes
- To identify measures to evaluate the long-term effectiveness of the CME intervention
- To help planners meet nationally accepted CME standards and guidelines

This document is designed to describe what learners will gain from participating in a particular CME activity as well as the resources that will be used for planning, presenting, and evaluating the activity's effectiveness regarding changing physician knowledge, competence, performance and/or patient outcomes.

Special emphasis is placed on identification of practice gaps and how an educational intervention will be used to close or reduce said gaps. It will also help to identify how you determined the learning needs of your potential audience, the evidence used to support an education plan, and how you will know if you have met your goals in addressing those needs.

If you have any questions about this application, please contact the MMS Department of Continuing Education and Certification at [continuingeducation@mms.org](mailto:continuingeducation@mms.org) or (781) 434-7306.

**Please use Adobe® Reader® to complete this form. You can download this software, free of charge, at <http://get.adobe.com/reader/?promoid=BUIGO>.**

**IMPORTANT:** Please complete the attached Planning Document IN ITS ENTIRETY and attach all requested items. Incomplete applications will be returned. Only electronic submissions will be accepted.

#### Attachments Checklist

- ☐ Activity agenda (for live activities), including start and end times of individual presentations
- ☐ Course outline (for online activities), including all modules if applicable
- ☐ CVs and/or bios of all faculty (live) or content developers (distance learning)
- ☐ Meeting minutes from all planning sessions

#### I. GENERAL INFORMATION

Submission Date \_\_\_\_\_

Activity Title \_\_\_\_\_

Total number of credits (learning hours), rounded to nearest quarter hour (*Please subtract breaks, lunch, business meetings, and non-educational sessions for live events.*) \_\_\_\_\_

#### Activity Format(s)

- ☐ Live Course    ☐ Live Webinar    ☐ Online    ☐ Home Study    ☐ Performance Improvement
- ☐ Printed Enduring Materials    ☐ Other \_\_\_\_\_

#### **Live/Live Webinar**

Activity Date(s) \_\_\_\_\_

Activity Start Time \_\_\_\_\_

Activity End Time \_\_\_\_\_

Location \_\_\_\_\_

Teaching Methodologies (Check all that apply.)

- ☐ PowerPoint slide audio lecture
- ☐ PowerPoint slide video lecture
- ☐ Panel discussion
- ☐ Question and answer
- ☐ Streaming video
- ☐ Live Webinar
- ☐ Simulation
- ☐ Other \_\_\_\_\_

#### **Distance Learning**

☐ Activity Launch Date(s) \_\_\_\_\_

☐ Activity Duration (Hours) \_\_\_\_\_

Teaching Methodologies (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Text only                    | <input type="checkbox"/> Self-directed learning       |
| <input type="checkbox"/> Text and graphics            | <input type="checkbox"/> Case-based interactive       |
| <input type="checkbox"/> Text-audio                   | <input type="checkbox"/> Simulation                   |
| <input type="checkbox"/> Recorded slide audio lecture | <input type="checkbox"/> Journal                      |
| <input type="checkbox"/> Recorded slide video lecture | <input type="checkbox"/> Journal Club                 |
| <input type="checkbox"/> Streaming video              | <input type="checkbox"/> Board review/self-assessment |
| <input type="checkbox"/> Podcast (audio and/or video) | <input type="checkbox"/> Webinar (on demand)          |
| <input type="checkbox"/> Games                        |   |
| <input type="checkbox"/> Other _____                  |   |

Intended Audience (*i.e., specialties, geographic concentration*) \_\_\_\_\_

Proposed Number of Participants (*Indicate approximate range.*) \_\_\_\_\_

## II. SPONSORSHIP

- ☐ MMS directly sponsored
- ☐ Jointly sponsored
- ☐ Cosponsored (*two or more accredited providers*)
- ☐ In collaboration with (*Check here if applicant organization is an accredited provider of CME.*) \_\_\_\_\_

### Directly Sponsored

Contact Name \_\_\_\_\_

Contact Extension \_\_\_\_\_

Contact Email \_\_\_\_\_

MMS Committee(s)/Department(s) \_\_\_\_\_

MMS Activity Code \_\_\_\_\_

### Jointly Sponsored/Cosponsored/In Collaboration With

Organization \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_

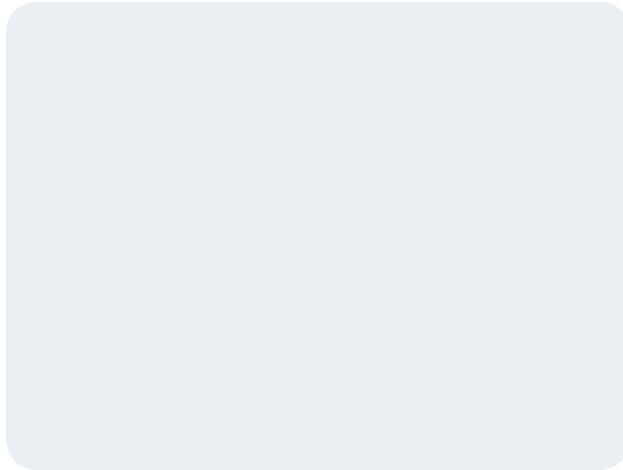
Contact Phone/Fax/Email \_\_\_\_\_

Have you previously used the MMS as an accredited CME provider? ☐ Yes ☐ No

### III. PLANNING & NEEDS ASSESSMENT

#### Practice Gaps

What is the practice-based issue you want to address?

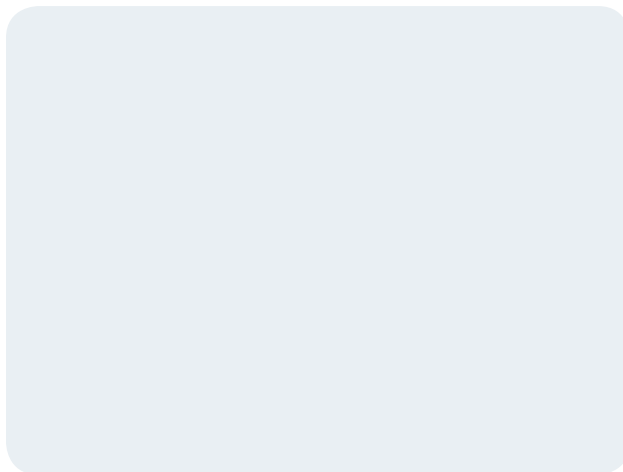


*With which aspect of practice are you concerned (e.g., clinical care, administrative, research, teaching, other)?*

*What is the difference between current practice and best practice?*

*Who are the stakeholders of this problem/issue?*

Why does this issue exist?

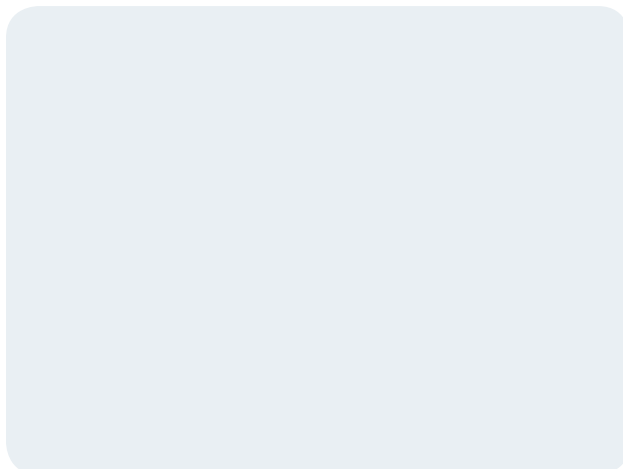


*How did you become aware of this problem/issue?*

*What data or information do you have about the nature and extent of the problem? What sources of data/references are you using to identify the problem? (List three or more specific references, such as peer-reviewed journal articles, hospital quality improvement data, public health data, etc. Be as specific as possible.)*

*How does the problem apply to physicians, other health professionals, and stakeholders?*

What do you want to change?



*What aspect of the problem do you want to target to change with education, training, or consultation?*

*What kind of change do you want this activity to promote in participants?*

## Change Measurement

How do you plan to measure the impact or change of this activity?

Do you plan to follow up with participants at a later date to assess long-term change? If yes, please explain.

Do you require the MMS to supply an electronic evaluation?

☐ Yes    ☐ No

This activity is primarily designed to change: *(Check all that apply.)*

***(Click here for further clarification on what we mean by competence, performance, and patient outcomes.)***

☐ Competence    ☐ Performance in practice    ☐ Patient outcomes

## MMS Strategic Priorities

The strategic priorities of the Massachusetts Medical Society are to improve health care quality, access, equity, and cost effectiveness for the Commonwealth within the context of a sound public health system. Which of the MMS priorities will be addressed by this CME activity? *(Check all that apply.)*

- |   |  |
|---|--|
| <input type="checkbox"/> Quality        | <input type="checkbox"/> Cost-effective care |
| <input type="checkbox"/> Access to care | <input type="checkbox"/> Public health       |
| <input type="checkbox"/> Equity         | <input type="checkbox"/> None of the above   |

### Risk Management *(Click here for a definition of risk management.)*

Will this activity address a risk management issue? ☐ Yes ☐ No

### IV. LEARNING OBJECTIVES

Please list the activity's learning objectives below. *(Click here for more information on writing objectives.)*

As a result of participating in this activity, learners should be able to:

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### ACGME/ABMS Competencies

Of the ACGME/ABMS competencies listed below, please indicate the primary and secondary attribute related to this activity topic. *(Click on **competency** for definition.)*

	Primary <i>(check one box)</i>	Secondary <i>(check one box)</i>
Compassionate, appropriate, and effective patient care	<input type="checkbox"/>	<input type="checkbox"/>
Medical knowledge	<input type="checkbox"/>	<input type="checkbox"/>
Practice-based learning and improvement	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal and communication skills	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>
Systems-based practice	<input type="checkbox"/>	<input type="checkbox"/>

### Non-educational Strategies *(if applicable)*

What non-educational strategies do you intend to use to address this issue?

- ☐ Newsletters
- ☐ Patient handouts/surveys
- ☐ Sending reminders about techniques discussed during the activity
- ☐ Follow-up communication (e.g., via mail, email)
- ☐ Other \_\_\_\_\_
- ☐ None

### V. PLANNERS, FACULTY, AND CONTENT DEVELOPERS

To comply with national CME standards, the MMS requires all planners and developers of content for educational activities to complete and submit a financial conflict of interest (COI) form. MMS staff will contact the individuals below with regard to COI. Please contact the MMS Department of Continuing Education and Certification at [continuingeducation@mms.org](mailto:continuingeducation@mms.org) to add additional planners.



## Planners

Name:
Organization:
Title:
Address:
Telephone/Fax:
Email:
Assistant Name:
Assistant Telephone/Fax:
Assistant Email:

Name:
Organization:
Title:
Address:
Telephone/Fax:
Email:
Assistant Name:
Assistant Telephone/Fax:
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<b>Assistant Email:</b>

### **Faculty/Speakers/Content Developers**

Please contact the MMS Department of Continuing Education and Certification at [continuingeducation@mms.org](mailto:continuingeducation@mms.org) to add additional faculty/speakers/content developers.

<b>Name:</b>
<b>Organization:</b>
<b>Title:</b>
<b>Address:</b>
<b>Telephone/Fax:</b>
<b>Email:</b>
<b>Assistant Name:</b>
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## VI. COMMERCIAL SUPPORT

Will you be seeking commercial support for this activity?

☐ Yes *If yes, please click here for important information on commercial support.*

☐ No

List potential supporters below.

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## VII. EXHIBITS

Will you have exhibitors at your activity? ☐ Yes *If yes, please list below.* ☐ No

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## VIII. BUDGET

Please complete the budget template attached.

## IX. SIGNATURE

I understand and agree that if this activity is accepted for sponsorship by the MMS with the award of *AMA PRA Category 1 Credit™* to physicians, I will provide all requested information. I understand and agree to the financial and CME policies of the MMS. If complete information — including all planner/faculty/content develop disclosure information — is not submitted, the MMS is not obligated to provide sponsorship or CME credit.

IMPORTANT: If there are any changes to faculty or content developers after submission, an updated form must be completed and sent to MMS staff immediately (note date of revision in document title).

Signature \_\_\_\_\_

Typed name \_\_\_\_\_

Role in planning this activity \_\_\_\_\_

Date \_\_\_\_\_