

Submit Form



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

CME Activity Planning Document

Please check this item before proceeding.

- I have received and read the CME Activity Planning Guide and will use it as a resource to complete the CME Activity Planning Document.

SECTION A: GENERAL INFORMATION

Name of Organization Applying for CME Credit:

- I attest that my organization is not a commercial interest. The ACCME defines a commercial interest as any entity producing, marketing, reselling, 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.

Activity Administrator/Primary Contact:

Name of Individual Completing Activity Planning Document:

Mailing Address:

Email Address:

Telephone: Fax:

Will you be promoting this activity online? Yes No

If you answered Yes, please provide the activity URL below (if not currently available, please send link to CECompliance@mms.org when site is open for viewing).

URL:

Activity Title:

Activity Description (The description may include information on the educational needs, target audience, learning formats, content, and any highlights or features of the activity. This will be used for marketing/promotional purposes.):

Activity Date/Activity Launch Date (if applicable):

Total number of credits (learning hours), rounded to nearest quarter hour (please subtract breaks, lunch, business meetings, and non-educational sessions for live activities):

Activity Location (if applicable):

Target Audience:

Risk Management Approval Sought? Yes No

If you are seeking approval for Risk Management (RM) study, please indicate on the activity agenda any sessions that may meet the MA Board of Registration in Medicine's (BRM) definition of RM study. Per the BRM, for an activity to be eligible for RM study, the content must include instruction in medical malpractice prevention such as risk identification, patient safety, and loss prevention. In addition, it may include courses in medical ethics, quality assurance, medical-legal issues, patient relations, non-economic aspects of practice management, or courses designed to reduce the likelihood of medical malpractice through means other than increasing the licensee's medical education and technical competence. Risk management study also includes review of the Board of Registration in Medicine's Patient Care Assessment regulations (234 CMR 3.01-3.16) and participation on designated peer review committees dealing with quality assurance. Content in Pain Management, End-of-Life Care, and Electronic Health Records is also eligible for risk management study.

Activity Type (please check all that apply):

Live Activity (if so, what kind?)

Face-to-Face/In Person Live Activity

Internet Live Activity (Webinar)

Teleconference

Enduring Material (if so, what kind?)

Print

Internet Enduring Material

Archived Webinars

CD-ROM/DVD

Other (please specify): _____

Journal-Based CME

Performance Improvement (PI) CME

Test Item Writing

Manuscript Review (for journals)

Internet Point-of-Care Learning

Describe the educational methods you will use and briefly explain why these formats are appropriate for this activity. (Examples include didactic lectures with slides, clinical cases, panel discussion, simulation, role-play, videos, text, text and graphics, etc.)

Will you seek commercial support for this activity?

Yes

No

Will you seek in-kind support from a commercial interest?

Yes

No

Will you arrange for commercial exhibits in association with this activity?

Yes

No

Will you be seeking advertisements in association with this activity?

Yes

No

SECTION B: GAP AND EDUCATIONAL NEED — WHY ARE YOU CREATING THIS ACTIVITY?

Section B poses several questions to help you articulate why this activity is necessary and what professional practice gaps will be addressed. **Please refer to page 6 of the CME Activity Planning Guide for examples.**

Describe the professional practice gap(s) of your learners that this activity will address.

State the educational need(s) that you determined contribute to the practice gaps identified above. Explain whether these needs are caused by knowledge, competence, or performance gaps.

What sources/data were used to identify the practice gaps described on page 2? How did you determine the cause(s) of these gaps? Check all that apply and provide at least two sources and/or accompanying data.

Expert Needs

- Planning committee/expert panel
- Departmental chair
- Activity faculty
- Peer-reviewed literature
- Research findings
- Guidelines

Participant Needs

- Previous related evaluation summary
- Focus panel discussion/interviews
- Needs assessment survey
- Other clinician requests

Observed Needs

- M&M data
- Epidemiological data
- Data and/or analyses about your patient
- Hospital/clinic QA data and/or analyses

Sources:

1. _____
2. _____

In summary, this CME activity is designed to change (*please check all that apply*):

- Knowledge
- Competence
- Performance
- Patient Outcomes

What are the learning objectives? Upon completion of this educational activity, participants shall be able to:

What potential barriers do you anticipate learners may face to incorporate new knowledge, strategies, or performance objectives into practice? Briefly describe specific content designed to address the identified barriers.

Indicate the desirable physician attribute(s) (i.e., competencies) this activity will address. Check all that apply.

ACGME/ABMS Competencies

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

Institute of Medicine Competencies

- Provide Patient-Centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice
- Apply Quality Improvement
- Utilize Informatics

Interprofessional Education Collaborative Competencies

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

CME activities must be evaluated to assess their impact on learners' competence, performance, or patient outcomes. Activities directly provided by the MMS are evaluated using a standard evaluation tool.

For jointly provided activities only:

Do you want the MMS to provide an evaluation form/tool? Yes No

SECTION C: ACTIVITY FUNDING

Please indicate how this activity will be funded. Select all that apply:

- Registration or tuition fees
- Organization/department funds
- Exhibit fees (Note: exhibit fees are not considered commercial support.)
- Support from a non-profit organization such as a foundation
- Other (please specify): _____
- Commercial support (please complete the following information):

Please submit a list of names of commercial supporters that you will solicit for commercial support and indicate whether you are seeking financial or in-kind support.

Name of Commercial Supporter	Financial	In-Kind

If you are seeking in-kind support, please specify the type of in-kind support that you will seek:

- Durable equipment Facilities/Space Disposable supplies (non-biological)
- Animal parts or tissue Human parts or tissue Other (please specify): _____

SECTION D: ATTACHMENTS

Please attach the following documents to the CME Activity Planning Document and send to CECompliance@mms.org:

- Completed Activity Planners' Disclosure Forms
- Activity Agenda or Course Outline (for online activities). Indicate on the agenda if you are seeking approval for RM study for specific talks that may meet BRM's definition referenced on page 1 of this planning document.
- List all individuals in control of content — use the provided table
- List of potential commercial supporters (if applicable)
- Biosketches for planners, faculty, content developers, and others

List of All Individuals in a Position to Control the Content

In the following table, list all individuals in control of content. List each individual’s name, role in the activity (e.g., planner, editor, content reviewer, faculty speaker, content developer), **email address**, **telephone number**, and **mailing address**.

Name of Individual	Role in the Activity	Email Address	Telephone Number	Mailing Address
Example: Joseph Reed	Planner	jreed@cme.org	(617) 555-5555	860 Winter St., Waltham 02451

For questions, please email cecompliance@mms.org or call Jane Gagne at (781) 434-7304.

Submission Date: _____