

## PLANNING FORM FOR CME ACCREDITATION

The University of South Carolina School of Medicine – Prisma Health Midlands Continuing Medical Education (USCSOM-PHM CME) Organization is accredited with commendation by the Accreditation Council for Continuing Medical Education (ACCME) to provide *AMA PRA Category 1 Credit™* for educational activities.

Our CME activities are designed around the educational needs of practicing physicians. The Planning Form for CME Accreditation should be completed and returned to the CME Office to begin the planning for your CME activity. Keep the following timeline in mind when requesting accreditation for your activity.

- **Annual Conferences/Symposia** – Planning begins at least 12 months in advance
- **Regularly Scheduled Series (RSS) activities** – Planning begins at least 1 month in advance
- **Enduring Materials** – Planning begins at least 6 months in advance

CME activities are planned by an Activity Planning Committee (APC) and led by a physician who chairs the committee. The APC Chair has primary responsibility for planning, developing, implementing, and evaluating the content of the educational activity.

The APC identifies an activity coordinator to serve as the liaison between the CME office and the APC to handle logistics, schedule meetings, and oversee administrative processes related to the CME process.

Send completed forms to [cpdsa@uscmcd.sc.edu](mailto:cpdsa@uscmcd.sc.edu). The CME office approves activities once a month. Once your application has been reviewed, a CME team members will contact you.

<b>Request type:</b>	New activity <input type="checkbox"/>	Activity renewal <input type="checkbox"/>	
<b>Proposed activity title:</b>			
<b>Proposed start date:</b>		<b>Expected attendance:</b>	
<b>Activity Planning Committee (APC) Chair</b>			
<b>Name:</b>		<b>Credentials:</b>	
<b>Title:</b>		<b>Department:</b>	
<b>Email:</b>			<b>Phone:</b>
<b>Activity Coordinator</b>			
<b>Name:</b>		<b>Credentials:</b>	
<b>Title:</b>		<b>Department:</b>	
<b>Email:</b>			<b>Phone:</b>



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**Target audience:** *The primary group of physicians, physician specialty, and/or targeted patient population the activity is designed for.*

**Overall educational objective and/or learning outcome:** *(What will the learners know or be able to do as a result of attending this activity.)*

**Identified professional gap(s):** *A professional practice gap is the difference between current performance and desired performance and/or patient outcomes. Ex: The target audience for this activity are writing insufficient treatment plans for pediatric psychiatry patients.*

**Educational Need(s):** *State the educational need(s) that you determined to be the cause of the professional practice gap(s). (What is needed in one or more of the categories below to address the professional practice gap(s).)*

**Knowledge need and/or** *Ex: Learners need to know the new research-based guidelines for the treatment of otitis media. Therefore, an educational need for knowledge (update on the new guidelines) exists to help close the gap.*

**Competence need and/or** *Ex: Our interprofessional team is having issues with patient care coordination at shift changes. Team members understand the principles of collaborative practice but lack strategies for how to manage these transitions. Therefore, a competence-based need (better approach, plan, or strategy) exists to help close the gap.*

**Performance need** *Ex: Learners have been introduced to a new procedure but haven't been able to perform the procedure in practice. Therefore, a performance need (training with guidance and feedback) exists to help close this gap.*

**Needs Assessment:** *How was the need for this activity determined? Check all that apply.*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Survey of target audience | <input type="checkbox"/> Physician Interest     | <input type="checkbox"/> Quality improvement data       |
| <input type="checkbox"/> Peer review               | <input type="checkbox"/> New program techniques | <input type="checkbox"/> Prior conference data/feedback |
| <input type="checkbox"/> Consensus of experts      | <input type="checkbox"/> Patient Care audit     | <input type="checkbox"/> Other, please specify: _____   |

*\*Example from the ACCME*



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<b>Competencies:</b> Indicate the ACCME/ABMS core competencies that will be addressed. <i>(check all that apply)</i>		
<input type="checkbox"/> Medical Knowledge	<input type="checkbox"/> Interprofessional Communication	<input type="checkbox"/> Roles/responsibilities
<input type="checkbox"/> Practice-Based Learning and Improvement	<input type="checkbox"/> Systems-Based Practice	<input type="checkbox"/> Professionalism
<input type="checkbox"/> Patient Care and Procedural Skills	<input type="checkbox"/> Provide Patient-Centered Care	<input type="checkbox"/> Teams and Teamwork
<input type="checkbox"/> Values/Ethics for Interprofessional Practice	<input type="checkbox"/> Work in Interdisciplinary Teams	<input type="checkbox"/> Quality Improvement
<input type="checkbox"/> Interpersonal and Communication Skills	<input type="checkbox"/> Employ Evidence-Based Practice	<input type="checkbox"/> Utilize Informatics
<b>Educational format:</b>		
<input type="checkbox"/> Live (Conference, Symposium, Course) <span style="margin-left: 150px;"><input type="checkbox"/> Enduring Material (completed independently-recorded, online, paper)</span>		
<b>Regularly Scheduled Series (RSS):</b>		
<input type="checkbox"/> Grand Rounds <input type="checkbox"/> Tumor Board <input type="checkbox"/> Journal Club <input type="checkbox"/> M&M <input type="checkbox"/> Case Conference <input type="checkbox"/> Other, please specify: _____		
<b>Activity frequency:</b> <input type="checkbox"/> Annually <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
<b>Day(s) and Time:</b>	<input type="checkbox"/> Sun <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat	From _____ AM/PM to _____ AM/PM
<b>Proposed activity location:</b> <i>(if virtual, please list streaming platform)</i>		
<b>Educational format:</b> <input type="checkbox"/> Lecture <input type="checkbox"/> Case-based <input type="checkbox"/> Panel discussion <input type="checkbox"/> Workshops <input type="checkbox"/> Other: _____		
<b>Why is this format appropriate for this activity?</b> _____ _____		
<b>Activity Evaluation:</b>		
<input type="checkbox"/> Pre and Post Tests <input type="checkbox"/> Focus Group <input type="checkbox"/> Post-Activity Follow-up Survey <input type="checkbox"/> Simulation Demonstration	<input type="checkbox"/> Commitment-to-Change Statement <input type="checkbox"/> Case Discussions or Vignettes <input type="checkbox"/> Other, please specify: _____	
Explain the rationale for choosing this method of evaluation and the frequency.		
Rationale: _____ _____		
Frequency: _____		
Evaluate change in learners': <input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes		
<b>Will the activity receive financial support from any of the sources below:</b> No    Yes – If yes, select source		
Exhibitors      Educational Grant      Sponsors      Other, please specify: _____		
<b>Return completed form to the CME Office - cpdsa@uscmed.sc.edu.</b>		