

**Colorado Medical Society**  
Activity Planning Document for  
AMA PRA Category 1 Credit™

**Course**

**CME Activity Information**

Activity Title: \_\_\_\_\_ Activity Date: \_\_\_\_\_  
Providership: Direct  Joint   
Joint Provider Organization Name: \_\_\_\_\_  
Joint Provider Street Address, City, State, Zip \_\_\_\_\_  
Joint Provider Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Activity Type: Live Activity - Course If other, please provide short description: \_\_\_\_\_  
Physician Planner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Educational Planning and Evaluation**

**Target Audience:**  Physicians (MD, DO) List Specialties: \_\_\_\_\_

PA's, NP's, APN's  Other learners (please list): \_\_\_\_\_

**Educational Needs** (Formerly Criterion 2)

State the professional practice gap(s) of your learners on which the activity was based. (The gap is the difference between current practice and best practice.)

Check the educational need(s) that apply to this activity

Knowledge (what do physicians need to know)

Competence (do physicians know how to apply knowledge? What skills/strategies are needed?)

Performance (have physicians implemented these skill/strategies?)

State the educational need(s) you determined to be the cause of the professional practice gap(s). (What do the physicians need to follow best practice)

**Designed to Change** (Formerly Criterion 3)

Explain what competence, performance, or patient outcome this activity was designed to change. Response may be the learner objectives

### Appropriate Formats (formerly Criterion 5)

Identify the educational format(s) for this activity. Check all that apply

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> case-based discussion | <input type="checkbox"/> Didactic lecture    | <input type="checkbox"/> Panel discussion         |
| <input type="checkbox"/> Skill-based training  | <input type="checkbox"/> Simulation          | <input type="checkbox"/> Small group discussion   |
| <input type="checkbox"/> Pre/posttests         | <input type="checkbox"/> Question and answer | <input type="checkbox"/> Audience response system |
| <input type="checkbox"/> Other, please list    |  |   |

Explain why this educational format is appropriate for this activity

### Competencies (Formerly Criterion 6)

Select the desirable physician attribute(s) this activity addresses. The list below includes the Competencies of ACGME/ABMS, Institute of Medicine, and Interprofessional Education Collaborative, or you may enter other competencies recognized by your organization.

- |   |  |
|---|--|
| <input type="checkbox"/> Patient Care and Procedural Skills           | <input type="checkbox"/> Medical Knowledge               |
| <input type="checkbox"/> Practice-based Learning and Improvement      | <input type="checkbox"/> Professionalism                 |
| <input type="checkbox"/> Interpersonal and Communication Skills       | <input type="checkbox"/> Systems-Based Practice          |
| <input type="checkbox"/> Provide Patient-Centered Care                | <input type="checkbox"/> Work in Interdisciplinary Teams |
| <input type="checkbox"/> Employ Evidence-Based Practice               | <input type="checkbox"/> Utilize Informatics             |
| <input type="checkbox"/> Values/Ethics for Interprofessional Practice | <input type="checkbox"/> Roles/Responsibilities          |
| <input type="checkbox"/> Interprofessional Communication              | <input type="checkbox"/> Teams and Teamwork              |
| <input type="checkbox"/> Quality Improvement                          |  |
| <input type="checkbox"/> Other competencies, please list              |  |

How will you measure if changes occur in competence, performance, and/or patient outcomes?

Please check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Participant evaluation (competence)                                     | <input type="checkbox"/> Case-based studies (competence)                 |
| <input type="checkbox"/> Pre/posttest (competence)   | <input type="checkbox"/> Audience response system (competence)           |
| <input type="checkbox"/> Chart review (performance)  | <input type="checkbox"/> Outcome data (performance and patient outcomes) |
| <input type="checkbox"/> Physician/patient survey (self-report performance and patient outcomes) |  |
| <input type="checkbox"/> Other method, please describe   |  |

### Commercial Support and Commercial Promotion (Exhibits, and Advertising)

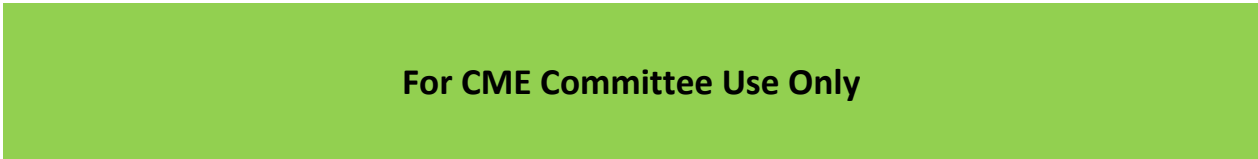
Will there be commercial support for this activity?  no  yes, answer a. and b.

a. Support type  Unrestricted educational grant  In-kind, please specify

- b. Names of supporters or potential supporters
- c. **Will there be exhibits?**  no  yes **Will commercial supporters have the opportunity to purchase paid advertising (such as ad in program booklet)?**  no  yes
- d. **Will there be other promotional opportunities for commercial supporters?**  no  yes
- e. If yes, briefly describe

**Attachments to submit with CME planning document**

- Contact list of planners, speakers (use attached form). This includes but is not limited to CME committee, planners, content reviewers, key participants in RSS case conferences, etc.
- Draft copy of proposed agenda (include start and end times, breaks, meals, presentation times)
- Proposed budget if any income from commercial support or commercial promotion (exhibits), or any expenses – include honoraria to be paid to faculty or anyone in control of content
- Signed joint provider agreement, if jointly provided



Certified for *AMA PRA Category 1 Credit(s)*™

Not certified for *AMA PRA Category 1 Credit*™

Explanation if not certified

Chair, CME Committee:

Chair Signature:

Date: