*This form guides the planning and instructional design process for any education-related activity, regardless of whether continuing medical education (CME) credit is offered. To facilitate compliance, the form correlates to the ACCME Criteria (indicated by Criteria X).*

***Contact ACAAI Staff for assistance with this form or the planning process.***

***(Note: The checkboxes on the form are interactive; you can click on them to show them as checked.)***

**Section 1 of 4: Activity Description**

|  |  |
| --- | --- |
| **Activity Information** | |
|  | |
| **Title of Activity** |  |
| **Date(s) of Meeting** |  |
| **Venue Address** |  |
| **Joint Provider Name** |  |
| **Mission Statement** |  |
| **Website** |  |

|  |  |
| --- | --- |
| **Type of Activity — *Criterion 5*** | |
|  | |
| **Please check the type of activity** | |
| **Course** *(e.g. symposium, workshop, conference, etc.)* | *If you check course, please check the appropriate format:*  In-Person Live Course  Internet Live Course *(e.g. webinar, live streaming of an in-person activity)*  **Attach program schedule with speakers, topics and times.** |
| **Self-Study/Enduring Materials** | *If you check enduring material, please check the appropriate format:*  CD-ROM  Internet  Monograph/Book  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Expected Duration for Activity** *(3 years maximum)***:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Target Audience** | **Expected Attendance** | **Geographic reach** |
| MD/DO |  | National  Regional  State  Local |
| PharmD |  |
| PhD |  |
| Physician Assistant |  |
| ☐ Nurse Practitioner |  |
| ☐ RNs |  |
| ☐ Medical Technologists |  |
| ☐ Other Medical Professionals |  |

**Section 2 of 4: Activity Leadership**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity Medical Director (AMD)**  *The physician or basic scientist who has overall responsibility for planning, developing, implementing and evaluating the content and logistics of an educational activity.* | | | | | | | | | | |
| **Name** |  | **Degree(s)** | | |  | | | | | |
| **Title** |  | **Affiliation** | | |  | | | | | |
| **Department** |  | **Phone** | | |  | | **Email** | |  | |
|  |  |  | | |  | |  | |  | |
| **Activity Co-Director** *(optional)*  *The individual who shares responsibility for planning the educational activity. Designating a Co-Director is optional, but strongly encouraged.* | | | | | | | | | | |
| **Name** |  | | **Degree(s)** | | |  | | | | |
| **Title** |  | | **Affiliation** | | |  | | | | |
| **Department** |  | | **Phone** | | |  | | **Email** | |  |
|  |  | |  | | |  | |  | |  |
| **ACAAI Staff**  *The individual responsible for the planning and operational support for the educational activity.* | | | | | | | | | | |
| 1. **Name** |  | | | **Phone** | |  | | | | |
| **Title** |  | | | **Email** | |  | | | | |
| 1. **Name** |  | | | **Phone** | |  | | | | |
| **Title** |  | | | **Email** | |  | | | | |
| 1. **Name** |  | | | **Phone** | |  | | | | |
| **Title** |  | | | **Email** | |  | | | | |
| 1. **Name** |  | | | **Phone** | |  | | | | |
| **Title** |  | | | **Email** | |  | | | | |

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

|  |  |  |
| --- | --- | --- |
| **Accreditation Council for Graduate Medical Education (ACGME)**  **Competencies\*\* — *Criterion 6*** | **Institute of Medicine (IOM) Competencies** | **Interprofessional Education Collaborative Competencies** |
| Patient Care  Medical Knowledge  Practice-Based Learning & Improvement  Interpersonal & Communication Skills  Professionalism  System-Based Practice | Provide patient-centered care  Work in interdisciplinary teams  Employ evidence-based practice  Apply Quality Improvement  Utilize Informatics | Values/Ethics for Interprofessional  Practice  Roles/Responsibilities  Interprofessional Communication  Teams and Teamwork |

***\*\*Required***

|  |
| --- |
| **Incorporating Previous Educational Activity’s Evaluation Data Recommendations — *Criterion 11*** |
| Has this activity been offered previously?  **YES**  **NO**  *If* ***YES****, please list any changes that will be incorporated into this activity based on the evaluation results from the previous activity.* |
| ***Example:*** *Learners commented on the 2015 Annual Meeting evaluations that they would like improved access to handouts. We will accommodate this request for the 2016 Annual Meeting, by…1. Providing online access to handouts, 2. Providing a paper form of the Key Takeaways for specific sessions.* |

1.

2.

3.

|  |  |  |
| --- | --- | --- |
| **Needs Assessment — *Criterion 2***  *Provide supportive documentation for all checked boxes. If you cannot provide documentation, do NOT check the box.* | | |
|  | | |
| *Please identify the ways in which the need for this activity was identified.* ***(check at least one)*** | | ***Examples of Sources for documentation*** |
|  | Continuing review of changes in quality of care as revealed by national data resources | Aggregate reports about physician performance or patient outcomes from organizations such as  ∘AHRQ ∘ State or Federal Quality orgs  ∘CMS ∘Closed claims data  ∘NIH ∘Insurance companies  ∘National Quality Forum ∘HEDIS indicators from NCQA  ***(Citations only)*** |
|  | Ongoing census of diagnoses and treatments | ∘CDC Morbidity and Mortality Report  ∘FDA Alerts & Reports |
|  | Advice from authorities on the field, or relevant medical societies | ∘List of expert names/medical societies AND Summary of recommendation(s) |
|  | Formal or informal requests or surveys of the Target Audience, Faculty or Staff | ∘Summary of requests or surveys  **Note:** *Must show information related to areas of educational need/ topics of interest (not logistical summaries – e.g. food, venue, etc.)* |
|  | Discussion in society Committee meetings, Planning or Editorial Boards, or Board of Directors | ∘Summary of meeting minutes, which includes how and why the content for the activity was chosen |
|  | Data from peer-reviewed journals, government resources, or consensus reports | ∘Citations for journal articles or Government-produced documents describing educational need and practice gaps ***(Citations only)*** |
|  | Review of ABAI examinations and/or recertification requirements | ∘Board review or updated requirements |
|  | New technology or methods of diagnosis/treatment | ∘Description of new procedure, technology, treatment, etc. |
|  | Legislative, regulatory or organizational changes affecting patient care | ∘New or revised legislation, standards or guidelines ***(Citations only)*** |
|  | Accreditation patient safety goals, guidelines or standards | From organizations such as:  ∘Joint Commission ∘National Quality Forum  ∘AHRQ ∘NCQA  ∘ACGME ∘ABMS  ***(Citations only)*** |
| ☐ | Other *(please specify)* |  |
|  | | |

If applying for an **Educational Grant**, please ***skip this section and proceed to the Educational Format section (Criteria 5)***. The information below will be completed in detail on the **Supplementary Educational Grant Request form** instead.

|  |  |  |  |  |  |
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| **Overall Professional Practice Gaps — *Criteria 2, 3***  *see attachment “1b-Tips & Verbs for Learning Objectives”*  ***These practice gaps should be all encompassing for your activity as a whole.*** | | | | | |
| *Knowledge = information obtained*  *Competence = ability to apply knowledge, skills, and judgement in practice* | | | *Performance = what one actually does in practice*  *Patient Outcomes = measurable results of treatment* | | |
|  | | | |  | |
| **Current practice**  *(What is)* | | **Ideal Practice**  *(What should be)* | | **Existing Gap**  *(Difference between*  *current and ideal)* | **Type of Practice Gap** |
| ***Example:*** *Contact dermatitis is an allergic disease that has been historically evaluated and managed most often by dermatologists, but in recent years a shift in practice focus by many practicing dermatologists has created a significant need for specialists to see the patients.* | | *Allergists should be evaluating contact dermatitis patients, including performing patch testing based on the contact dermatitis practice parameter from ACAAI, which provides an evidence-based overview of the evaluation and management of contact dermatitis patients, including actionable summary statements to help clinicians implement recommendations into practice.* | | *Allergists have long been familiar with patch testing, and many allergists performed patch testing, but until recently it was not considered necessary for practicing allergists to offer this testing. Unfortunately, many allergy specialists have not been thoroughly trained with this technique, and this has left many allergy physicians sub-optimally prepared to evaluate and treat these patients.* | Knowledge  Competence  Performance  Patient Outcomes |
| **Source used to identify gap** | | *See attached documents for: ACAAI Annual Scientific Meeting Evaluation results; Committee meeting minutes; Citations for scientific literature review articles* | | | |
| 1. |  |  | |  | Knowledge  Competence  Performance  Patient Outcomes |
| **Source used to identify gap** | |  | | | |
| 2. |  |  | |  | Knowledge  Competence  Performance  Patient Outcomes |
| **Source used to identify gap** | |  | | | |
| 3. |  |  | |  | Knowledge  Competence  Performance  Patient Outcomes |
| **Source used to identify gap** | |  | | | |

|  |
| --- |
| **Educational Need — *Criterion 2***  What does the participant need to learn in order to close the gaps stated above? |
|  |
| ***Example:*** *Allergic contact dermatitis is a common disorder that is often difficult to assess. Historically ACD has been managed by dermatologists but in recent years there has been a shift toward referring these patients to the allergist. Patch testing is the mainstay of the diagnostic evaluation of ACD, and there are both patch test “kits” available as well as well-validated methods for customizing a patch test to include unique allergens appropriate for specific patients. Unfortunately, many allergy specialists have not been thoroughly trained with this technique, and this has left many allergy physicians suboptimally prepared to evaluate and treat these patients. The ACD practice parameter provides a thorough, up to date, evidence based overview of the evaluation and appropriate management of ACD, including actionable summary statements that will help the allergy specialist in every day practice, particularly if his or her Fellowship training did not include hands on experience with patch testing.*  *Allergy specialists need to feel confident performing patch testing for patients with suspected contact allergies and when utilizing new therapies available for managing atopic dermatitis.* |
|  |

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| **Anticipated Changes in Practice — *Criteria 2, 3, 5***  What observable changes do you anticipate physicians will make based on their participation in this activity? *In terms of competence, performance, and/or patient outcomes* |
|  |
| ***Example:*** *Allergists need to identify current preferred treatment options for refractory atopic dermatitis, and need to properly perform patch testing based on best practice techniques.* |
|  |

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| **Learning Objectives — *Criteria 2, 3, 5***  List all of the learning objectives that should be achieved; objectives should bridge the gap between the identified need and the desired result. ***See “1c\_Joint Providers\_Tips & Verbs for Learning Objectives” document.*** |
|  |
| ***At the conclusion of this activity, learners should be able to…*** |
| ***Example:***   1. *Discuss Practice Parameter summary statements regarding the management of refractory atopic dermatitis* 2. *Describe proper use of patch testing and implications for management* |

1.

2.

3.

4.

5.

|  |  |  |
| --- | --- | --- |
| **Identified Barriers — *Criteria 18, 19***  What potential barriers do you anticipate participants may have in incorporating new knowledge, competency and/or performance objectives into practice? ***(check all that apply)*** | | |
| Lack of time to assess or counsel patients  Lack of administrative support/resources  Lack of time to research this topic  Lack of consensus on professional  guidelines | Patient compliance issues  Insurance/reimbursement issues  Organizational/Institutional issues  Cost | Other *(please specify)* |
| *Example: Barriers include:*   1. *Insurance/Reimbursement issues* 2. *Practicing physicians lack the time to research this topic thoroughly due to the high volume of scientific literature available* 3. *Organizational/Institutional*   *Planned discussion includes:*   1. *How to appropriately code for patch testing* 2. *Provide discussion on the review of the literature available and what may need to be further researched* 3. *How to help your organization understand the importance of this issue for Allergists* | | |
|  | | |
| ***Please provide the planned discussion that will occur to help overcome the barriers stated above.*** | | |
|  | | |

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| **Educational Format — *Criterion 5***  Select the educational format that will be used to help bridge the practice gaps, enable participants to achieve the learning objectives and desired results. ***(check all that apply)*** | | |
| ***Knowledge only***  Didactic lecture  Roundtable and/or problem-based  discussions  Moderated poster sessions  Panel discussions  Q&A Sessions | ***Knowledge & Competence***  Case presentations  Workshops  Self-study print or online guides  Video instruction  ***Competence & Performance***  Simulation/skills labs | Other *(please specify)* |
|  | | |
| *Example: Didactic Lecture & Case presentation were chosen because:*   1. *Didactic Lecture allows for a large amount of information to be presented to a large audience.* 2. *Case presentations allow for real-world application of new knowledge being presented.* | | |
|  | | |
| ***Why were these educational formats chosen for this activity? How will they be effective in helping the participants achieve the learning objectives?*** | | |
|  | | |

|  |  |
| --- | --- |
| **Evaluations and Outcomes — *Criteria 3, 11***  How will you measure if change in competence, performance or patient outcomes has occurred? ***(check all that apply)*** | |
|  | |
| ***Knowledge/Competence*** | Evaluation form for participants ***(required)***  Audience Response System (ARS)  Customized pre/posttests  Physician and/or patient surveys |
| ***Performance*** | Adherence to guidelines  Customized follow-up discussions about actual changes in practice via:  Survey  Focus group  Interview  Case-based studies  Direct observations (labs, simulations) |
| ***Patient/Population Health*** | Observable changes in health-status measures  Observable changes in quality/cost of care  Measure mortality and morbidity rates  Obtain patient feedback via surveys |
|  |  |
| ***Example:*** *Evaluation methods will include:*   1. *Evaluation form for participants to completed post activity.* 2. *Outcomes survey sent 2 months after the activity to allow physicians to self-report their level of adherence to the guidelines provided* | |
|  | |
| **Other** *(please specify)* | |
|  | |

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| --- | --- | --- |
| **Non-Educational Strategies — *Criterion 17*** | | |
|  | | |
| Will non-educational strategies be used to enhance change in your learners as an adjunct to this activity?  **YES**  **NO**  *If* ***YES****, please* ***check any that apply*** *below.* | | |
| Patient Education materials  Patient Satisfaction Questionnaires  Peer-to-Peer feedback  Pocket Guides | Screening tools  Information posted on website  Guidance on how to implement  changes in practice | Email learners after the activity with  recaps, highlights, or new  information related to the CME  content  Notifications/Reminders |
| ***Please specify any other strategies that will be used below.***  *If* ***NONE*** *will be used, please explain why these would not be appropriate.* | | |
|  | | |
| ***Example:*** *Non-educational strategies used will include:*   1. *Email learners a recap of the session’s key takeaways, the day after the session* 2. *One-page summary handed out after session on how to implement changes in practice.* | | |
|  | | |
|  | | |
| **Engaging Stakeholders — *Criterion 20***  *A* ***stakeholder*** *is an organization with special expertise in the subject matter whose involvement in the planning and delivery of the activity would enhance its results.* | | |
|  | | |
| Will other stakeholders collaborate with you on this CME Activity?  **YES**  **NO**  *If* ***YES****, please* ***check any that apply*** *below.* | | |
| Other Medical Society/Association  Patient Advocacy Group | Hospital/health care system  Governmental Health Agency | Other *(please specify)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *If* ***YES****, please* ***describe the relationship,*** *and include examples of collaboration and cooperation.* | | |
|  | | |

**Section 4 of 4: Financial Planning**

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| **Commercial Support & Exhibits — *Criteria 8, 9, 10*** | |
|  | |
| Will this activity receive Commercial Support (financial or in-kind grants or donations) from a pharmaceutical company or medical device manufacturer?  **NOTE:** *Exhibit fees are not considered commercial support.* | **YES**  **NO** |
| If **YES**, I have read and agree to abide by the [ACCME Standards for Commercial Support](http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support) | **YES** |
| Will vendor/exhibit tables be present at this activity? | **YES**  **NO** |
| **If CME Credit is being offered for this activity, you must maintain a separation of promotion from education. (**[**SCS4**](http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support/standard-4)**)** | |

|  |
| --- |
| **Preliminary Budget — *Criterion 8*** |
| **A preliminary budget is required.** A budget template is provided that shows the minimum required data. If using another template, please ensure that the projected income and expenses are listed in detail. |

|  |
| --- |
| **CME Credits** |

|  |  |
| --- | --- |
| Please list the estimated number of CME Credits that you are requesting for this activity. |  |
| **NOTE:** *No credit may be advertised until ACAAI designates the official final count of credits.* |  |

**Thank you for your diligence in planning a high quality CME activity.**

This activity has been certified for \_\_\_\_\_\_\_\_ *AMA PRA Category 1 Credits*™.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
| **Print Name** |  |  |  |

**Educational Activity Checklist**

|  |  |
| --- | --- |
| **Required Documents** | **Examples** |
|  |  |
| **Prior to the start of an activity** | |
| Needs assessment **supporting documentation** | *See Needs Assessment section* |
| Evaluation tool(s)**\*\*** | *Online* ***evaluation form*** *provided, you may request that additional questions be added* |
| Disclosure listing**\*\*** | *If there is a disclosure, include the company name &, the role played by participant.* |
| Conflict of Interest (COI) Management forms**\*\*** | *Ensure conflicts have been sufficiently managed* |
| Commercial Support Letters of Agreement (LOA)**\*\*** | *Ensure they are fully executed and signed by both parties* |
| Preliminary Budget**\*\*** | *Include income and expense details* |
| Final Program Book | *Include the Learning objectives, ACCME Accreditation statement, AMA Credit statement, and Disclosure listing (see “7-Joint Providers\_ACAAI Program Material Guidelines” document)* |
| Marketing materials | *e.g. email blasts, brochures, save-the-dates, etc.* |
| Program schedule | *Include times, topics and potential speakers (include breaks)* |
| Speaker list | *Include full name, degree and affiliation* |
| Exhibitor Prospectus | *Ensure all marketing and educational grant opportunities have been approved by ACAAI* |
|  |  |

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| --- | --- |
| **After the conclusion of an Activity** | |
| Attendance List**\*\*** | *Include participant’s name, credentials, ACAAI member number, and number of credits claimed. Physicians must be able to claim CME Credits in increments of 0.25, for every 15 minutes of session attendance.* |
| Evaluation Summary**\*\***  Number of Participants (MD/DO & Non-MD/DO)  Summary of evaluation data  Analysis of evaluation data  Final Budget**\*\*** | *See “10\_Joint Providers\_ACAAI CME Activity Evaluation Summary” document*  *Final Budget should include income and expense details, along with a reconciliation of any grant funding.* |

***\*\*Templates provided***