

The purpose of this worksheet is to collect at the beginning of the planning process all information necessary to develop and implement an accredited continuing education activity. Completion of all sections is necessary to comply with ACCME and/or ACPE accreditation requirements. A UK HealthCare CECentral (UKHCCEC) staff member will help you navigate this process. We recommend that you review the [Glossary of Terms](#) and the [Activity Proposal Planning Worksheet Sample](#) to clarify the proposal process. Keep the [UKHCCEC Mission](#) in mind while planning the activity.

## Section 1: Organizational Information

<b>Primary Contact</b> with whom UKHCCEC staff will work on this activity.		
Name: Karen E. Smith		Company/UK Dept.: UK Dept. of Womens Health/Rheumatology
Street Address: 800 Rose Street		City/State: Lexington, KY
Zip: 40506-9973	Phone: 859.218.9999	Email: kesmith@uky.edu

## Section 2: Activity Information

<b>Activity Information</b>		
Title/Topic: Women's Health Update 2018		
Date: 09/23/2018	Time: 07:30am - 03:30pm	Location: Marriott Griffin Gate Resort & Spa, Lexington, KY

Additional dates, times, and locations attached.

<b>Activity Description/Abstract</b> Provide a brief activity description.
<p>The Women's Health Update is an annual one-day educational workshop providing state-of-the-art information on women's health issues for internal medicine, family health and obstetrics/gynecology primary care providers. Learners will participate in sessions discussing fibromyalgia, obesity and breast cancer.</p>

## Section 3: Planning

A signed Disclosure of Financial Interest form must completed by the activity director, co-director, other planners, content reviewers and staff members (if staff members influence selection of speakers/authors/topics/content).

[ACCME: C3; SCS 1,2,5; CME Clinical Content Validation Policy] [ACPE: ST5, 6; SV/P2] [CECentral Planning and Design Policy]\*

<b>Activity Director (AD)</b> The individual who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a certified activity. The AD is responsible for writing the needs statement, practice gaps, objectives and desired results/outcomes.	
Name: Jane A. Thomas	Degree(s): MD
Title: Professor, Women's Health and Rheumatology	Affiliation: University of Kentucky
Email: jathomas@uky.edu	Phone: 859.218.8888

<b>Activity Co-Director (optional)</b> The individual who shares responsibility for planning the certified activity. Designating an Activity Co-Director is optional, but strongly encouraged, for an ACCME or ACPE jointly provided activity.	
Name: N/A	Degree(s):
Title:	Affiliation:
Email:	Phone:

<b>Planning Committee</b> - In addition to the Activity Director, Co-Director, and Activity Coordinator, list the persons chiefly responsible for the educational content design and implementation of this activity. Use additional sheets, if necessary.	
Name: James B. Abel	Degree(s): MD
Title: Associate Professor	Affiliation: UK College of Medicine Rheumatology
Email: jabel@uky.edu	Phone:
Check if Planning Committee Member is <b>NOT</b> involved with selecting speakers/authors, topics, or influencing content and is only involved in logistical planning.	
Name: Kate M. Sherman	Degree(s): ARNP
Title: Assistant Professor	Affiliation: UK College of Nursing
Email: kmsherman@uky.edu	Phone:
Check if Planning Committee Member is <b>NOT</b> involved with selecting speakers/authors, topics, or influencing content and is only involved in logistical planning.	

✓ Additional planning committee members attached

<b>Planning Process</b>
Who will identify the speakers/authors and topics? (Select all that apply)
<input checked="" type="checkbox"/> Activity Director                      Activity Coordinator                      Joint Provider staff                      UKHCCEC Staff <input type="checkbox"/> Activity Co-Director <input checked="" type="checkbox"/> Planning Committee                      Other (specify):
What criteria will be used in the selection of speakers/authors? (select all that apply)
<input checked="" type="checkbox"/> Subject matter expert <input checked="" type="checkbox"/> Experienced in CE                      Other (explain): <input checked="" type="checkbox"/> Excellent teaching skills/effective communicator
Are employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics?
<input checked="" type="checkbox"/> No    Yes (explain):

### Section 4: Target Audience

[ACCME: C3, C20] [ACPE: ST3, ST6, SV/P5, P7]\*

<b>Target Audience</b> Select all that apply - at least 1 box from Provider Type and Geographic Location. Specialties are optional.			
<input type="checkbox"/> Pharmacists	<input type="checkbox"/> Health Administrators	<input type="checkbox"/> Radiation Physicist	
<input checked="" type="checkbox"/> Physicians	<input type="checkbox"/> Health Educators, Certified	<input type="checkbox"/> Radiologic Technicians	
<input type="checkbox"/> Athletic Trainers, Certified	<input type="checkbox"/> Medical Assistants/Technicians	<input type="checkbox"/> Respiratory Therapists	
<input type="checkbox"/> Audiologists	<input type="checkbox"/> Medical Librarians	<input type="checkbox"/> Social Workers	
<input type="checkbox"/> Cardiovascular Technicians	<input checked="" type="checkbox"/> Nurses	<input type="checkbox"/> Speech-Language Pathologists	
<input type="checkbox"/> Clinical Laboratory Technicians	<input checked="" type="checkbox"/> Nurse Practitioners	<input type="checkbox"/> Surgical Technicians	
<input type="checkbox"/> Clinical Researchers	<input type="checkbox"/> Occupational Therapists	<input type="checkbox"/> Students (specify):	
<input type="checkbox"/> Coders, Certified Medical	<input type="checkbox"/> Pharmacy Technicians	<input type="checkbox"/> Residents (specify):	
<input type="checkbox"/> Coders, Certified Professional	<input type="checkbox"/> Physical Therapists	<input type="checkbox"/> Interns (specify):	
<input type="checkbox"/> Dentists	<input checked="" type="checkbox"/> Physician Assistants	<input type="checkbox"/> Fellows (specify):	
<input type="checkbox"/> Dietitians	<input type="checkbox"/> Podiatrists	<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Extension Professionals	<input type="checkbox"/> Psychologists		
<input type="checkbox"/> Emergency Medical Technicians	<input type="checkbox"/> Public Health Professionals		
<b>Specialties (Optional - specify):</b>		<b>Target Reach:</b>	
<input type="checkbox"/> Internal only	<input checked="" type="checkbox"/> Regional	<input type="checkbox"/> International	<input type="checkbox"/> Local <input type="checkbox"/> National

<b>Building Bridges with Other Stakeholders</b> Often there are other internal and/or external stakeholders working on similar issues with whom UKHCCEC can partner.		
Would you be interested in working on this topic with other stakeholders?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other stakeholders with whom you would like to work:		
Would you like UKHCCEC to assist in identifying stakeholders?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<b>Desirable Attributes/Competencies</b> CE activities should be developed in the context of desirable physician/pharmacist attributes. Select all Accreditation Council for Graduate Medical Education (ACGME) competencies (1 minimum) that will be addressed in this activity. <a href="#">Click for a description of each competency.</a>		
<input checked="" type="checkbox"/> Patient care	<input type="checkbox"/> Practice-based learning and improvement	<input type="checkbox"/> Professionalism
<input checked="" type="checkbox"/> Medical knowledge	<input type="checkbox"/> Interpersonal and communication skills	<input type="checkbox"/> Systems-based practice

## 5: Needs Assessment and Activity Design

[ACCME: C2,C3,C5,C6,C16-19, SCS5] [ACPE: ST2-10, SV/P2,P4,P9]\*

Needs Assessment Data and Sources	
Please indicate how the need for this activity was brought to your attention. Select all that apply (2 minimum). Supporting documentation must be provided for all boxes checked. Use of AHRQ materials is recommended ( <a href="http://www.ahrq.gov/">http://www.ahrq.gov/</a> ).	
✓	<b>Discussion in departmental meetings:</b> Potential sources of documentation: summary of meeting minutes showing information discussed was related to areas of educational need (not logistical summaries – i.e., food, venue, etc.).
✓	<b>Formal or informal requests or surveys of the target audience, faculty or staff:</b> Potential sources of documentation: summary of requests or surveys showing information related to areas of educational need (not logistical summaries – i.e., food, venue, etc.).
	<b>Ongoing census of diagnoses made by physicians on staff:</b> Potential sources of documentation: summary of notes, meeting minutes.
	<b>Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews:</b> Potential sources of documentation: audit reports, chart reviews.
	<b>Advice from authorities in the field or relevant medical/pharmacy societies:</b> Potential sources of documentation: list of expert names, medical or pharmacy societies AND summary of recommendation(s).
✓	<b>Data from peer-reviewed journals, government sources, consensus reports:</b> Potential sources of documentation: abstracts/journal articles, government-produced documents (e.g., AHRQ) describing educational need and physician/pharmacist practice gaps.
	<b>Review of board examinations and/or re-certification requirements:</b> Potential sources of documentation: board review/update requirements.
	<b>New technology, methods of diagnosis/treatment:</b> Potential sources of documentation: description of new procedure, technology, or treatment.
	<b>Legislative, regulatory or organizational changes affecting patient care:</b> Potential sources of documentation: copy of the measure/change.
	<b>Joint Commission patient safety goal/competency:</b> Potential sources of documentation: copy of the safety goal and/or competency.
	<b>Other (specify):</b>

Identification of Practice Gaps, Needs, Learning Objectives and Desired Results			
Activity Director(s) and Planning Committee members are responsible for identifying each of these during the planning process.			
Professional Practice Gap	Educational Need	Learning Objective	Desired Result/Outcome
What is the difference between actual and ideal practice? What do you want to change?	What is the issue underlying the practice gap?	See <a href="#">Learning Objectives Guidelines</a> What will participants learn to close the practice gap?	What is the desired change in practice resulting from this educational activity?
Some primary care providers have inadequate fibromyalgia diagnostic skills.  Not all obese diabetic patients receive dietary counseling.  Many low income women are unaware of the importance of mammography and the availability of free mammography clinics.	Fibromyalgia is misdiagnosed in many patients.  Obese patients are more likely to be diagnosed with diabetes.  Low income women are more frequently diagnosed with Stage 4 breast cancer.	Participants will be able to: Recognize symptoms of fibromyalgia using the latest effective diagnostic methods.  Offer dietary counseling for obese diabetic patients in addition to pharmaceutical treatment.  Provide information to low income women on the importance of mammography and the locations of free mammography clinics.	Within 3 months 75% of participants will incorporate into their practice the fibromyalgia diagnostic methods learned.  Within 3 months 75% of participants will offer dietary counseling to their obese diabetic patients.  Within 3 months 100% of participants will share information with patients on the importance of mammography and the locations of free mammography clinics.

Additional gaps, needs, objectives and desired results attached.

<b>Educational Design</b>	
Select the educational design(s) that will be used to achieve the stated objectives and outcomes.	
<input checked="" type="checkbox"/>	Didactic
<input checked="" type="checkbox"/>	Peer-to-peer
	One-to-one
	Self-directed

<b>Identified Barriers</b>	
What potential barriers do you anticipate attendees may have in incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply (1 minimum).	
<input checked="" type="checkbox"/>	Lack of time to assess or counsel patients
	Lack of administrative support/resources
	Insurance/reimbursement issues
	Other (specify):
	Lack of consensus on professional guidelines
	Cost
	No perceived barriers

<b>Interactive Educational Methodologies</b>	
Select the methodologies to be used (one minimum). A brief Q & A period at the conclusion of a live activity does not qualify as an interactive educational methodology.	
	Panel discussion with participants
<input checked="" type="checkbox"/>	Case study with discussion or posttest
	Pre- and post-tests
	Polling (live activity - audience response system)
	Polling (online)
<input checked="" type="checkbox"/>	Roundtable discussions
	Group discussion
	Debate/discussion
	Interactive problem solving
	Demonstration/discussion
	Simulation/skills lab
	Patient simulation
<input checked="" type="checkbox"/>	Role play
	Games
	Brainstorming
	Other (specify):

<b>Non-Education Strategies</b>	
As an adjunct to this activity, what other strategies will you include to enhance your learners' change?	
	eLearning Community
	Patient survey
	Email reminders to learners (e.g., lecture summary, new info)
<input checked="" type="checkbox"/>	Patient information packet
	Hospital posters
	Department newsletter
<input checked="" type="checkbox"/>	Correct responses to questions/cases and rationales for responses (medicine)
	Other (specify):

## Section 6: Financial Information

[ACCME: C7-10; SCS 1-6; P: Definition of Commercial Interest and Exemptions, Acknowledgments, Commercial Exhibits and Advertisements] [ACPE: ST5, SV/P8] [CECentral Planning and Design Policy]\*

<b>Projected Budget</b>
Please attach a projected budget including all revenue and expenses per accreditation requirements.

<b>Commercial Support</b>
Will this activity receive commercial support (financial or in-kind grants or donations) from an entity producing, marketing, re-selling, or distributing health care goods or services consumed by or used on patients? No <input checked="" type="checkbox"/> Yes; I have read and agree to abide by the <a href="#">ACCME Standards for Commercial Support</a> .
Projected commercial supporters: 4
Do the joint provider(s) have any financial relationships with the proposed commercial supporter(s) other than unrestricted educational grants? <input checked="" type="checkbox"/> Not Applicable    No    Yes (explain): Please provide list of potential supporters
<b>Educational materials and acknowledgment of commercial support may state the name, mission and areas of clinical involvement of an ACCME-defined commercial interest but may not include corporate logos and slogans.</b>

### Non-Commercial Support

Will this activity receive financial support (financial or in-kind grants or donations) other than exhibit/advertising fees from non-commercial entities?

No       Yes

Number of non-commercial supporters:

Projected non-commercial supporters:

CECentral Policy: Educational materials and acknowledgment of non-commercial support may state the name, mission and areas of clinical involvement of a non-commercial supporter but may not include corporate logos and slogans.

### Exhibits/Advertising - Exhibit and advertising fees are not considered commercial support.

Will exhibits or advertising be included with this activity?

No       Yes; and promotional exhibits or advertising will be conducted outside the educational space.

Number of Exhibitors: 5

Projected Exhibitors:

Educational materials and acknowledgements of exhibit/advertising support may state the name, mission and areas of clinical involvement of an exhibitor but may not include corporate logos and slogans.

### Required Attachments

The following must be included with the submission of this Planning Worksheet:

1. Preliminary [Agenda](#) (live activity) with potential topics, speakers, and times including breaks.
2. Needs assessment supportive documentation (i.e., if "Formal or informal surveys" is checked on page 3, survey results must be provided).
3. Projected Budget itemizing revenue and expenses.
4. Disclosure of [Financial Interest forms](#) for all involved in content development (speakers, authors, planners, and staff).
5. [Biographical Sketch](#) (speakers, authors, planners).

[Click here to Submit Form](#)



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Comments:

#### \*Accreditation Resource Codes

**ACCME:** C – Criteria; SCS - Standards for Commercial Support; P - Policies

**ACPE:** ST - Standards for Continuing Pharmacy Education; S/P - Section/Policy, Policies and Procedures Manual (Section V/Policy 2=SV/P2)