Phone (817) 735-2539	Fax (817) 735-2598	www.RegisterWithUNT.com

Date Submitted:	Date Received:

Proposed Activity Title:

Proposed Live Activity Date or Enduring Material Release Date:

Estimated Credit Hours:	Estimated Attendance:

Target Audience:
☐MD   List appropriate specialties:
☐DO ☐RN ☐NP ☐PA ☐PhD ☐CHES ☐Social Work
☐Other

Course Chair and Contact Information:

Course Co-Chair and Contact Information:

Planning Committee Members and Contact Information:

Sponsorship:
☐**Direct:** UNTHSC PACE and UNTHSC and, if applicable, an outside accredited entity involved in planning
☒**Joint:** UNTHSC PACE and UNTHSC and outside non-accredited entity with active role in planning.
Identify outside accredited (direct) or non-accredited (joint) entities involved in planning:

Collaborative Partners/Contact information (if applicable):

Program Description (*4-5 sentences that describe why the learner should attend this session*):

Attach the course outline developed as a result of this planning (*include lectures, speakers and projected timeframe*)

Proposed Funding Sources
☐Registration Fees
☐Other:
☐Commercial Support [C8]:
- Course chair agrees to develop this activity independent of commercial interests.
- All commercial support is managed appropriately by PACE
- LOA for educational grants must be signed by PACE representative

Name of organization(s) which is or could be providing direct funding support for this activity:
☐Exhibit Fees [C9]
- PACE maintains separation of promotion from education and fees are managed by PACE.

This CME planning process is based on the Criteria for Accreditation of the Accreditation Council for Continuing Medical Education (ACCME) and accepted adult learning principles **NOTE:** *Brackets throughout this planning tool indicate the relevant ACCME Criterion; e.g., [C2]*. For this educational activity to be approved for AMA PRA Category 1 Credit[TM], the planning process outlined in this document is required. To input responses, click on a check box and select checked, and/or place your cursor into a gray text box to type your responses. The boxes and pages expand to accommodate your input. Once complete, save the document on your desktop and attach it to an email to the attention of the CME specialist who is assisting you or to Andy Crim at **andrew.crim@unthsc.edu**.

Questions to Stimulate the Planning Process
• What has changed in the practice of your specialty over the past year and would therefore merit educational interventions focused on that issue?
• Have there been areas where quality indicators would suggest a focused departmental improvement is appropriate?
• Is there breaking research in your specialty that physicians will find interesting and medically relevant to the quality of care for their patients? What are the educational strategies that will expedite the translation of research to practice?
• Are there traditional core performance areas in your specialty that are worth reinforcing and updating?

SECTION 1: Gap Analysis ➲ Intended Outcomes ➲ Objectives ➲ Outcomes Designation ➲Learning Objectives [C2, C3, C11]

Instructions

1. **State the best practice** under "Key Point." A best practice may be from a national guideline or consensus statement from a credible organization, from peer-reviewed medical literature where more than one source agree on the practice, or from the considered opinion of the expert-planner in the case when no published guideline exists. *This becomes the end goal for the activity.*

2. **State the source used** that provided you with the best practice (i.e., article from peer reviewed journal, name of consensus statement or clinical guideline, etc.).

3. **State the current practice** of the group of learners to which your educational activity is targeted. You can determine this based on interviews (formal or informal) with members of the target audience, a questionnaire, or a published article that reports on findings from learners. *The key is to go beyond expert perception of the gap and to include the perception of the learner.*

4. **State the source used** that provided you with current practice (i.e., from questionnaire of membership, interviews with 6 family physicians, etc.).

5. **State the gap** based on the difference between best practice and current practice. This "resulting gap" will define the learning objectives you will develop, which in turn leads to the content of the activity. Indicate the "type of gap" [i.e., did the gap you isolated indicate learners lacked knowledge **(K)**, competence **(C)**, or that implementing it in practice or performance **(P)** was the issue]. Use those codes to indicate Type of Gap in the chart that follows.

6. The gap should inform you of the **type of outcomes** that are appropriate for this activity (i.e., does the gap indicate a need to improve learner competence and/or performance-in-practice). Once designated, this will define your choice of evaluation (outcome) measurement tools.

7. **Prepare a learning objective** for each identified gap. Each objective should include a verb that is chosen to describe something a physician will do in practice (and not what the teacher will teach). For example, do not use verbs such as "learn" or "understand." Use words such as "apply, develop a strategy to …," etc. Ensure that the objective clearly states a standard against which one can judge the success in achieving the objective. *The standard helps inform the outcomes questions you will prepare.*

8. **Prepare evaluation/outcomes questions** depending on the intended outcomes you stated earlier. For example, if improvement in competence was indicated, then you must prepare outcomes questions related to demonstrating an improvement in competence. In addition, if improvement in performance-in-practice is indicated, you must also prepare questions relative to performance. To measure a change in competence, consider a case study with questions relating to the learner's ability to apply knowledge with a strategy related to patient care. Present the case study and ask 3-5 related questions prior to the start of the activity to establish a base line level of competence. Use the same case study and questions post-activity to measure the change in competence. You may decide to measure competence by using paired questions. These questions ask the learners how they are currently managing their patients and based on the educational intervention, how they intend to manage them in the future.

9. **Performance questions** are very specific and *are related to what the learner has done in his practice since completing the activity.* State your questions that relate to the objectives referenced above in terms of multiple choices or yes/no format. In a multiple choice format, indicate with an asterisk which option is correct.

☞ **CONTINUE TO THE NEXT PAGE**

GAP ANALYSIS—OUTCOMES—LEARNING OBJECTIVES—OUTCOMES LINKAGE WORKSHEET

N E E D S   A S S E S S M E N T / G A P   A N A L Y S I S   P H A S E   [C 2]   **I M P L E M E N T A T I O N   P H A S E   [C 3]**   **E V A L U A T I O N   P H A S E   [C 1 1]**

BEST PRACTICE (What should be)	CURRENT PRACTICE (What is)	RESULTING GAPS (What interventions are indicated?)	Gap Cause Deduced	LEARNING OBJECTIVE	OUTCOME INDICATED (Designed to change . . .)	OUTCOMES QUESTIONS (Match 'Outcomes Indicated' Column) SEE APPENDICES D & E FOR INSTRUCTIONS AND WORKSHEET
Key Point: Source:	Key Point: Source:		☐ K ☐ C ☐ P		☐ C ☐ P ☐ PO	Insert Pre/Post Question that measures designated outcome Insert Follow-Up Performance and/or Patient Outcome Question
Key Point: Source:	Key Point: Source:		☐ K ☐ C ☐ P		☐ C ☐ P ☐ PO	Insert Pre/Post Question that measures designated outcome Insert Follow-Up Performance and/or Patient Outcome Question
Key Point: Source:	Key Point: Source:		☐ K ☐ C ☐ P		☐ C ☐ P ☐ PO	Insert Pre/Post Question that measures designated outcome Insert Follow-Up Performance and/or Patient Outcome Question
Key Point: Source:	Key Point: Source:		☐ K ☐ C ☐ P		☐ C ☐ P ☐ PO	Insert Pre/Post Question that measures designated outcome Insert Follow-Up Performance and/or Patient Outcome Question
Key Point: Source:	Key Point: Source:		☐ K ☐ C ☐ P		☐ C ☐ P ☐ PO	Insert Pre/Post Question that measures designated outcome Insert Follow-Up Performance and/or Patient Outcome Question

<Insert or delete rows as needed>

LEGEND:	K=KNOWLEDGE	C=COMPETENCE	P=PERFORMANCE	PO=PATIENT OUTCOMES

SECTION 2: Analysis of Current or Potential Scope of Practice [C4]

INSTRUCTIONS: This phase of the CME planning process will refine and modify your findings from the needs assessment as well as your learning objectives by assuring that the **educational activity you generate is related to what learners actually do in their professional practice** (or scope of practice). The scope of practice may be a combination of current and potential performance standards that are influenced by environment of the practice (e.g., is the practice environment of the learners an urban area with cultural diversities that influence the scope of practice?), whether the practice is in an academic center, the patient demographics, etc. The scope of practice also represents the vision of the specialty board as it impacts recertification in the relevant specialty as well as the norms and guidelines developed by the national specialty society associated with the specialty. All of this should be taken into consideration, together with the results of the gap analysis, as content is developed.

CURRENT SCOPE OF PRACTICE		
Orientation to Scope of Practice	**Analysis of Scope of Practice**	**Content that Matches Scope of Practice**
(1) What is the clinical specialty of the targeted learners? (2) If more than one, or if a multidisciplinary audience, what are the differences in the various groups of learners you have targeted, and how will content reflect this distinction?	(1) (2)	
(3) Describe the patient demographics associated with learners' practices (e.g., urban vs. rural, poor socioeconomic environment, cultural disparities)? (4) Are the demographics homogenous? If not, and/or the activity will be relate to various regional audiences with different demographics, how will you account for this in the content?	(3) (4) ☐ **Yes**　　　　☐ **No** **If No, respond to question prompt:**	
(5) Is your audience from academia, from the community, or comprised of a town/gown mix? (6) How will your content address these differing scopes of practice?	(5) ☐ **Academia** 　　☐ **Community** 　　☐ **Mix** **(6)**	
POTENTIAL SCOPE OF PRACTICE		
Analysis of Scope of Practice		**Content that Matches Scope of Practice**
(7) Has the relevant special board and/or specialty society developed a scope of practice that sets a new standard for those learners?	(7) ☐ **Yes**　　　　☐ **No**	
(8) If so, will the content be reflective of that potential scope of practice?	(8) ☐ **Yes**　　　　☐ **No**	
(9) Are there relevant national guidelines that address quality and patient safety gaps that also re-set the scope of practice for these learners to a higher level? (10) If so, how will your content address those quality/safety gaps?	(9) ☐ **Yes**　　　　☐ **No** (10)	

☞ **CONTINUE TO THE NEXT PAGE**

4

SECTION 3: Application of Desirable Physician Attributes to CME Content [C6]

INSTRUCTIONS: As the next step in refining content, **p**lanners address nationally-established goals for physician core competencies as developed by the Institute of Medicine, Accreditation Council on Graduate Medical Education (ACGME), Association of American Medical Colleges (AAMC), and the American Board of Medical Specialties (ABMS) related to specialty maintenance of certification. Based on this chart listing all of these related national and prioritized competencies, use the 4th column to enter the competency number and specific areas of content in your planned CME activity that will address the selected national competencies:

Institute of Medicine Core Competencies	ABMS (MOC)/ACGME Competencies	AAMC Competencies	Content Reflecting These Competencies in This Activity
1 **Provide patient-centered care** – identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educated patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of health lifestyles, including a focus on population health. **2** **Work in interdisciplinary teams** – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable. **3** **Employ evidence-based practice** – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible. **4** **Apply quality improvement** – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality. **5** **Utilize informatics** – communicate, manage, knowledge, mitigate error, and support decision making using information technology.	**6** **Patient care that is** compassionate, appropriate, and effective for the treatment of health problems and the promotion of health **7** **Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care **8** **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care **9** **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals **10** **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population **11** **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.	**12** Evidence of **professional standing,** such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction. **13** Evidence of a **commitment to lifelong learning** and involvement in a periodic self-assessment process to guide continuing learning. **14** Evidence of **cognitive expertise** based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice- related knowledge, and other issues such as ethics and professionalism. **15** Evidence of evaluation of **performance in practice**, including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.	**INSTRUCTION: ENTER APPLICABLE NUMBER(S) IN BOX FOLLOWED BY DESCRIPTION OF CONTENT YOU PLAN TO ADDRESS :** • • • • • • • • •

SECTION 4: Factors/Barriers Outside Provider's Control and Strategies to Address [C18, C19]

INSTRUCTIONS: As you continue to refine the content, planners are encouraged to give consideration to the *system of care* in which the learner will incorporate new or validate existing learned behaviors. Planners must be sure to (a) identify barriers that could block implementation (e.g., formulary restrictions, time not allotted for implementation of new skills, or performance behaviors, insurance doesn't reimburse for treatments, organization doesn't support educational efforts, lack of resources, policy issues within organization, etc.) and (b) apply strategies to address, discuss strategies to overcome or remove those barriers (if possible) in the content of the CME activity. ***Please indicate below the barrier(s) you have identified and the strategies you will employ in this activity to address or remove them.***

Identified System Barrier:
Strategy to Address or Remove the Identified Barrier:
Identified System Barrier:
Strategy to Address or Remove the Identified Barrier:

<Insert or delete rows as needed>

SECTION 5: Format and Design Related to Sustaining Results [C5, C17]

INSTRUCTIONS: The purpose of CME is change in behavior or validation that changes already made are consistent with best practices. Format decisions include (a) venue appropriate to your target audience and to achieve best practices (desired results), (b) methods used to engage learners in the educational process—especially those that serve to demonstrate application of knowledge to performance, and (3) ancillary tools (non-educational interventions) that reinforce and sustain learning goals. **NOTE:** Refer to Appendix C for guidance on format choices. In the table below, indicate your choices for each element a Estimated Credit Hours:
bove and the rationale for that choice:

	RATIONALE APPROPRIATE TO OBJECTIVES/RESULTS:
A. **VENUE AND/OR MODE OF EDUCATIONAL INTERVENTION [C5]** (HINT: use of multiple interventions serve to reinforce new behaviors): ☐ Live symposium ☐ Internet-based activity ☐ Print enduring material ☐ Electronic enduring material ☐ Journal supplement ☐ Other	
B. **METHODS TO ENGAGE LEARNERS [C5]** (HINT: Click all that apply, but at least one): ☐ Case studies ☐ Audience response system ☐ Reflection worksheet ☐ Small group work ☐ Panel Discussion ☐ Debate ☐ Question/Answer ☐ Simulation ☐ Other:	RATIONALE APPROPRIATE TO OBJECTIVES/RESULTS:
C. **PROCESSES AND ANCILLARY TOOLS TO REINFORCE AND SUSTAIN LEARNING GOALS [C17]:** ☐ Email reminder ☐ Ancillary case study online ☐ Patient reminder ☐ Algorithm Worksheet ☐ Other	RATIONALE APPROPRIATE TO OBJECTIVES/RESULTS:

SECTION 6: Faculty Selection [C7, C10]

INSTRUCTIONS: Faculty that are selected should have a demonstrated expertise in the therapeutic field, strong presentation and communication skills, and ability to address the gaps and learning objectives expressed in this planning document. It is advisable to select faculty with the most expertise and teaching skills and the least amount of conflicts of interest [C7]. List the faculty and their qualifications:

Faculty Name:
Title and Affiliation:
Qualifications:
Faculty Name:
Title and Affiliation:
Qualifications:

<Insert or delete rows as needed>

SECTION 7: Collaborations to Enhance Results [C20]

INSTRUCTIONS: Whenever possible, you should identify other stakeholders applicable to this topic and cohort of learners and if collaboration with one or more of those could make a positive impact on your intended results. **NOTE:** Collaborators are *purposefully chosen* and not necessarily a joint sponsor or educational partner with whom you have contracted to assist in managing the activity. A collaborator is an organization with special expertise in the subject matter or influence over the targeted learners.

Collaborator	Ways in Which Collaborator Will Enhance the Activity's Results

<Insert or delete rows as needed>

SECTION 8: Institutional or System Framework for Quality [C21]

INSTRUCTIONS: A CME provider should always be focused on integrating and contributing to healthcare quality improvement so that the CME program becomes integral to institutional or system QI efforts. Indicate below the quality connections you have made for this activity and the contribution the activity will make to quality improvement or patient safety at your institution or to the framework for quality to which you are connected for this discipline of medicine.

Quality Connections Made	Contribution This Activity Will Make to QI/Patient Safety
☐Hospital QI/QM Department ☐Sentinel Events/Root Cause Analysis ☐Managed Care HEDIS Data ☐Risk Management Reports/Analyses ☐Specialty Society Quality Goals ☐Insurance Company Reports/Goals ☐Other	

THIS COMPLETES THE PLANNING PROCESS. THANK YOU!

**PLEASE CONSULT THE APPENDICES THAT FOLLOW
FOR GUIDANCE IN VARIOUS ASPECTS OF PLANNING CME.**

Signatures	
☐	**I attest that this series will adhere to all ACCME Criteria and *Standards for Commercial Support***
Course Director	
Print Name of Course Director	
X **Date:**	
Signature of Course Director	
PACE Department Approval	
☐ **This Activity is approved**	
☐ **Approval of this Activity is conditional, the following changes must be made:**	
Pam McFadden, Associate Vice President	
X **Date:**	
Andy Crim, Executive Director	
X **Date:**	
Approved by PACE Advisory Committee **Date**:	

APPENDIX A
GLOSSARY OF TERMS

Barrier: Personal or system block to implementation of new knowledge

Best practices: The highest standard applied

Desired results: Best practices and what learners will apply based on knowledge gained from the educational activity

Gap: Real or perceived need for improvement in practice, knowledge, and/or patient outcomes; a gap is the difference between a best practice and a current practice.

Intervention: The content of the learning activity and the educational/instructional methods by which content is addressed

Competence: Ability to apply the knowledge to a practice-based situation

Outcomes: The ability of the learner to apply (1) knowledge, (2) adopt new strategies to apply knowledge to practice, (3) real or anecdotal impact on patient outcomes

Performance: Skills, ability and strategies that one has implemented in practice

APPENDIX B
Verbs for Writing Learning Objectives

Some verbs for use in stating COGNITIVE outcomes

Knowledge	Comprehension	Application	Analysis	Synthesis	Evaluation
define	discuss	compute	distinguish	diagnose	evaluate
list	describe	demonstrate	analyze	propose	compare
recall	explain	illustrate	differentiate	design	assess
name	identify	operate	compare	manage	justify
recognize	translate	perform	contrast	hypothesize	judge
state	restate	interpret	categorize	summarize	appraise
repeat	express	apply	appraise	plan	rate
record	convert	use	classify	formulate	choose
label	estimate	practice	outline	arrange	decide
		predict		organize	

Some verbs for use in stating AFFECTIVE outcomes

Receiving	Responding	Valuing	Organization	Value Complex
sit erect	answer	join	adhere	act
reply	greet	share	integrate	practice
accept	read	complete	organize	discriminate
show	report	follow		Influence

Some verbs for use in stating PSYCHOMOTOR outcomes

Perception	Set	Guided Response	Mechanism	Complex	Adaptation	Origination
identify	react	display	display	display	adapt	create
detect	respond	display	display	manipulate	revise	compose
differentiate	start	manipulate	manipulate	work	change	arrange
		work	work	operate		
		perform	write			

Words that SHOULD NOT BE USED as cognitive objectives

know	really know	understand	appreciate	become
learn	think critically	approach	Improve	grow
increase	expand horizons	grasp significance		

APPENDIX C

EDUCATIONAL FORMATS AND THEIR RATIONALE[1]

FORMAT	RATIONALE
Lecture/ presentation	Provide a large amount of information (knowledge) in a limited amount of time. Allows faculty to talk about a chosen topic.
Panel discussion	Provide an opportunity for experts or a group of learners to present differing viewpoints on a topic, issue, or problem to other panelists and the audience (learners).
Self-Directed Learning/ Computer-aided instruction/Journal	Provides an opportunity for adults to learn the subject at their own pace. An effective method of providing active learning with immediate feedback and re-enforcement.
Group discussion	Provides an opportunity for learners to think together constructively for purposes of learning, solving problems, making decisions, and/or improving human relationships.
Case study	Provides an account of an actual problem or situation an individual or group has experienced. An effective method of provoking controversy and debate on issues for which definite conclusions do not exist.
Problem solving	Provides the opportunity for learners to solve a problem through the collection, application, and assessment of information. An effective teaching method to encourage learners to inquire into, and think critically about, a topic.
Role play	Provides learners with the opportunity to experience common human relations problems, practice communication skills in a secure environment.
Brainstorming	Solicits creative ideas or to identify possible solutions to problems. Allows learners to express opinion and ideas without the threat of being judged by other learners.
Demonstration	Models the correct step by step procedures needed when performing a specified task.
Role Modeling/Mentoring	Provides the learner with one on one access to expert. Learning takes place over time with opportunities to reflect, apply, question.
Journal Club	Provides a format for discussion of journal articles. Useful for a group with similar interests to share opinions and discuss published literature in a organized, face to face fashion.
M&M	Provides a safe venue for presentation of cases by learners with possible untoward outcomes. Allows peer interaction with current problems in practice.
Patient Simulation	Provides a standardized method for a group of physicians to compare their individual skills of diagnosis, treatment and management of a patient with their peers
Games	Provides an interactive and competitive process to validate new learning in a positive emotional situation
Chart Audit	Peer or Self

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[1] Adapted from *Effective Adult Learning* by Birkenholz

EXAMPLE OF A CASE STUDY USED TO MEASURE IMPROVEMENT IN COMPETENCE IN A CME ACTIVITY

A mildly hypertensive and anxious 72 year old women presents at your office with her 78 year old husband. She accuses her husband of beating her and stealing her money. Upon examination, you find no evidence of any trauma or bruising. You perform a Mini Mental State Exam (MMSE) and she scores 24 out of 30. You continue to engage the patient and ask her to complete a Clock Drawing Test. She successfully completes the task. You engage her in conversation and you ask her to tell you what her plans are for Christmas. She gives a basic answer and doesn't elaborate. You sequester the husband and question him about his wife's claims. He denies any abuse—physical, emotional or financial—but complains of his wife's outrageous suspicions. What do you do?

A. Nothing. This is the first claim and you reassure them that everything is fine. Ask to see them again in two weeks.

B. Document her claim and refer the husband and wife to social services.

C. Initiate the lowest dose of an antianxiolitic and a cholinesterase inhibitor. Asks to see her and her husband again in one month but with separate appointments.

D. Order the following blood work for her: CBC, electrolyte panel, calcium, BUN, creatinine, glucose, vitamin B12, thyrotropin, and a MRI (American Academy of Neurology).

E. B and C

F. B and D

[Correct answer=F]

APPENDIX E
EDUCATIONAL OUTCOMES WORKSHEET[2]

INSTRUCTIONS: Evaluations are tools used to determine if the result you intended for learners will be achieved. The choice of which evaluation tools to use depends on (1) the designation indicated earlier in this planning document (i.e., improved competence, performance, or patient outcomes), (2) the method/type of activity and applicability of the tool (i.e., live activity, Internet, print), and (3) available resources. Planners are encouraged to use pre- and post-evaluations whenever possible to measure *improvement* in competence.

⊠ **IF YOU DESIGNATED THIS ACTIVITY FOR <u>IMPROVEMENT IN COMPETENCE</u>, COMPLETE THIS SECTION:**

Option 1 to measure competence (case study model)

WRITE A BRIEF CASE STUDY BELOW THAT IS REFLECTIVE OF THE STRATEGIES YOUR LEARNERS ARE EXPECTED TO APPLY TO PRACTICE. THIS CASE STUDY WILL BE UTILIZED PRIOR TO THE START OF THE ACTIVITY AND THEN AGAIN AT THE COMPLETION OF THE ACTIVITY (NOTE: see Appendix D for a sample case study)	**Option 1 – Step 1**

INSTRUCTIONS: Prepare questions to accompany the above case study. Questions should demonstrate an application of knowledge to a strategy related to the clinical practice scenario above:

Question Stated in Terms of Clinical Strategy	Correct Answer ?	
	☐	**Option 1 – Step 2**
	☐	
	☐	

<<<<<<<<<<<<<<<<<<<<<<<<<<<<< OR >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>

Option 2 to measure competence (paired question model)

PRE-ACTIVITY QUESTION: How often do you <u>currently</u> use each the following patient care strategies? (1=never to 5=always)	
Strategy 1:	
1 2 3 4 5	**Option 2 – Pretest**
Strategy 2:	
1 2 3 4 5	
Strategy 3:	
1 2 3 4 5	
Strategy 4:	
1 2 3 4 5	

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[2] This worksheet was developed in collaboration with Derek Dietze, president of Improve CME.

QUESTION TO ASK AT END OF ACTIVITY: Based on your participation in this CME activity, how often do you <u>now plan</u> to use each the following patient care strategies?
(1=never to 5=always):

Strategy 1:					
	1	2	3	4	5
Strategy 2:					
	1	2	3	4	5
Strategy 3:					
	1	2	3	4	5
Strategy 4:					
	1	2	3	4	5

<Insert or delete rows as needed>

☒ **IF YOU DESIGNATED THIS ACTIVITY FOR <u>IMPROVEMENT IN PERFORMANCE</u>, COMPLETE THIS SECTION:**
NOTE: These questions will be posed to learners 3 months post-activity. Base these questions on the "identified" best practices as indicated earlier in this planning document. They are performance changes you intended as a result of this educational activity.

☒ **IF YOU DESIGNATED THIS ACTIVITY FOR <u>IMPROVEMENT IN PATIENT OUTCOMES</u>,**

Question 1:
Question 2:
Question 3:
Question 4:
Question 5:

COMPLETE THIS SECTION:
NOTE: These questions will be appended to the follow-up questionnaire that measures performance-in-practice (above). These questions will be answered by the learner based on his or her anecdotal and observational experiences related to changes in patient outcomes as a result of participation in this activity.

Question: **Please describe 2 patient outcomes you've observed based on any of the following interventions you've implemented from this CME activity:**

Interventions You've Implemented	Patient Observations You've Made
<insert new behavior or patient intervention anticipated>	Observation 1: Observation 2:
<insert new behavior or patient intervention anticipated>	Observation 1: Observation 2: