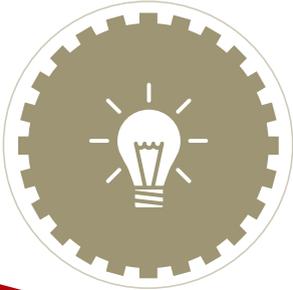
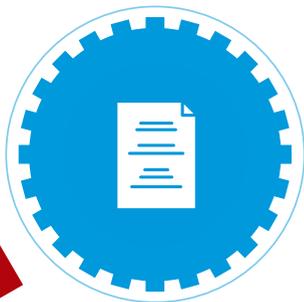


CME ACTIVITY PLANNING TOOLKIT



TYPES OF SERVICES

Stanford CME has a highly experienced team that can support you in all your CME planning needs. **CLICK ON THE GEAR** to view the services we offer.



ACTIVITY PLANNING DOCUMENT

Our activity planning document collects the necessary information to plan an accredited CME activity. **CLICK ON THE GEAR** to learn how to develop your activity description, gaps and educational needs, and learning objectives.



COMPLIANCE

The Stanford CME team is skilled at ensuring our CME activities are independent and free of commercial bias. **CLICK ON THE GEAR** to see the process for financial disclosures, peer review, and resolutions of conflicts of interest.



COMMERCIAL SUPPORT

Our staff can help you attain educational funding and in-kind support from industry for your CME activities while adhering to ACCME standards and SIIP policies. **CLICK ON THE GEAR** to review information on navigating the commercial support process.



EVALUATIONS & ASSESSMENTS

Our team is trained in guiding you to measure the outcomes of your CME activity, evaluate your success, and analyze areas for future improvement. **CLICK ON THE GEAR** to reference our evaluation menu and assessment process.

Stanford Center for Continuing Medical Education

Phone: (650) 497-8554 • Email: stanfordcme@stanford.edu • Web: cme.stanford.edu



TYPES OF SERVICES

OVERVIEW

“I HAVE A GREAT IDEA FOR A CME ACTIVITY”

Stanford CME has a highly experienced team that can support you in all your CME planning needs. The video below highlights the services we offer to our clients.





ACTIVITY PLANNING DOCUMENT

BASIC INFORMATION

ACTIVITY TYPE

Definitions

Directly Provided: An activity that is planned, implemented, and evaluated by the accredited CME provider. This definition includes co-provided activities (offered by two accredited providers) reported by the accredited provider that awards the credit.

Jointly Provided: An activity that is planned, implemented, and evaluated by an accredited provider and one or more non-accredited entities.

Course: A live activity where the learner participates in person (examples: annual meeting, conference, seminar).

Regularly Scheduled Series (RSS): A course planned as a series with multiple ongoing, may be offered weekly, monthly, quarterly (examples: grand rounds, tumor boards, morbidity and mortality conferences).

Internet Live: An online course only available at a certain time on a certain date in real-time (examples: webcast, webinar).

Enduring Materials Internet: An online course available when the learner chooses to complete it (examples: online interactive educational module, recorded presentation, podcast).

Performance Improvement: Activities based on a learner's participation in a project established and/or guided by a provider in which a learner identifies an educational need through a measure of his/her performance in practice.

Enduring Materials: A printed, recorded, or computer-presented activity that may be used over time at various locations and which in itself constitutes a planned activity.

BASIC INFORMATION

ACTIVITY TYPE

Definitions

Journal CME: Activity that includes the reading of any article (or adapted formats for special needs).

Other: The activity format for blended, new, or other approaches that do not fall into one of the established format categories.

EXAMPLES OF ACTIVITY DESCRIPTION

Example 1

The 2019 Updates on Esophageal Disease conference aims to enhance participants' knowledge on recent research and clinical developments related to esophageal disorders. Participants will learn strategies and diagnostic approaches to common esophageal complaints, including dysphagia and reflux symptoms. Faculty experts will cover hot topics such as diagnostic and management approaches for achalasia, eosinophilic esophagitis, Barrett's esophagus, esophageal cancer and non-cardiac chest pain. Using an integrated educational approach that encompasses didactic lectures, Q&A panels, debates, and case presentations, speakers will discuss recent advances in technology, research, diagnosis, guidelines and treatment strategies.

Example 2

In order for Stanford University School of Medicine (SoM) and Stanford Healthcare (SHC) to cultivate effective leadership, the two organizations have committed to the professional development of their faculty physicians and staff. The Leadership Development Program provides leaders at Stanford Medicine an educational foundation based on identifying, applying, and fostering the knowledge, skills, and strategies necessary for physicians to enhance efficiency and collaboration within their professional spheres. In its 14th year of the program, the course aims to improve the leadership approaches of current and high potential individuals nominated by the deans, department chairs, and senior leadership of SHC. The program was designed to gather a diverse and inclusive group of Stanford Medicine's most qualified individuals for an enriching learning experience that uses the SoM and SHC's mission statement, vision, and strategic goals as a basis. The curriculum includes topics directly connected to leadership effectiveness. Participants will engage in active learning experiences including formulation of leadership development goals, case studies, simulation, role-play, breakout discussion groups, video vignettes, writing assignments, reflection, and contemplation. The number of participants is limited to allow for direct interactions between them and faculty. Participants will apply what they learned from the course by carrying out an action-learning project leading a multidisciplinary team.

BASIC INFORMATION

EXAMPLES OF ACTIVITY DESCRIPTION

Example 3

Facial paralysis affects thousands of children and adults each year and can have a significant impact on patient quality of life. This CME symposium seeks to increase knowledge about the options for treatment for facial paralysis by using a broad, multidisciplinary approach to describe the role of surgical reanimation, rehabilitation, mental health, ophthalmology, neurodiagnostic assessment, and skull base surgery in the care of patients with facial paralysis. Faculty experts will review current evidence-based practices, incorporate case-based discussions to facilitate discussion on the optimal surgical and nonsurgical options for patients with facial paralysis, as well as present best practices for developing and utilizing a multidisciplinary care team to optimize health outcomes.

Example 4

The Stanford Sports Concussion Summit aims to increase participants' knowledge and enhance clinical integration of the best practices and evidence-based advances in the diagnosis and management of concussion and mild traumatic brain injury. The clinical track focuses on developments in sports concussion while the demonstration track exhibits innovative technology in the field. The Summit will feature expert physicians, patients, and a multidisciplinary group of practitioners committed to advancing concussion research, including a former professional athlete and Pac-12 Brain Trauma Task Force Collaborators. The sessions integrate clinical knowledge, patient experience, and public outreach to provide global insight into the management of concussion in adults and children.

INTERPROFESSIONAL EDUCATION

Definition

Interprofessional Continuing Education (IPCE): When members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes (ACCME, ACPE, ANCC 2015).

Video Resource

[Defining Interprofessional Continuing Education](#)

GAPS AND NEEDS

GAP ANALYSIS

Definitions

Practice Gap: The difference between health care processes or outcomes observed in practice and those potentially achievable on the basis of current professional knowledge. The difference between the ACTUAL and the IDEAL. (What is the problem/ issue?)

Educational Need: The knowledge and training which will address the identified practice gap. (What education is needed to address the problem? Why does the gap exist?)

Video Resources

[Addressing Practice Gaps](#)

[Closing Practice Gaps: Educational Needs](#)

[Educational Terms: Knowledge, Competence, Performance, and Patient Outcomes](#)

EXAMPLES OF PROFESSIONAL GAPS AND EDUCATIONAL NEEDS

Example 1

Gap Analysis

State the problem or gap in practice (difference between current state and desired state or opportunity for improvement) that this activity is designed to address?

Critical gaps in medical knowledge of facial paralysis exist primarily in two areas: 1) the selection of surgical methods of treatment for chronic, non-resolving facial paralysis, and 2) the surgical and non-surgical management of synkinesis. Synkinesis is often the result of misdirected facial nerve fibers after partial recovery and has a high incidence after significant facial nerve injury. The under-treatment of both chronic, non-resolving facial paralysis and synkinesis may be due to a lack of access to specialists, and/or an incomplete fund of knowledge regarding the treatment algorithms for patients with facial paralysis.

State the educational need(s) that you determined to be the cause of the professional practice gap(s) (check all that apply):

Knowledge Need *and/or*

Competence Need *and/or*

Add more detail based on the Knowledge and Competence needs (50 words max):
Physicians lack both **knowledge** and **competence** regarding the surgical and non-surgical management of patients with Bell's Palsy who do not recover or patients with an irreversible cause of facial paralysis (i.e., facial nerve tumor). As most cases of facial paralysis are due to Bell's Palsy, which has a favorable complete recovery rate of approximately 71% [Holland2014], physicians are familiar with the management of this patient group but need education on the care and strategies for management of patients with facial paralysis with less-common etiologies.

GAPS AND NEEDS

EXAMPLES OF PROFESSIONAL GAPS AND EDUCATIONAL NEEDS

Example 2

Gap Analysis

State the problem or gap in practice (difference between current state and desired state or opportunity for improvement) that this activity is designed to address?

Physicians who hold key positions in academic medical centers often lack sufficient leadership & management skills. Physician leadership is essential for the survival of teaching hospitals. Despite challenges in quality, safety, patient centeredness and cost, healthcare in the past has been slow to adopt leadership practices of highly effective organizations. Collaborating with non-physician leaders is required to address the complex challenges academic medicine faces. Importantly, physicians must take a proactive role in healthcare delivery system innovation, which will require further leadership preparation.

State the educational need(s) that you determined to be the cause of the professional practice gap(s) (check all that apply):

Knowledge Need *and/or*

Add more detail based on the Knowledge need (50 words max):

Undergraduate medical education and post-graduate training does not provide opportunities for physicians to enhance their **knowledge** and understanding and development of leadership skills, as it focuses primarily on the study of medicine, health, and patient care.

Competence Need *and/or*

Add more detail based on the Competence need (50 words max):

Similarly, undergraduate medical education and post-graduate training does not offer programs that enable physicians to improve their **competence** around leadership skills, nor do these schools and academic hospitals train and educate physicians on the unique culture that emerges in a healthcare setting.

Performance Need *and/or*

Add more detail based on the Performance need (50 words max):

Because physicians typically do not receive formal education or training in leadership, their **performance** in leadership/management roles may be less effective than others, which may result in issues and challenges with collaboration, problem solving, and leading their healthcare teams.

GAPS AND NEEDS

EXAMPLES OF PROFESSIONAL GAPS AND EDUCATIONAL NEEDS

Example 3

Gap Analysis

State the problem or gap in practice (difference between current state and desired state or opportunity for improvement) that this activity is designed to address?

Concussion is a public health concern with approximately 1.74 million cases of mild traumatic brain injury (MTBI) annually. As concussion research grown exponentially, it is critical for healthcare providers, as well as families and members of local sports communities, to remain abreast of evidence-based best practices, resources, and new guidelines for care of those who have experienced MTBI.

State the educational need(s) that you determined to be the cause of the professional practice gap(s) (check all that apply):

- Knowledge Need *and/or*
- Competence Need *and/or*

Add more detail based on the Knowledge and Competence needs (50 words max):

Issues regarding a lack of **knowledge** and **competence** exist due to overwhelming literature and media surrounding concussion, which often lacks a focus on clinical translation of research and technology as well as evidence-based practice.



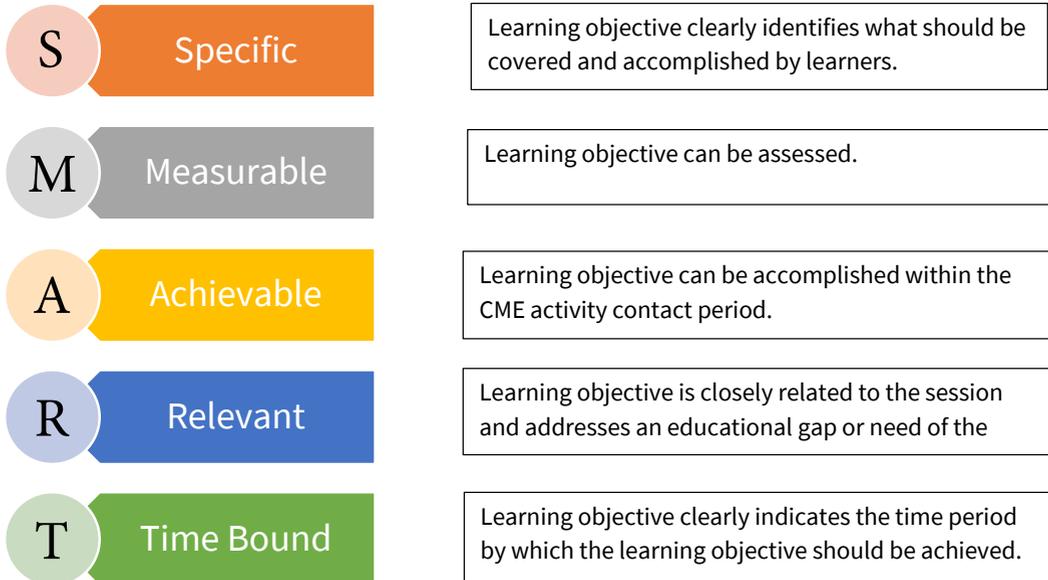
OBJECTIVES AND LEARNING OUTCOMES

OBJECTIVES

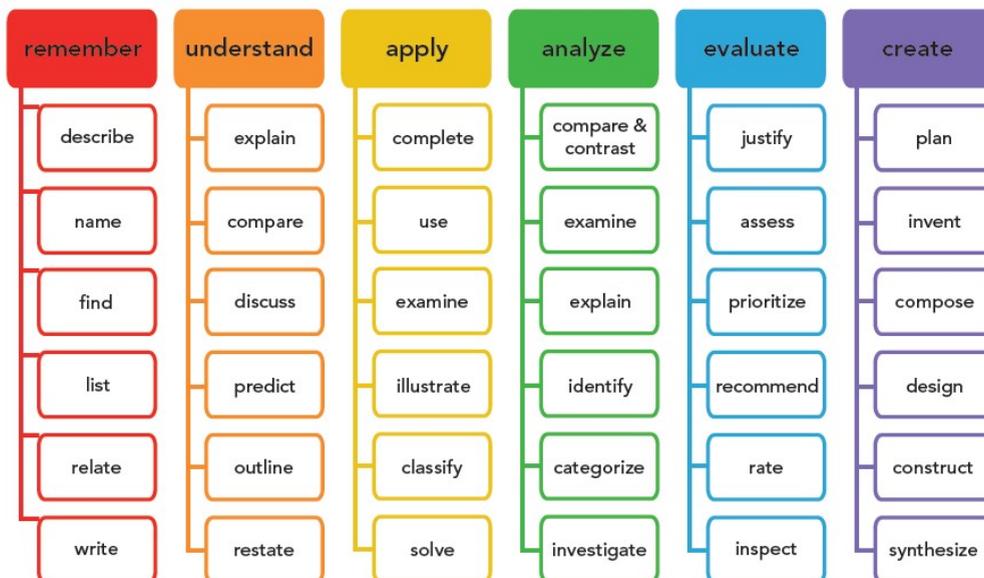
Definition

Learning Objective: The description of what the participant will be able to do at the conclusion of the activity.

SMART LEARNING OBJECTIVES



Generating LOs using *Bloom's Cognitive Taxonomy* (revised 2001)



Retrieved from <http://maasd.edublogs.org/2012/26/linking-ipads-blooms-taxonomy/>

OBJECTIVES AND LEARNING OUTCOMES

EXAMPLES OF LEARNING OBJECTIVES

Example 1

At the conclusion of this activity, learners will be able to:

- Recognize the main symptoms and signs of PH and right heart failure
- Classify patients with suspected PH into one or more of the major five World Health Organization groups
- Utilize basic right heart catheterization data to develop initial treatment plans
- Employ the ventilation-perfusion scan as the gold standard test in the diagnosis of chronic thromboembolic pulmonary hypertension
- Recognize the three main classes of FDA-approved drug therapy for pulmonary arterial hypertension as well as their major associated risks to patient safety

Example 2

At the conclusion of this activity, participants should be able to:

- Implement into practice recent updates and recommendations from the American College of Cardiology (ACC)/ American Heart Association (AHA)/ American Association of Clinical Endocrinologists (AACE) guidelines on dyslipidemia management and cardiovascular disease (CVD) prevention
- Develop treatment or referral plans for patients presenting with signs of mitral valve regurgitation
- Evaluate the available clinical evidence for recommendations for the management of cardiovascular disease during pregnancy
- Assess recommendations for post-procedure management of patients who have undergone transcatheter aortic valve replacement (TAVR)

Example 3

At the conclusion of this activity, participants should be able to:

- Critically study, review, and integrate specific leadership models, strategies, and skills into practice.
- Cultivate communication skills for productive collaboration with other leaders, members of the healthcare team, and patients.
- Devise and strategically implement plans to engage others effectively in actions and behaviors aimed to achieved leadership objectives and goals.
- Demonstrate leadership skills when managing project, operational, research, or clinical teams in order to facilitate successful execution of tasks, processes, and projects.
- Align leadership principles discussed in this course with organizational objectives in order to manage the business of medicine and drive success and achieve outcomes.

OBJECTIVES AND LEARNING OUTCOMES

LEARNER ENGAGEMENT

Definitions

Case studies: Provides 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.

Audience response/interaction: Provides a simultaneous large audience response to faculty questions, allowing the faculty to interact with their audience.

Debate or Panel discussion: Provides 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.

Question/Answer: Provides an opportunity for faculty to answer specific participant questions.
Small group work/discussion: Provides a less formal setting for peer interaction, discussion and problem solving.



Simulation or Standardized Patients/Medical Actors: Provides a standardized method for physicians to assess their individual skills of diagnosis, treatment and management of a patient.

Technical skills/hands-on workshops, Communication skills workshops, or Role play: Experiential learning allows learning through reflection on doing.

Project-based learning (e.g. quality improvement project): Provides a dynamic approach in which learners acquire a deeper knowledge through active exploration of real-world challenges and problems.

Patient perspective (e.g. live patient and patient advocate): Sharing of the patient experience helps meet patients' needs and their priorities thus impacting the relevance and meaning of the education.

OBJECTIVES AND LEARNING OUTCOMES

EVALUATION OF OUTCOMES

Definitions

Knowledge/Competence

Evaluation/Self-Assessment: A survey/questionnaire in which the learner evaluates or assesses aspects of the CME activity, such as the speakers, design, and implementation.

Audience Response System: Designed to improve audience engagement, an audience response system (ARS), is a mechanism or platform in which learners use a handheld or mobile device to respond to multiple choice questions, open-ended questions, and other types of polling questions.

Knowledge/Competence pre/posttest: A series of questions aimed to examine a learner's level of knowledge or competence before (pre-) and after (post-) the CME activity.

Physician or patient surveys and evaluations: Data derived from physician/patient surveys (identifiers redacted) that illustrates an acquisition of knowledge due to the CME activity.

Performance in Practice

Follow-Up Survey: A survey/questionnaire, disseminated approximately 60-days post-activity, in which the learners are asked to provide feedback on whether they have implemented the skills learned during the CME activity into their professional practice.

Commitment to Change with Follow-Up: A survey/questionnaire, disseminated approximately 60-days post-activity, in which the learners are asked to provide feedback on whether they have followed through with their intent/commitment to change, which was asked of them in the evaluation disseminated immediately after the CME activity.

Customized Interview/Focus Group about actual change in practice at specified intervals: Semi-structured one-on-one interviews or focus groups facilitated by either a member of the course planning team or a CME staff member in which learners are asked a series of questions on the application of the knowledge or skills learned from the CME activity into their professional practice. These interviews/focus groups can be scheduled at various time intervals 90-days post-activity.

Physician or patient feedback, surveys and evaluations: Data derived from physician/patient surveys (identifiers redacted) that illustrates an application of skills in professional practice due to the CME activity.

OBJECTIVES AND LEARNING OUTCOMES

EVALUATION OF OUTCOMES

Definitions

Patient/Population Health

Change in health status measure: Data provided by the course planning team that illustrates the change in health status of a specific population. Baseline and post-activity data are necessary for comparison analysis.

Change in quality/cost of care: Data provided by the course planning team that illustrates the change in quality/cost of care for a specific population. Baseline and post-activity data are necessary for comparison analysis.



Measure mortality and morbidity rates: Data provided by the course planning team that illustrates the mortality or morbidity of a specific population. Baseline and post-activity data are necessary for comparison analysis.

Patient feedback: Data derived from patient surveys or chart reviews (identifiers redacted) that illustrates a change in patient/population health outcomes due to the CME activity.



[Logout](#) [Attendee Portal](#)

[Need Help? View Activity Planning Toolkit for assistance.](#)

Basic Information

Specify the following for your activity

Activity Title: *



You can't leave this empty: Activity Title:

Is the content of the activity clinical or non-clinical (example: communication, leadership, etc.):

- Yes, Clinical No, Non-Clinical

Activity Type (select from drop down menu): *

You can't leave this empty: Activity Type (select from drop down menu):

Activity Format:

- | | |
|--|---|
| <input type="checkbox"/> Live Activity | <input type="checkbox"/> Enduring Material |
| <input type="checkbox"/> Journal-based CME activity | <input type="checkbox"/> Test-item writing activity |
| <input type="checkbox"/> Manuscript review activity | <input type="checkbox"/> PI CME activity |
| <input type="checkbox"/> Internet point-of-care activity | <input type="checkbox"/> Learning from teaching |
| <input type="checkbox"/> Other | |

If other format, please specify:

Sponsoring Stanford Department/Hospital/Center: *

- | | |
|--|---|
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Anesthesiology Perioperative & Pain Medicine |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Bioengineering |
| <input type="checkbox"/> Biomedical Data Sciences | <input type="checkbox"/> Cardiology |
| <input type="checkbox"/> Cardiothoracic Surgery | <input type="checkbox"/> Chemical and Systems Biology |
| <input type="checkbox"/> Comparative Medicine | <input type="checkbox"/> Dean's Office |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Developmental Biology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Genetics |
| <input type="checkbox"/> Health Research and Policies | <input type="checkbox"/> Immersive and Simulation-based Learning |
| <input type="checkbox"/> Institutes - School of Medicine | <input type="checkbox"/> Lucile Packard Children's Hospital Stanford |
| <input type="checkbox"/> Medicine - Blood & Marrow Transplantation | <input type="checkbox"/> Medicine - Cardiovascular Medicine |
| <input type="checkbox"/> Medicine - Center for Biomedical Informatics Research | <input type="checkbox"/> Medicine - Center for Primary Care and Outcomes Research |
| <input type="checkbox"/> Medicine - Endocrinology | <input type="checkbox"/> Medicine - Gastroenterology & Hepatology |
| <input type="checkbox"/> Medicine - Hematology | <input type="checkbox"/> Medicine - Hospice & Palliative Medicine |
| <input type="checkbox"/> Medicine - Immunology & Rheumatology | <input type="checkbox"/> Medicine - Infectious Disease |
| <input type="checkbox"/> Medicine - Nephrology | <input type="checkbox"/> Medicine - Oncology |
| <input type="checkbox"/> Medicine - Primary Care and Population Health | <input type="checkbox"/> Medicine - Pulmonary & Critical Care |
| <input type="checkbox"/> Microbiology and Immunology | <input type="checkbox"/> Molecular and Cellular Physiology |
| <input type="checkbox"/> Neurobiology | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Obstetrics & Gynecology |
| <input type="checkbox"/> Office of Chief Medical Officer | <input type="checkbox"/> Office of Chief of Staff |
| <input type="checkbox"/> Office of Faculty Development & Diversity | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Orthopaedic Surgery | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Psychiatry and Behavioral | <input type="checkbox"/> Radiation Oncology |

- Radiology
- Stanford Health Care
- Surgery
- Urology
- WellMD Center
- Service Excellence
- Structural Biology
- University Healthcare Alliance
- VPTL - Stanford Center for Health Education

You can't leave this empty: Sponsoring Stanford Department/Hospital/Center:

Activity Description (provide a brief description of the overall goal of the educational activity.) * [i](#)

You can't leave this empty: Activity Description (provide a brief description of the overall goal of the educational activity.)

⚠ 500 word max

Estimated # Contact Hours (enter 0 if unknown): * [i](#)

⚠

You can't leave this empty:

Estimated # Contact Hours (enter 0 if unknown):

Estimated # of Faculty (enter 0 if unknown): *

⚠

You can't leave this empty:

Estimated # of Faculty (enter 0 if unknown):

Estimated # of Attendees: *

⚠

You can't leave this empty:

Estimated # of Attendees:

Location and Dates/Times of Activity

Please complete the fields below based on where your activity will be held and occur.

NOTE: For Enduring Materials Internet, select "Online" for city, set the start date to the projected activity release date, and end date should be the estimated date the enduring material will no longer be available (Max 3 years).

Activity Location (select from drop down menu or enter location): [i](#)

⚠

If other location, please specify: [i](#)

⚠

City: [i](#)

Palo Alto

State:

CA

Country:

⚠ UNITED STATES

Proposed Activity Start Date: * [i](#)

⚠

You can't leave this empty: Proposed Activity Start Date:

Proposed Activity End Date: * [i](#)

⚠

You can't leave this empty: Proposed Activity End Date:

Start Time: [i](#)

08:30 AM

End Time: [i](#)

06:30 PM

Time Zone: [i](#)

⚠ (GMT -8:00) Pacific Time (US & Canada)

Interprofessional Education

Will the planning process include health care professionals from 2 or more professions?

- Yes No

Is there an intent to achieve outcome(s) that reflect a change in skills, strategy, or performance of the health care team and/or patient outcomes?

- Yes No

Target Audience

Professions (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Physician (MD/DO) | <input type="checkbox"/> Fellows |
| <input type="checkbox"/> Residents | <input type="checkbox"/> Medical Students |
| <input type="checkbox"/> Nurses | <input type="checkbox"/> Pharmacists |
| <input type="checkbox"/> Advance Practice Nurses (APNs) | <input type="checkbox"/> Professional Nurses (RNs) |
| <input type="checkbox"/> Physician Assistants | <input type="checkbox"/> Physical Therapists |
| <input type="checkbox"/> Administrators | <input type="checkbox"/> Researchers |
| <input type="checkbox"/> Psychologists (PsyD) | <input type="checkbox"/> Social Workers |
| <input type="checkbox"/> Allied Health Professionals | <input type="checkbox"/> Other (Specify) |

If other profession, please specify:

Geographic reach/scope (select one): *

- Stanford Only Local/Regional National International

You can't leave this empty: Geographic reach/scope (select one):

Specialties Section +

Specialties * i

☰ ▾

You can't leave this empty: Specialties

List other specialties here:

Additional Services Available

Additional services available for live courses only (check all that apply):

- Add Registration Services: collection, processing, and reconciliation
- Add Grant Procurement Services: identify/submit proposals and budgets, secure LOAs, present outcomes and reconciliation)
- Add In-Kind Support Procurement Services: identify/submit proposals and budgets, secure LOAs, and reconciliation
- Add Meeting Planning Services: budget and faculty management, logistics coordination, and marketing
- Add Evaluation Services: creation, collection, and reporting

Is there a registration fee for this activity?

- Yes No Not Sure

Will the activity be developed in collaboration with an internal/external partner?

- Yes No

⚠ Please review your responses above to make sure all required fields (* indicates required) are completed and there are no error messages before continuing.

Planners



For more information:

- [Role Definitions for CME Activities](#)
- [Course Director Responsibilities](#)
- [Conflict of Interest](#)

Planning Committee Members

Instructions: Complete the table below for each person on the planning committee and include name, credentials, educational degree(s), and role on the planning committee.

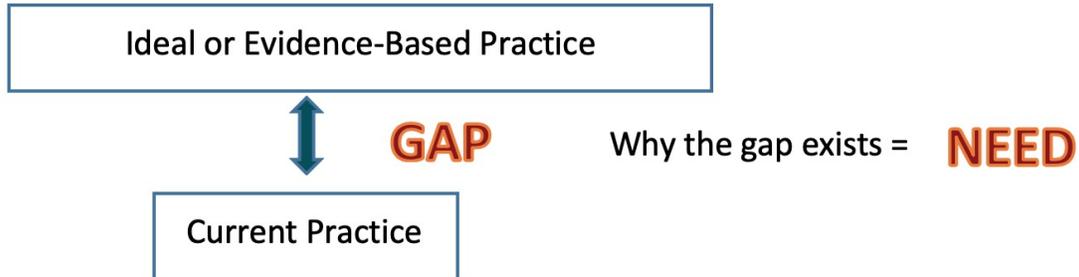
The fields in red are required. Enter a valid email address, if the user has a disclosure on file the name and degree will be automatically populated for you. If the user does not have a disclosure, the Disclosure form will automatically be emailed to them as long as a valid email address is provided for them below.

To add more planners, click the green plus (+) icon.

▼ Planner	
Email: *	First and Last Name: *
<input type="text"/>	<input type="text"/>
Academic & Clinical Title:	Credentials/Degree: *
<input type="text"/>	<input type="text"/>
Institution/Department/Division:	Role in Planning Content: *
<input type="text"/>	<input type="text"/>
The disclosure field below is for use by the system and is not editable, please do not attempt to enter information into the field.	
Disclosure Information:	
<input type="text"/>	

 [Need Help? View Activity Planning Toolkit for assistance.](#)

Gap and Needs



Knowledge: A learner's information on a particular subject, process or skill. (The learner needs new or additional information.)

Competence/Skills/Strategy: The ability to utilize new knowledge, processes, strategies or skills. (The learner needs new abilities or skills.)

Performance: Putting into practice a change in behavior and measure the outcome/impact. (The learner needs to take a new action or make a change in practice behavior.)

Gap Analysis

State the problem or gap in practice (difference between current state and desired state or opportunity for improvement) that this activity is designed to address? * 

Add more details based on needs below.

Knowledge need (explain in 50 words max): *

and/or

Competence need (explain in 50 words max):

and/or

Performance need (explain in 50 words max):

Needs Assessment

Type of needs assessment method used to plan this event (check all that apply): 

- Evidence-based, peer-reviewed literature
- Outcomes data that supports team-based education
- Quality care data
- Issues identified by colleagues
- Problematic/uncommon cases
- Advice from authorities of the field or societies
- Formal or informal survey results of target audience, faculty or staff
- Government sources or consensus reports
- Board examinations and/or re-certifications requirements
- New technology, methods or diagnosis/treatment
- Legislative, regulatory, or organizational changes impacting patient care
- Joint Commission Patient Safety Goal/Competency

OPTIONAL: Upload needs assessment documentation (Accepted file types: Word, Excel, PowerPoint, PDF)

 Add Files

▶ **CME OFFICE ONLY**

 Save and Continue

 [Need Help? View Activity Planning Toolkit for assistance.](#)

Learning Objectives, Competencies, and Outcomes

Objectives

Instructions: State up to 5 specific learning objectives for this activity. These objectives will be stated in the promotional materials and syllabus.

NOTE: Global objectives for RSS activities are based on broad educational needs and desired results. They inform the learners what they should be able to change in competence, performance or patient outcomes as a result of participating in the series.

To enter your learning objectives, type an objective into the table below. At least one objective is required. To add additional learning objectives click the green plus (+) icon. To remove click red the minus (-) icon.

At the conclusion of this activity, participants should be able to:

	Number	Objective	
	1		*

Competencies

Instructions: A CME activity must be developed in the context of desirable physician attributes. Indicate which of the Accreditation Council for Graduate Medical Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaborative (IEC) core competencies will be addressed by this CME activity.

For more information about these competencies:

- [ACGME/ABMS Competencies](#)
- [Institute of Medicine Competencies](#)
- [Interprofessional Education Collaborative Competencies \(core domains\)](#)

Please only select the core competencies that most **closely** reflect the educational agenda of your activity (check all that apply):

ACGME/ABMS

- Patient Care or Procedural Skills
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal & Communication Skills
- Professionalisms
- System-Based Practice

Institute of Medicine

- Provide Patient-Centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice
- Apply Quality Improvement
- Utilize Informatics

Interprofessional Education Collaborative

- Values / Ethics for Interprofessional Practice
- Roles / Responsibilities
- Interprofessional Communication
- Teams & Teamwork

Other Competencies:

Learner Engagement

Select all methods planned to enhance learner engagement during activity (check all that apply): 

- Case studies
- Audience response/interaction
- Debate
- Panel discussion
- Question/Answer
- Small group work/discussion
- Simulation
- Standardized Patients/Medical Actors
- Technical skills/hands-on workshops
- Communication skills workshops
- Role play
- Project-based learning (e.g. quality improvement project)
- Patient perspective (e.g. live patient and patient advocate)
- Other (specify)

If Other method, please specify:

Explain why this education format is appropriate for this activity (maximum 25 words). *

Evaluation of Outcomes

How do you intend to measure if competence, performance and/or patient outcomes have occurred? (check all that apply)

Knowledge/Competence:

- Post activity evaluation/Self-Assessment
- Audience Response System
- Pre/Post test
- Embedded evaluation in online activity
- Other (please specify)

If Other, please specify

Performance in Practice:

- Chart audits
- Focus group about actual change in practice at specified intervals
- Commitment to change/Follow up survey
- Other (please specify)

If Other, please specify

Patient/Population Health

- Change in health status measure
- Change in quality/cost of care
- Measure mortality and morbidity rates
- Patient feedback and surveys
- Other (please specify)

If Other, please specify

▶ CME OFFICE ONLY



[Logout](#) [Attendee Portal](#)

[Need Help? View Activity Planning Toolkit for assistance.](#)

Commercial Support

Commercial support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. All commercial supporters must comply with the **ACCME Standards for Commercial Support**.

For more information about these policies:

- [ACCME Standards for Commercial Support](#)
- [Commercial Support of Continuing Medical Education Policy](#)
- [Stanford Industry Interactions Policy](#)

NOTE: Commercial support may not be sought or accepted for RSS activities.

Are you interested in seeking commercial support? (grants and/or inkind) *

Yes

No

Unsure

Are you currently seeking or interested in other funding sources from a non commercial interest? *

Yes

No

Unsure

[➔ Save and Continue](#)

 [Need Help? View Activity Planning Toolkit for assistance.](#)

Commendation Criteria

ACCME Commendation Criteria

The Accreditation Council for Continuing Medical Education (ACCME) encourages and rewards accredited CME providers for implementing best practices in educational methods, engagement, evaluation, assessment of change, and generating meaningful outcomes.

Instructions: With regard to your activity, consider whether any of the following criteria may apply and indicate below. If you are uncertain, please contact SCCME at stanfordcme@stanford.edu.

Promotes Team-Based Education

- C23 Members of interprofessional teams are engaged in the planning and delivery of Interprofessional continuing education (ICPE).
- C24 Patient/public representatives are engaged in the planning and delivery of CME.
- C25 Students of the health professions are engaged in the planning and delivery of CME.

Addresses Public Health Priorities

- C26 The provider advances the use of health and practice data for healthcare improvement.
- C27 The provider addresses factors beyond clinical care that affect the health populations.
- C28 The provider collaborates with other organizations to more effectively address population health issues.

Enhances Skills

- C29 The provider designs CME to optimize communication skills of learners.
- C30 The provider designs CME to optimize technical and procedural skills of learners.
- C31 The provider creates individualized learning plans for learners.
- C32 The provider utilizes support strategies to enhance change as an adjunct to its CME.

Demonstrates Educational Leadership

- C33 The provider engages in CME research and scholarship.
- C34 The provider supports the continuous professional development of its CME team.
- C35 The provider demonstrates creativity and innovation in the evolution of its CME program.

Achieves Outcomes

- C36 The provider demonstrates improvement in the performance of learners.
- C37 The provider demonstrates healthcare quality improvement.
- C38 The provider demonstrates the impact of the CME program on patients or their communities.

▶ **CME OFFICE ONLY**

 Save and Continue

[Logout](#) [Attendee Portal](#)

Attestations

CULTURAL AND LINGUISTIC COMPETENCY

Review the *Cultural and Linguistic Competency - AB1195 - California Assembly Bill 1195*, which requires continuing medical education activities with patient care components to include cultural and linguistic competency curriculum. It is the intent of the bill, which went into effect July 1, 2006, to encourage physicians and surgeons, CME providers in the State of California, and the ACCME to meet the cultural and linguistic concerns of a diverse patient population through appropriate professional development. The Stanford University School of Medicine Multicultural Health Portal contains many useful cultural and linguistic competency tools including culture guides, language access information and pertinent state and federal laws. Found at: [California Cultural & Linguistic Assembly Bill](#).

- I attest to having read and understood the cultural and linguistic competency bill as it pertains to the development of this education activity.

ACTIVITY PROMOTION

Review [Policy on Advertising and Promotion Related to SCCME Activities](#).

- I attest to abide by the advertising and promotion policy in which marketing must focus on an activity's subject matter rather than the location at which it is held. All Stanford medical education brochures, activity web sites, banner advertisements, syllabi, slides, etc. must be entirely free of commercial marketing or product messaging including logos and slogans. All promotional materials must be approved by the Stanford Center for CME.

PRIMARY COURSE DIRECTOR RESPONSIBILITY

Review [Course Director Responsibilities](#).

- I have read and agree to abide by the criteria noted in the Course Director Responsibilities document.

Signature of Activity/Course Director:



Date

 03/10/2020

 Save Application

Cancel 



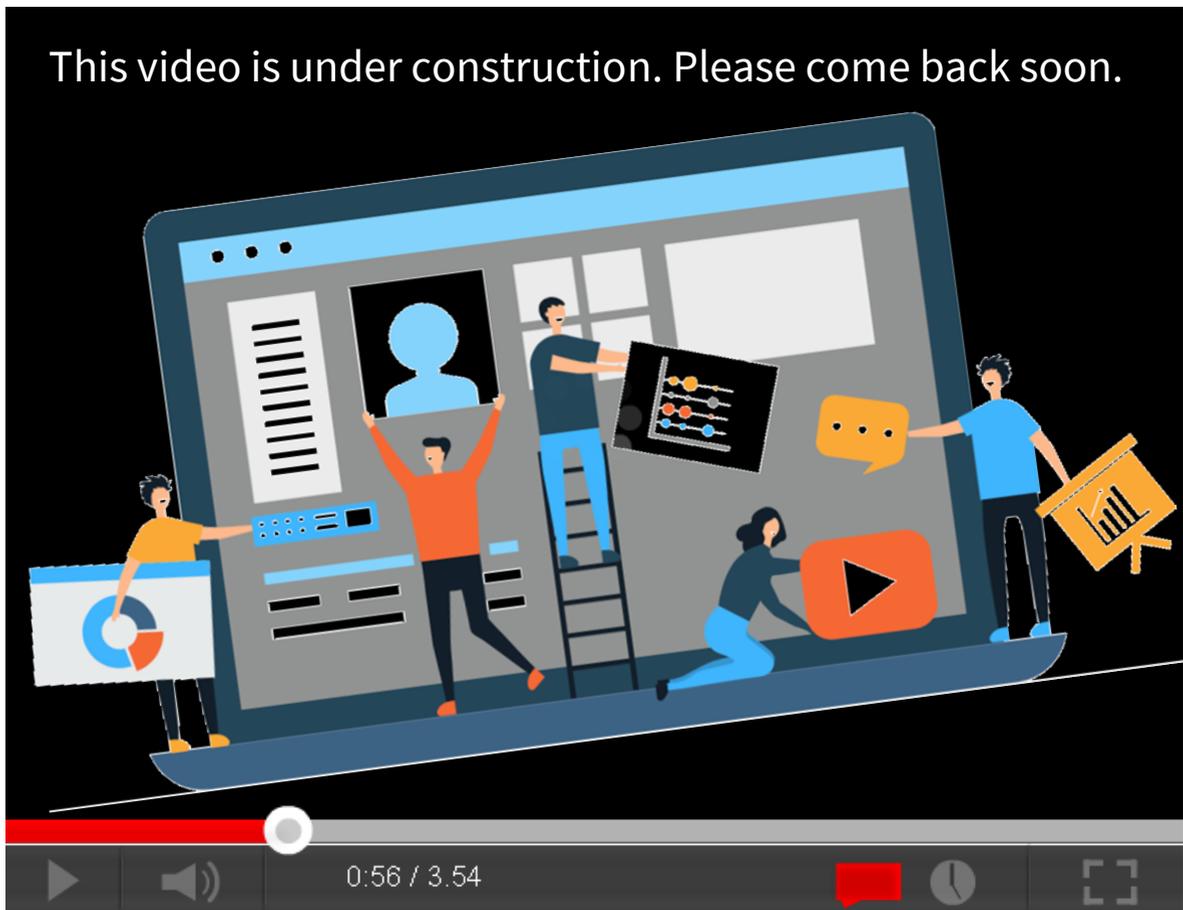
COMPLIANCE

ACCREDITING YOUR CME ACTIVITY

PROCESS & REQUIREMENTS

The Stanford CME team is skilled at ensuring our CME activities are independent and free of commercial bias. The video below details the components necessary for your CME activity to be accredited.

This video is under construction. Please come back soon.





COMMERCIAL SUPPORT

COMMERCIAL SUPPORT POLICY

GUIDING PRINCIPLE

This policy is intended to ensure that Stanford continuing medical education (CME) activities are fully compliant with both the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support and the Stanford School of Medicine Industry Interactions Policy (SIIP). The goal is to ensure Stanford CME is free from commercial influence, based upon the best scientific evidence available, and designed to change physician competence, performance-in-practice and/or patient outcomes.

SCOPE

This policy encompasses all forms of education certified for CME by the Stanford School of Medicine (or other certified medical professional continuing education), whether held on or off campus. This policy applies to all CME including live courses, regularly scheduled series (grand rounds, tumor boards, case conferences, M&Ms, journal clubs), live online activities, performance improvement activities, and enduring materials (online, print, DVD, etc.). In this policy the term CME refers to activities certified by the Stanford School of Medicine for which *AMA PRA Category 1 Credit™* is awarded.

GUIDELINES FOR ACCEPTING COMMERCIAL SUPPORT

What Constitutes Commercial Support?

A commercial interest is any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients. Commercial support is defined as financial or in-kind contributions given by a commercial interest that are used to pay all or part of the costs of an educational activity. “In-kind” refers to the loan or donation of equipment and/or supplies from a commercial entity.

Commercial Funding for Specific CME Activities Is Permitted if the Activities Have Been Pre-Approved by the Strategic Advisory Committee (SAC) & a non-conflicted Peer Reviewer.

This includes activities either on campus or at off-site venues and all functions that propose to use the Stanford name. Donations from companies which do not meet the definition of a commercial interest, individuals, foundations, and charitable organizations that are not commercial interests may be used for support of a specific CME activity and do not need preapproval by the SAC.

*Effective Date: September 2014
Updated: October 2019*

Commercial Support Guidelines.

Support from industry for CME may be accepted only by the Stanford Center for Continuing Medical Education (SCCME) office. Support will be accepted only for activities in areas that have been designated by Stanford for curricular development. These areas will be identified and proposed to the SCCME on a regular basis. The SCCME conducts a two-level review and approval process to ascertain that the activities have been independently developed without influence from commercial entities, focus on identified practice gaps, and are congruent with Stanford Medicine's identified needs and mission. Industry funding can be accepted only in these pre-determined areas of curricular enhancement.

Acceptance of industry support must not influence curriculum in any way. Stanford must lead the identification of needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that control the content, selection of educational methods, and evaluation. Commercial support may not be accepted for Regularly Scheduled Series (RSS).

Commercial Support Funding for Food and Beverages is Prohibited.

All food and beverages served at CME activities must be paid for through tuition, funds supplied by a School of Medicine or hospital department, or other non-commercial interest.

Commercial Support Funds May Be Contributed to the Stanford Center for Continuing Medical Education.

All industry support for CME activities must be directed to the Stanford Center for CME. Commercial funds eligible for use in support of CME activities can be given either to the SCCME in support of a specific activity (except for RSS) or in support of the overall CME Program.

Applying for Commercial Support.

The SCCME Grants Specialist will submit the Activity Planning Document and Tentative Agenda to a non-conflicted physician reviewer (including the Strategic Advisory Committee SAC in correspondence.) The review will check to ensure that no commercial bias exists. If commercial bias is present, the documents will be modified by the Course Director as needed to remove the bias and also sent to the member of the SAC for further review. Simultaneously to the commercial bias review, Course Directors can begin the process of seeking financial.

If a commercial entity agrees to provide funding for an activity, both the commercial entity and Stanford are required to sign a Letter of Agreement for Commercial Support (LOA) that specifies the commercial interest providing the commercial support and terms and conditions of that support that comply with the ACCME Standards for Commercial Support. This instrument must be approved and signed by a responsible company official (who is authorized to make such commitments) and by the Associate Dean for Postgraduate Medical Education or the Director of CME. Stanford has developed a standard form for this purpose (see Letter of Agreement for Commercial Support - Financial).

Management of Commercially Derived Funds.

All commercial support for CME certified by Stanford must be given with the full knowledge and approval of and be managed by the Stanford Center for CME.

Educational Partners.

Stanford may partner with other ACCME accredited providers to develop CME activities. In these cases, commercial exhibits and advertisements are prohibited, regardless of which institution certifies the activity. Either institution may be the accrediting provider and control the process for commercial support as long as the CME activity is found to be free of commercial bias as determined by an independent non-conflicted peer reviewer or the School of Medicine's Conflict of Interest Review Program

Commercial Funds Contributed for Purposes Other Than CME May Not Be Used to Support CME.

No Additional Funds May Be Provided to Those in Positions to Influence Educational Content.

Stanford School of Medicine policy prohibits commercial supporters from providing funds for CME other than through the SCCME office. A commercial interest may not provide additional CME support funds to those in a position to control content of CME activities.

Disclosing Commercial Support to Learners.

Stanford Center for CME acknowledges the receipt of educational support from commercial interests and makes this information known to learners prior to the beginning of the CME activity. This information is provided through the publication of a disclosure to learners in activity syllabi, handouts, or online, acknowledging all in-kind and monetary support received for CME activities. When in-kind support is received, the nature of the support is detailed in the disclosure. The disclosure may not contain the use of trade names, product group messages, or commercial interests' logos.

“In-kind” Support – A Special Consideration.

“In-kind” support refers to the loan and/or donation of equipment or supplies from a commercial entity. In-kind support may be donated in support of a specific activity upon prior approval by the Associate Dean of Postgraduate Medical Education or the Director of CME via an executed Letter of Agreement for in-kind commercial support. No marketing activity may be associated with the use of in-kind support.

When multiple products are available, conscientious effort must be made to attract support from multiple vendors of similar and substitutive equipment and supplies. Stanford has developed a standard LOA for this purpose (see Letter of Agreement for Commercial Support – In-Kind).

COMMERCIAL INVOLVEMENT IN STANFORD CME

Exhibits and Advertisements by Commercial Interests Are Prohibited Either On or Off Campus.

Commercial Employees and their Spouses/Partners as Instructors and Planners.

Commercial employees may not participate in the planning of CME activities. Commercial employees may serve as an instructor in Stanford CME activities only under narrowly defined circumstances. An employee of a commercial entity may present on: the scientific or discovery process itself, the results of basic (biologic, chemical, physical) research studies relevant to the clinical problem being addressed but not those specific to a commercial product or its preclinical and clinical testing, and CME topics other than those related to the products and business lines of his/her employer. Commercial employees may neither teach about their products nor offer recommendations regarding patient care. Permission for a commercial employee to act as instructor in a Stanford CME activity must be obtained in advance from the Associate Dean for Postgraduate Medical Education and the employees' participation must be closely monitored by course leadership.

The spouse or partner of an employee of a commercial interest is considered by the ACCME as a commercial employee. Consequently, the spouse/partner of the employee may not plan activities related to the products and/or services of their spouse's/partner's employer and is bound by the restrictions related to instruction outlined above.

Commercial Employees as Technical Assistants.

As a general rule, commercial employees are not permitted to assist in CME. Exception may be made if the commercial employee is needed for technical assistance essential to operating a piece of equipment in a demonstration critical to the educational mission of the activity. In such a circumstance, an employee may demonstrate use of the product but may not discuss the indications for use of the product or its merit relative to competing products. This participation of a commercial employee must be approved in advance by the Associate Dean of Postgraduate Medical Education. Commercial employees who provide technical assistance are required to sign Stanford's attestation/disclosure form. It is the responsibility of course leadership to appropriately monitor the employee's participation in the CME activity for compliance with these guidelines.

Commercial Employees as Learners.

Commercial employees may attend CME activities for their own education. They must pay full tuition, wear a conference name badge, wear no commercial identifiers (e.g. corporate logos), and engage in no sales or promotional activity.

Commercial Employees as Commercial Funder Representatives.

If an activity receives financial commercial support, one or two members of the funder's continuing education/independent education team will be allowed to attend the activity to observe how the company's commercial support was expended. As attendees, these commercial employees will wear a conference name badge, wear no commercial identifiers (e.g. corporate logos), and engage in no sales or promotional activity.

Commercial Marketing and Product Messaging Is Forbidden.

All Stanford medical education syllabi, brochures, course websites, lecture slides, etc. must be entirely free of commercial marketing and product messaging such as logos, slogans, etc.

Use of Brand Names.

Descriptive terminology rather than brand names for pharmaceuticals (i.e. generic or chemical names) and medical technologies and devices should be employed. To avoid learner confusion, a brand name may be used in conjunction with its generic equivalent if this promotes learning.

Assuring Fairness and Balance.

When a commercial product and/or device is discussed, every effort must be made to ensure fairness and balance. A thorough discussion of the alternatives (e.g. other treatments, drugs, or technologies) should be included.

Promotion of Stanford CME by Commercial Interests Is Not Permitted.

Stanford CME activities may not be marketed by commercial interests (e.g. on their websites, by their representatives) lest this suggest a relationship that does not exist.

Separation of Education from Promotion.

Stanford CME activities must not promote the interests of product manufacturers. The following safeguards monitor this separation:

- **ACTIVITIES LINKED TO ANALYSES OF LEARNER GAPS AND OTHER NEEDS**
CME activities are planned based on the identified professional practice gaps of the learners, the opinions of recognized experts in the field, national guidelines and/or best practices. Particular emphasis is placed on quality improvement and innovative learning methods.
- **CONTENT VALIDATION PRACTICES**
Content planners and course faculty are required to attest that commercial bias is not present and that the educational material is scientifically accurate, based on evidence acceptable to the profession, and that treatments discussed are appropriate. Stanford has developed a standard form for this purpose, used in the planning stages for all activities (see CME Disclosure & Content Attestation Forms).

Disclosure of Relevant Financial Relationships

The Stanford University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME®). Stanford Center for CME expects that every CME activity certified for credit will be in full compliance with the ACCME® Criteria, Policies, and Standards for Commercial Support of Continuing Medical Education (<http://www.accme.org/>)

Stanford Center for CME has implemented a mechanism to identify and resolve any relevant conflicts of interest for all individuals in a position to control the content of an educational activity. This process must be completed prior to the commencement of the activity. Disclosure to learners must also be provided prior to the commencement of the activity. This includes the course director(s), planners, speakers, authors, panel members, moderators, content validation reviewer(s), etc. **If an individual refuses to disclose relevant financial relationships to SCCME, s/he will be disqualified from participating in the CME activity.**

Please review the important definitions related to financial disclosures carefully and complete this form in its entirety before clicking submit.

ACCME Definitions:

- **Conflict of Interest:** Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship. The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest.
- **Commercial Interest:** Any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients with the exemption of non-profit or government organizations and non-health care related companies. The ACCME does not consider providers of clinical services directly to patients to be commercial interests (e.g. liability/health insurance providers, group medical practices, hospitals, nursing homes, rehabilitation centers).
- **Financial Relationships:** Those relationships you currently have or had during the last 12 months in which you benefit by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research which also includes funding where the institution gets the grants and manages the funds and you are the principal or named investigator for the grant), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME® considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner. The ACCME deems employment by a commercial interest to be a non-resolvable conflict for the employee unless the course content is unrelated to products or services provided by the commercial entity.

Within the past 12 months, have you and/or your spouse or life partner received support from, or have/had a financial relationship with, a commercial interest? *

- Yes. I or my spouse/life partner have at present and/or have had within the past 12 months a financial relationship with a commercial interest as listed below.
- No

Do you intend to reference unlabeled/unapproved uses of drugs or products in your presentation? *

- Yes
- No

ATTESTATION

Please read all the statements listed below:

- I have disclosed all relevant financial relationships and I will disclose this information to learners. The content and/or presentation of the information with which I am involved will promote quality or improvements in health care and will not promote a specific proprietary business interest of a commercial

interest. Content for this activity, including any presentation of therapeutic options, will be balanced, evidence-based and commercially unbiased.

- I have not and will not accept any honoraria, additional payments or reimbursements directly from a commercial interest for my participation in this activity.

I understand that my presentation/content may need to be reviewed prior to this activity, and I will provide educational content and resources in advance as requested.

- If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to will conform to the generally accepted standard of experimental design, data collection and analysis.

If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company.

- If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA.

If I have been trained or utilized by a commercial interest or its agent as a speaker (e.g. speaker's bureau) for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity.

- If I am presenting research funded by a commercial interest, the information presented will be based on generally accepted scientific principals and methods and will not promote the commercial interest of the funding company.

I agree to comply with the requirements to protect health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Check this box to attest to your understanding of and willingness to comply with each of the above statements.

My signature below indicates that I have read and completed this form myself and to the best of my ability provided current and accurate information. I am aware that financial disclosure information provided in this form will be shared with learners prior to their engagement in this CME/CE activity.

Signature *

Date



1/1/2020



STANFORD INDUSTRY INTERACTIONS POLICY (SIIP)

PURPOSE OF POLICY

The purpose of this policy is to establish guidelines for interactions with Industry representatives throughout Stanford Medicine, which is composed of the Stanford School of Medicine, Stanford Health Care and the Lucile Packard Children's Hospital Stanford. Interactions with Industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and hospital and research equipment and supplies on-site, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education. Faculty and trainees also participate in interactions with Industry off campus and in scholarly publications in a variety of circumstances including consulting activities of various sorts. Many aspects of these interactions are very positive and important for promoting the educational, clinical and research missions of Stanford Medicine and for translating knowledge and expertise from the faculty to society. However, these interactions must be ethical and cannot create conflicts of interest (COI) that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the faculty member or the institution. Individuals must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain. See policy for Conflicts of Interest in Clinical Care.

STATEMENT OF POLICY

It is the policy of the Stanford School of Medicine, Stanford Health Care and the Lucile Packard Children's Hospital Stanford that interactions with Industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise they must be addressed appropriately, as described herein.

SCOPE OF POLICY

This policy incorporates the following types of interactions with Industry.

- I. Gifts and compensation
- II. Site access by sales and marketing representatives
- III. Provision of scholarships and other educational funds to students and trainees
- IV. Support for educational and other professional activities
- V. Disclosure of relationships with industry
- VI. Training of students, trainees, and staff regarding potential conflict of interest in industry interactions

Type of Support	Proposal Developer	Proposal Reviewer	Proposal Approved By	Request Administrator	LOA Negotiator, Approver, Signer
Financial Support	Course Director	Strategic Advisory Committee	Strategic Advisory Committee / SCCME	SCCME	SCCME
In-Kind Support	Course Director	Assoc Dean of Postgraduate Medical Ed / Director of CME	Assoc Dean of Postgraduate Medical Ed / Director of CME	SCCME	SCCME
Non-CME Financial Support	Activity Developer	Department, Program, Division or Institute	Department, Program, Division or Institute	Corporate & Foundation Relations / Planned Giving / Office of Technology Licensing	Corporate & Foundation Relations / Planned Giving / Office of Technology Licensing
Non-CME In-Kind Support	Activity Developer	Department, Program, Division or Institute	Department, Program, Division or Institute	Corporate & Foundation Relations / Planned Giving / Office of Technology Licensing	Corporate & Foundation Relations / Planned Giving / Office of Technology Licensing

For the full policy go to med.stanford.edu/siip



EVALUATIONS & ASSESSMENTS

EVALUATION MENU

Evaluation Menu #1: A template of SCCME's standard layout, which includes foundational questions that need to be asked of our learners to report to ACCME or for use in future activity planning.

Evaluation Menu #2: A template of SCCME's more robust evaluation option, which includes foundational questions that are used in the standard template (Evaluation Menu #1) as well as probing questions (both quantitative and qualitative) to dig deeper into learners' satisfaction of the activity and knowledge, competence, and skill acquisition.



Faculty Ratings: Likert rating scale item that requests the learners to rate the speaker/presentation on four categories: (1) quality of presentation content, (2) delivery and effectiveness of the speaker, (3) value of the topic, and (4) overall rating.

Additional Insights: A mix of Likert rating scale items, Yes/No questions, and Multiple-Choice Questions related to marketing, logistics, and supplemental educational materials.

EVALUATION MENU

Moore's Level 5, Performance: A follow-up survey/questionnaire, disseminated approximately 60-days post-activity, in which the learners are asked to provide feedback on whether they have implemented the skills learned during the CME activity into their professional practice.



Moore's Level 6, Patient Health Outcomes: Data provided to SCCME 180-365 post-activity that demonstrates a change in patient health outcomes due to the delivery of the content from CME activity. Course planners will need to provide SCCME with data reports illustrating the comparison of baseline data with post-activity data, date range of the data collection, data analysis process, and a brief summary of the changes.

Moore's Level 7, Population Health Outcomes: Data provided to SCCME 180-365 post-activity that demonstrates a change in population health outcomes due to the delivery of the content from CME activity. Course planners will need to provide SCCME with data reports illustrating the comparison of baseline data with post-activity data, date range of the data collection, data analysis process, and a brief summary of the changes.

Alternative Data Collection Options: Additional methods of data collection including the use of an audience response system; conducting focus groups, in-person interviews, phone interviews; offering a self-reflection assessment; or allowing the course planning team to use their own mature evaluation instrument in lieu of one of the SCCME's menu options. For this last option, the SCCME office will need to review and approve it to ensure data can be used for comparison analysis.

EVALUATION MENU

Standard Questions

Radio Buttons, Likert Scale

Overall Rating of this CME Activity

This CME activity...	5 = Strongly Agree 4 = Agree 3 = Neutral 2 = Disagree 1 = Strongly Disagree N/A = Not applicable/No Response
Contributed to my professional growth.	5 4 3 2 1 N/A
Covered content useful to my practice.	5 4 3 2 1 N/A
Was relevant to my current scope of practice.	5 4 3 2 1 N/A
Was engaging and interactive.	5 4 3 2 1 N/A

Free response

What changes do you intend to implement in your practice as a result of your participation in this CME activity?

Radio Buttons, Yes/No

Was the information/material presented at this CME activity balanced and free from commercial bias? If no, please explain.

- Yes
- No – Explain: [Free Response Field]

Learning Objectives

Radio Buttons, Likert Scale

How well were the stated objectives achieved?

Learning Objective	5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, 1 = Poor
Learning Objective #1	5 4 3 2 1
Learning Objective #2	5 4 3 2 1
Learning Objective #3	5 4 3 2 1
Learning Objective #4	5 4 3 2 1

Faculty Rating

Radio Buttons, Likert Scale

Rate the following faculty and presentations.

5 = Extremely Satisfied, 4 = Satisfied, 3 = Neither Satisfied/Dissatisfied, 2 = Dissatisfied, 1 = Extremely Dissatisfied, N/A = Did Not Attend				
Speaker Name	Quality of presentation content	Delivery and effectiveness of speaker	Value of topic	Overall rating
Speaker Name	5 4 3 2 1 N/A	5 4 3 2 1 N/A	5 4 3 2 1 N/A	5 4 3 2 1 N/A
Speaker Name	5 4 3 2 1 N/A	5 4 3 2 1 N/A	5 4 3 2 1 N/A	5 4 3 2 1 N/A
Speaker Name	5 4 3 2 1 N/A	5 4 3 2 1 N/A	5 4 3 2 1 N/A	5 4 3 2 1 N/A
Speaker Name	5 4 3 2 1 N/A	5 4 3 2 1 N/A	5 4 3 2 1 N/A	5 4 3 2 1 N/A

Optional Questions

Free Response Field

What aspect of your involvement in a collaborative team changed as a result of this activity?

Free Response Field

How do you see other professionals' roles changing as a result of this activity? State two changes.

Radio Buttons, Yes/No

Will the materials be useful as reference tools?

- a. Yes
- b. No

Radio Buttons, Yes/No

Did the materials facilitate your learning?

- c. Yes
- d. No

Radio Buttons, Likert Scale

Rate the following items

5 = Extremely Satisfied, 4 = Satisfied, 3 = Neither Satisfied/Dissatisfied, 2 = Dissatisfied, 1 = Extremely Dissatisfied, N/A = Not Applicable			
Venue	Audiovisuals	Food	Staff
5 4 3 2 1 N/A	5 4 3 2 1 N/A	5 4 3 2 1 N/A	5 4 3 2 1 N/A

Standard Questions

Free Response Field

Do you have specific suggestions as to how this CME activity might be improved?

Free Response Field

What specific topics in this subject area would you like us to cover in future programs?

Commitment to Change

Now that you have participated in this CME activity, please take a moment to consider making changes in your practice as a result.

Multiple Choice Checkboxes

Based on what I learned from this CME activity, I plan on implementing changes in my practice to the following:

- Diagnosis and Screening
- Treatment
- Clinician-Patient or Interprofessional Communication
- Quality Improvement
- Safety
- Teamwork-Roles and Responsibilities
- Patient Education
- Other

Free Response Field

List the specific, measurable change(s) you plan to implement.

On a scale from 1-5, how confident are you that you will implement this change? (1 = Not at all | 5 = Completely)

Radio Buttons

Please remind me of this commitment in:

- 1 month
- 2 months
- 3 months

Commitment to Change Follow-Up Survey

Radio Buttons, Yes/No

Have you been able to implement your change(s) listed above?

- a. Yes

Free Response Field

Briefly describe the outcomes of implementing your change(s) in terms of how it impacted your practice, team, or patient outcomes.

- b. No

Multiple Choice Checkboxes

Select the barrier(s) that prevented you from implementing this change in your practice.

1. Provider:
 - a. Clinical knowledge/skill/expertise
 - b. Peer influence
 - c. Cultural competence
 - d. Recall, confidence, clinical inertia
 - e. Motivation
 - f. Fear, legal concerns
2. Team:
 - a. Roles and responsibilities
 - b. Communication
 - c. Competence
 - d. Shared values and trust
 - e. Team structure
3. Patient
 - a. Patient characteristics/factors
 - b. Patient adherence
4. System/Organization:
 - a. Workload
 - b. Lack of support from administration

- c. Referral process
- d. Culture of safety
- e. Practice process
- f. Cost/funding

5. Other

- a. Other
- b. Not enough time
- c. Lack of opportunity

Free Response Field

What might you do to address barriers you encountered? Please indicate your next steps.

- c. Still plan to, need more time

Radio Buttons

Please remind me of this commitment in:

- 1 month
- 2 months
- 3 months

ASSESSMENT OPTIONS

Pre- and Post-Tests: A method of assessing the knowledge acquisition of learners after completing an educational intervention.

Poll Everywhere: An audience response system (ARS) that lets you embed interactive polls and questions directly into your presentation. The learners respond using mobile devices.

Formative Feedback: Ongoing feedback provided to learners to help them better understand the limits of their knowledge and how to improve. This can be done by providing them written feedback using a rubric or verbal feedback or instruction during simulation exercises.



ASSESSMENT OPTIONS

Debriefing: Debriefing is the process of facilitated or guided reflection in the cycle of experiential learning. Analysis and discussion of scenarios and events after the simulation's conclusion allows participants to solidify clinical knowledge and improve future performance.

