

**Westchester Academy of Medicine**

Office of Continuing Medical Education

333 Westchester Ave., Suite LN01 Telephone: 914-967-9100

# White Plains, NY 10604

**ACTIVITY DEVELOPMENT WORKSHEET**

|  |  |
| --- | --- |
| **Hospital/Organization** |  |
| **Title of Activity:**  |  |
| **Date of Activity:**  |  |
| **Course Director(s):** |  |
| **Speaker(s) Name:** |  |
| **# of CME Credits:** |  |

**1**. Please indicate [the physician attribute] ACGME/ABMS or IOM competency that is associated with the activity's content**:*(C6)***

Patient centered care Medical knowledge

Practice-based learning and improvement Interpersonal and communication skills

Professionalism Commitment to Lifelong learning

Quality Improvement Systems-based practice

Work in Interdisciplinary teams Utilize Informatics

Cognitive Expertise Performance in Practice

Other:

**2.** What is the practice-based issue (gap between current practice & best practice) that is to be addressed in this activity? Is it a gap designed to change **physician knowledge/competence, performance or patient outcomes**? Why do your learners need this education? ***(C2, C3)***

**Identified Need that Underlies the Gap:**

Content will change: \_\_\_\_\_\_Knowledge/Competence \_\_\_\_\_\_Performance \_\_\_\_\_\_Patient Outcomes

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3.** What is the source from which this gap information was identified? (How do you know about this problem?) Please check all that apply: ***(C2)***

**[ ]** QI Department Data [ ] Peer Review [ ]  Case Management [ ]  Utilization Reports

[ ] Patient Survey Data [ ]  Patient Safety [ ]  Infection Control [ ]  Pharmacy

[ ]  Pathology [ ] Radiology [ ] Physician surveys [ ] Community/Health Department Data

[ ]  CMS Data [ ]  Hospital/Initiative Campaign [ ] Risk Management [ ] Regulatory Changes

[ ]  Medical Audit [ ]  New Technology/technique [ ] Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3a.** Identify the data Source **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.** How do you know this is a gap specifically for your physician-learners? ***(C2)*** Describe: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5.** Based on the desired results of the activity, what are the measurable learning objectives of the activity? ***(C3)***

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**6.** What type(s) of evaluation method(s) will be used to ascertain if the activity was effective at meeting the need and producing change in the learners’ knowledge/competence, performance and/or patient outcomes (the expected result). Post-activity, how will you ascertain if the practice gap is resolved? (*Post-Activity Evaluation measures change to knowledge/competence, Long-Term Post Evaluation measures change to Performance/Patient Outcomes)* ***(C11)***

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**7.** What non-educational strategies will be utilized to enhance change as an adjunct to this educational activity? *(e.g., email reminders, pocket guidelines, chart reminders, screening tools, posters, signs, patient satisfaction questionnaires, patient feedback, community outreach)* ***(C17)***

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**8.** What factors outside of your control have been identified that will impact patient outcomes? ***(C18)***

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**9.** What educational strategies have been implemented to remove, overcome or address barriers to physician change? *(e.g., Q&A, panel discussion, pre-post tests)* ***(C19)***

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**10.** Have you collaborated with any other stakeholder to plan this meeting? ***(C20)***

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**11. Regularly Scheduled Series (RSS) (if applicable)**

**11a.** Regularly Scheduled Series (RSS): Is this a RSS? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_No

( ) Grand Rounds ( ) Tumor Board

( ) Mortality or Morbidity Conference ( ) Other

**11b.** Describe how often you plan to monitor the RSS:

( ) Weekly ( ) Quarterly

( ) Monthly ( ) Other Describe:

**Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR CME COMMITTEE USE ONLY:** Date of Committee action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initialed by CME staff\_\_\_\_\_\_\_\_\_\_\_\_

( ) Approved for \_\_\_\_\_\_\_\_AMA PRA Category 1TM credit(s) ( ) Not approved: Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_