

Educational Planning Form Outline

Item	Description	Required field
1	What is the title of your educational activity	x
2	CME Provider Activity ID	x
3	Is your CME Activity (Grand Rounds, JC, M&M, etc.)	x
4	Who is involved in the education planning of your activities	x
	Check all the apply to your activity	x
5	Gaps: What do participants have to learn?	x
	What sources did you use to determine these gaps?	
6	Needs: What do participants need to know or do to close the gap?	x
7	Objectives: What is/are the activities learning objective(s)?	x
8	What formats or techniques will be used to promote learning during the activity?	x
9	What will you do to promote learning after the activity?	
10	Outcomes: What is your CME activity designed to change?	
	Changes in participants competence, strategies and/or skills	x
	Changes in participants performance, what they do in practice	x
	Change in Patient outcomes	x
	Change in learning outcomes for residents/students	x
11	Evaluation: How will you assess the outcomes in #10	
	Which of these competencies are addressed by your activity?	x