**CME Planning Worksheet**

Please fill out the key questions on this worksheet so that I may be aptly prepared for our meeting.

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| **Activity Title/Topic:** |  |
| **Date, Time, & Location:** |  |
| **Potential Speakers:** |  |
| **Physician Champion:** |  |
| **Other Educational Planners:** |  |

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| 1. **WHAT is the PROBLEM? *What triggered you to create this activity?* *Describe in terms of quality, safety, and patient outcomes.*** |
| * 1. Currently, the situation is this: |
| * 1. I know this to be true because: |
| * 1. Ideally (in a perfect world), the situation would be: |
|  |
| 1. **WHY does the PROBLEM exist?** |
| * 1. Barriers preventing improvement include *(consider attitudes, organizational culture, workflow, resources, systems, patient factors, etc.):* |
| * 1. Cultural/linguistic factors include *(impact of age, race/ethnicity, gender, health literacy, cultural beliefs, and/or other):* |
| * 1. What exactly do participants need to know that they do NOT already know *(consider all the barriers to practice)?* |
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| 1. **WHO needs to change or improve?** |
| * 1. Specialties and/or subspecialties: |
| * 1. Who else should participate in this activity (if teams or handoffs are involved): |
|  |
| 1. **What is the new CLINICAL PERFORMANCE EXPECTATION?** |
| * 1. What will participants do differently, if they knew how? |
|  |
| 1. **HOW will you know if there is improvement?** |
| * 1. What will you measure? |
|  |
| 1. **What will help to SUSTAIN improvement?** |
| * 1. What will reinforce new performance after this activity *(consider tools, activities, organizational support, collaborations with other organizations)?* |
| 1. **What are the LEARNING OBJECTIVES for this activity?** |
| * 1. As a result of attending this activity, the participants should be able to:   1.  2.  3. |