



Office of Lifelong Learning

CME PLANNING AND DESIGN AGENDA

Program Title: _____

Date(s): _____

Place: _____ Date: _____

Course Director: _____

Educational Consultant: _____

Lifelong Learning Office: _____

Administrative Fee: _____

Target Audience:

Primary Care Practice

- Family Medicine
Internal Medicine
OB/GYN
Pediatrics

Specialty

- Anesthesiology
Dermatology
Neurology
Ophthalmology
Pathology
Radiology
Urology
Cardiology
Medical Genetics
Oncology
Orthopedic Surgery
Pulmonary
Surgery
Other

Needs Assessment:

- Medical audit or patient care reviews
Ongoing census of diagnoses by physicians
Periodic surveys
Patient problem logs
Advice from authorities in the field
Previous CME Program Evaluations
Review of board exam requirements
Judgment of CME planner or Department Chair
Annual surveys of physician associations
Departmental meetings
Formal or informal requests from physicians

Methods of Instruction:

1. Describe methods of instruction to be used (lecture, interactive workshop, panel discussion, case studies, etc.)

Learning Objectives:

2. What will participants be expected to know/do as a result of this course? List learning objectives:

- a. _____
- b. _____
- c. _____
- d. _____

Program Design

1. Preliminary program outline
2. Selection of qualified faculty

IU Staff # _____
Guest Staff # _____
Honorarium # _____

3. Credit Certification
AMA/PRA Category 1
AAFP
Other(s) _____
4. Review Conflict of Interest, Disclosure, Letter of Agreement and Standards for Industry Support with Course Director.
5. Estimated number of participants: # _____

6. Program Format:

General Session
Breakouts _____

7. Proposed Funding:

- Departmental
- Registration Fee
- Educational Grant
- Other _____

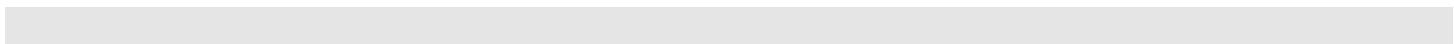
8. Registration Fee: _____

Expectation/Outcome

- Changing physician behavior
- Improving clinical skills
- Learning new skills/knowledge
- Validation of information/knowledge

Evaluation Strategy:

- CME Standard Evaluation
- Pre/Post interview
- Pre/Post written survey
- Other _____





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Educational Consultant: _____

Course Date: _____ Project Number: _____

Needs Assessment:

- | | |
|--|---|
| <input type="checkbox"/> Medical audit or patient care reviews | <input type="checkbox"/> Review of board exam requirements |
| <input type="checkbox"/> Ongoing census of diagnoses by physicians | <input type="checkbox"/> Judgment of CME planner or departmental chair |
| <input type="checkbox"/> Periodic surveys | <input type="checkbox"/> Data from outside sources (i.e., public health statistics) |
| <input type="checkbox"/> Patient problem logs | <input type="checkbox"/> Previous CME program evaluations |
| <input type="checkbox"/> Advice from authorities in the field | <input type="checkbox"/> Annual surveys of physician associations |
| <input type="checkbox"/> Previous Course | |
| <input type="checkbox"/> Formal or informal requests from physicians | <input type="checkbox"/> Departmental meetings |

Explanation of Needs Assessment:





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Speaker: _____

Topic: _____

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

Content Outline: