

Guide for the Principal CME/CE Planner



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Guide for the Principal Planner for an Emory CME Activity

Introduction

As the principal planner for a continuing medical education (CME) activity, you have several responsibilities, including compliance, which is required by our accreditation agency. To maintain our ACCME Accreditation, we ask your cooperation in facilitating the planning process and providing us with the required documentation. Our office is here to guide you should you need assistance with any of the requirements below.

Selection of Planners (and Faculty) With No (or minimal) Financial Relationships with Companies that Manufacture Products Related to the Content of This Activity (“ineligible companies”¹)

To protect the integrity of your CME activity, you should select your planning team based on the best expertise available for the topic of the activity. Please keep in mind the following requirements with respect to the management of relevant financial relationships:

- Ideally, planners will not have financial relationships with ineligible companies. If it is critical that an individual with relevant financial relationships with ineligible companies participates in the planning process, they cannot have any final decision-making authority regarding content related to the ineligible companies. This must be delegated to a planner without financial relationships with any ineligible company.
- Planners (and faculty) for accredited activities should not be employed by, or be owners of, any ineligible company. This includes stock ownership in privately held companies. If planners or faculty have an ownership or employee relationship with an ineligible company, they should be replaced with persons without such relationships. There are limited exceptions to this rule, which our office can explore with you upon request.

¹ The ACCME defines those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Because of the above requirements, the information regarding the disclosure of all financial relationships with ineligible companies from all those individuals involved in planning a CME activity must be received by the Emory CME Office before planning commences to mitigate risk and determine possible strategies to resolve such relationships prior to the planning process.

Planning CME Activities for Physicians

As you plan the CME activity, you must incorporate these ACCME Requirements. As you are working through these steps, ask yourself and the planning team the questions in *italics*.

- Step 1: Identify specific practice gaps and educational needs to inform your planning of topics and selection of speakers. The ACCME defines a practice gap as “the difference between what the professional is doing or accomplishing compared to what is achievable on the basis of current professional knowledge.” *What is the problem you are trying to address with your activity?*
- Step 2: Provide the sources you used to identify these practice gaps and educational needs. These could be newly published clinical practice guidelines or journal articles, quality improvement data, departmental discussion minutes, or other documentation of learner needs. *How do you know the practice gap is present?*
- Step 3: Write specific measurable objectives of what you believe the learners will be able to know how (competence), and/or do (performance), and/or impact (patient outcomes) as a result of your CME activity. These learning objectives should be designed to close the gap you identified in Step 1. *What are you seeking to change?*
- Step 4: Choose an educational format to achieve your objectives and close your identified gap. CME activities should be designed for active learning. Consider utilizing cases, hands on practice, and ancillary tools to help learners realize these goals. *What type of activity do you think will best achieve your goals?*

- Step 5: [Create an evaluation plan](#) to measure learner knowledge, skill, performance, or patient outcomes. *How will you know if you achieved your goals?*
 - Knowledge/competence is typically measured through surveys
 - Performance may be measured through peer observation, submission of case studies, or follow-up surveys about actual change in practice
 - Patient outcomes may be measured through quality improvement data, chart audits, or patient surveys

- Step 6: Link your plan to one of more Institute of Medicine or ACGME [Physician Competencies](#).

Additional Guidance for Planners and Speakers

- Design the educational activity to consider treatment options that are fair and balanced, discussing the pros and cons of each treatment option and considering all options within a class of treatment options when the activity is clinical in nature and pharmacological and/or surgical interventions will be discussed.

- If the activity is focused on new and emerging topics, be sure to include content that advises learners when such data is being presented along with the best available rationale. This must be done so that learners are aware that there may be a low or absent evidence basis for that discussion.

- As faculty are identified for this activity, endeavor to include teachers with good communication skills. Be sure:
 - To suggest that they include active learning components in their presentation, such as cases and simulation.
 - That faculty identify and use ancillary tools or resources that help learners fully implement the intended results for the activity.
 - That faculty are aware of any barriers that might impede realization of the intended results and address or resolve them in their content.