



NORTHSIDE HOSPITAL
Department of Medical Education
CME Planning

ACTIVITY INFORMATION

Title of activity:

Date(s):

Time(s):

Location:

ACTIVITY DIRECTOR

Name:

Professional Title:

Address:

Telephone:

Email:

Administrative Contact:

Administrative Email:

Teaching Faculty Please attach CV.

Name: Title/Credential: Phone:
 Email:

Name: Title/Credential: Phone:
 Email:

Name: Title/Credential: Phone:
 Email:

Additional faculty members attached

TYPE OF ACTIVITY (C3)

Course – symposium, workshop, conference
 (Agenda with speakers, topics, times, must be provided)

Regularly Scheduled Series (Case Conference)
 Frequency: 2/week 1/week 2/month 1/month Quarterly Other

Live Video Conference to [Click here to enter text.](#)

Web Conference (GoToMeeting, etc.) Enduring Material

PERFORMANCE GAP (C2)

State the healthcare quality improvement needs that are addressed by this activity. The difference between what is happening (actual) and what should be happening (ideal). What problem are you trying to solve? (Attach additional pages if necessary.)

EDUCATIONAL NEEDS ASSESSMENT (C2, C3, C6)

Identify the need that exists for this program. How do you know this course is needed? Provide at least two data sources used to identify educational need or clinical practice gap described above. **For the data sources chosen, provide a brief description of the source and the data.**

- Expert Consensus (provide names and description of their input)
- Literature review (provide summary)
- National or local clinical quality, safety or performance data (describe)
- Survey of target audience (provide survey results)
- Prior program evaluations (provide or describe)
- New medical information (describe)
- External requirements such as: (NCQA, JCAHO, CMS, Prof Society, MOC requirements (describe)

- Legislative, regulatory, or organizational changes effecting patient care
- Other:

TARGET AUDIENCE (C4)

- Internal National Local/Regional International

Anticipated # of Participants:

Please select the audience for whom the activity is being planned.

- | | | |
|---|--|--|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Hyperbaric Medicine | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Neurology | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Neuro Surgery | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> ENT/Otolaryngology | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Oncology | <input type="checkbox"/> Surgery CRS |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Surgery General |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Thoracic |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> Pathology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Hospitalists | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Vascular Surgery |
| | | <input type="checkbox"/> All Specialties |

Exhibitors/Vendors: