

Proposed CME Activity NEEDS ASSESSMENT

“Needs Assessment Data and Sources” helps us meet ACCME Criteria 2: *Activities incorporate the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps. Documentation must be provided for any source checked.* Note: sources used must clearly demonstrate how the need referenced is connected to the professional practice gap(s) and educational need(s).
Note, include the documents as attachments to email or send a hard copy when submitting the application form.

Needs Assessment Data and Sources (select two at minimum) C2 *Please indicate how the need for this activity was brought to your attention. Select all that apply and provide supportive documentation for all boxes checked (required). If you cannot provide documentation, do not check that source. Identify which practice gap the documentation supports.*

Proposed Activity TITLE/DATE:

Proposed Activity TARGET AUDIENCE: Physicians representing both urban and rural demographic populations will be targeted. The content scope is to improve knowledge on new developments on imaging, guidelines, and screenings.

1. **Activity Description w/Needs Assessment Statement:** *Please provide a written paragraph from the physician perspective in which you describe the need for this proposed activity at this time and the choice of these particular topics.*

This paragraph should answer the following questions:

- *Why is this activity being planned for this audience? (What do you want the attendees to get from this activity?)*
- *Why were these topics chosen?*
- *Why should this audience attend?*

Expert Needs	Participant Needs	Observed Needs	Environmental Screening
<input type="checkbox"/> Planning committee <input type="checkbox"/> Departmental chair <input type="checkbox"/> Activity faculty <input type="checkbox"/> Expert panels <input type="checkbox"/> Peer-reviewed literature <input type="checkbox"/> Research findings <input type="checkbox"/> Required by a medical school authority <input type="checkbox"/> Required by governmental authority/regulation/law <input type="checkbox"/> Peer Consultation <input type="checkbox"/> Other:	<input type="checkbox"/> Previous related evaluation summary <input type="checkbox"/> Focus panel discussion/interviews <input type="checkbox"/> Needs Assessment Survey <input type="checkbox"/> Other requests from physicians <input type="checkbox"/> Requested by affiliated institutions or physician groups <input type="checkbox"/> Survey of target audience <input type="checkbox"/> Other:	<input type="checkbox"/> Analyses from your Medical Records <input type="checkbox"/> Hospital/clinic QA analyses <input type="checkbox"/> Other clinical observances <input type="checkbox"/> Mortality/morbidity data <input type="checkbox"/> Epidemiological data <input type="checkbox"/> National clinical guidelines (NIH, NCI, AHRQ, etc.) <input type="checkbox"/> Specialty society guidelines <input type="checkbox"/> Database analyses (e.g., Rx changes, diagnosis trends, etc.) <input type="checkbox"/> Insurance Data <input type="checkbox"/> Patient Safety <input type="checkbox"/> Other:	<input type="checkbox"/> Industry Press <input type="checkbox"/> Evidence of offerings from other CME providers <input type="checkbox"/> Lay press <input type="checkbox"/> Direct-to-consumer ads <input type="checkbox"/> Other societal trends <input type="checkbox"/> Other:

ATTACHMENT: Actual Documentation of the needs assessment tool (i.e., survey tool and results, description of cases, requesting physicians' names, or actual journal articles) must be attached