**Speaker Name:**  TYPE SPEAKER NAME  **Activity Date:** MM/DD/YYYY

**Activity Title:** TYPE ACTIVITY and PRESENTATION NAME

**Location of Activity:** LOCATION

This allows speakers to document the professional practice gap/opportunity and serves as supporting documentation and can be used *in place of* a flyer or marketing material.

***Any individual who refuses to disclose relevant financial relationships will be disqualified from this CME Activity***

***Part 1: Biographical Information***

Name (with credentials): TYPE NAME, CREDENTIALS

Title: TYPE TITLE Affiliation: TYPE PRACTICE NAME

Address: PRACTICE ADDRESS City, State: PRACTICE CITY

Email:       Phone: OFFICE PHONE NUMBER

Administrative Contact: ADMIN / OFFICE MANAGER Phone:

Email: ADMIN/ OFFICE MANAGER EMAIL ADDRESS

***Part 2a: Gap Analysis: Why is this discussion needed?***

ENTER GAP

***Part 2b: Gap Analysis: How will this discussion help close the Gap?***

ENTER HOW THE GAP WILL BE CLOSED

***Part 3: Content Information***

Individual Presentation Outlines/Descriptions are required to meet CME Accreditation Requirements.

***If speaking more than once during this activity, complete PART 2 down for each presentation. Use additional copies of this form if needed***

Brief Description of your presentation for the Website: TYPE HERE

***Learning Objectives***

Provide at least two (2) measurable overall objectives for your presentation. After this presentation participants should be able to:

1. TYPE HERE
2.
3.

***Evaluation Questions***

Provide at least two (2) quantifiable questions specific to your presentation that you want the audience to learn, they can be Multiple Choice, Yes/No, True/False or Likert Scaled (Strongly Agree to Strongly Disagree). Provide the answers for each question by typing "(Correct)" after the correct answer where applicable.

1. TYPE HERE

Answer: TYPE HERE

1.

Answer:

1.

Answer:

***References***

One (1) or two (2) for content validation and/or verifying evidence based approach:

1.
2.
3.

***Needs Assessment & Barriers (select all that apply)***

Select the fields that are appropriate:

[ ]  Evidence-based, peer-reviewed literature

[ ]  Outcomes data that supports team-based education

[ ]  Quality care data

[ ]  Issues identified by colleagues

[ ]  Problematic/uncommon cases

[ ]  Ongoing consensus of diagnosis made by physician on staff

[ ]  Advice from authorities of the field or Societies

[ ]  Formal or informal survey results of target audience, faculty or staff

[ ]  Discussions in departmental meetings

[ ]  Government sources or consensus reports

[ ]  Board examinations and/or re-certification requirements

[ ]  New technology, methods or diagnosis/treatment

[ ]  Legislative, regulatory, or organizational changes impacting patience care

[ ]  Joint Commission Patient Safety Goal/Competency

***Barriers (select all that apply)***

Select the fields that are appropriate:

[ ]  None

Provider

 [ ]  Clinical Knowledge/ Skill/ Expertise

 [ ]  Recall/ Confidence/ Clinical Inertia

 [ ]  Peer Influence

[ ]  Motivation

[ ]  Cultural Competence

[ ]  Fear/ Legal Concerns

Team

 [ ]  Roles and Responsibilities

 [ ]  Shared Values and Trust

 [ ]  Communication

 [ ]  Team Structure

 [ ]  Competence

 [ ]  Consensus

Patient

 [ ]  Patient Characteristics

 [ ]  Patient Adherence

System/Organization

 [ ]  Work Overload

 [ ]  Practice Process

 [ ]  Referral Process

 [ ]  Cost/ Funding

 [ ]  Insurance Reimbursement

 [ ]  Culture of Safety

Other

 [ ]  Lack of Opportunity

 [ ]  Not Enough Time