



**CONTINEOUS
MEDICAL EDUCATION
HMC/KGMC

NEED ASSESSMENT FORM**



Program Title:	
Target Audience	Specialty; _____ Type of Professionals; _____ Level of training; _____
Please indicate the core competencies covered	<input type="checkbox"/> Patient care <input type="checkbox"/> Medical knowledge <input type="checkbox"/> Professionalism <input type="checkbox"/> Practice based learning <input type="checkbox"/> System based learning <input type="checkbox"/> Professionalism
Please indicate the activity would address which of the following medical domains	<input type="checkbox"/> Provide Patient Centered Care <input type="checkbox"/> Work in Interdisciplinary Teams <input type="checkbox"/> Employ Evidence-based Practice <input type="checkbox"/> Apply Quality Improvement <input type="checkbox"/> Utilize Informatics

Please state the goal of educational activity.

Provide information about the problem using the following table?

Current Status	Gap	Ideal status

Provide the educational objectives for the learner needs (use the following table)?

S.No.	Learner's Needs	Educational objectives

For CME office only	Application date; _____ Activity code; _____ Number of credits; _____ Approval date; _____ Sig CME Director; _____
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