Wolters Kluwer Health | Lippincott CME Institute

Helpful Hints for Designing Your Article

You may want to use these tools to help plan, draft, and refine your article.

Identifying the Rationale for a CME Article: Moving Learners from "Current Practice" to "Best Practice"

CME-certified articles should be designed to improve physicians' competence or performance. Think about the rationale for your article: what is the difference between current practice and best practice related to your topic? Answer the following questions to help you plan your article and ensure its impact for readers:

1. What is the problem you want to address (in the physician's practice or in the hospital setting) in this CME activity? (*eg, 45% of female patients who are diagnosed annually with ovarian cancer aren't diagnosed or treated until the cancer has reached stage II.*)

2. Why does the problem exist? (eg, *Physicians often mistake the subtle signs and symptoms of ovarian cancer for other pelvic conditions*.)

3. What clinical behavior do you want to change to ensure physicians move from current practice to best practice? (*ie, Physicians should be better distinguish the signs and symptoms of ovarian cancer that are commonly mistaken for other pelvic conditions to facilitate earlier diagnosis and treatment.)*

4. How will this article help learners improve their practice? What strategies (eg, case studies, graphics, quiz questions) will you include in the article?

Content Checklist

This form may help you evaluate your content before submitting it for review.

	My content helps narrow the identified gap in and will improve learners' competence, performance, or patient care outcomes.
	My content addresses the objectives and desired outcomes for this activity.
	My content is accurate, fair balanced, and objective.
	All my clinical recommendations are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications.

	Important data and clinical recommendations are referenced to peer-reviewed sources; all scientific research supporting patient care recommendation conforms to the generally accepted standards of experimental design, data collection, and analysis.
	All recommendations discussed are within the definition of CME* and are not known to have risks or dangers that outweigh the benefits or to be ineffective in the treatment of patients.
	I have obtained permission to use all previously published material (attach documentation).
	All off-label or investigational uses are identified and disclosed.
	Generic names are used consistently. (Brand names, if used, are provided only at first mention.)
	My content is practical and relevant to the learners' expected scope of practice.
	My content and format of delivery are interactive and engage learners in the educational process.
	My content and format of delivery encourage reflection on and application to practice; content includes specific suggestions for how learners should apply what they learn to their practice.
	My content identifies for learners the barriers they may encounter in implementing what they learn, as well as strategies to overcome those barriers.
	My content and its delivery facilitate learners' Maintenance of Certification™, as well as help them address relevant competencies (eg, those of the Federation of State Medical Boards, Accreditation Council for Graduate Medical Education, Institute of Medicine, and their specialty boards).

* CME consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, professional competence and relationships a physician uses to provide services for patients, the public, or the profession. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.