



Center for Continuing Medical Education

Bridging the Gap Between Education and Practice



PLANNING DOCUMENT FOR EINSTEIN SPONSORSHIP AND CME CREDIT APPROVAL FOR REGULARLY SCHEDULED SERIES

Our Mission:
To enhance patient care through education

Date: _____

A regularly scheduled series (RSS) is a serial educational activity, one where the learners meet on a regular, recurring schedule, and where the learners themselves are the provider's staff or affiliates. This application for RSS must be submitted to the Center for Continuing Medical Education (CCME) for review by the CME Advisory Committee. The CME Advisory Committee meets regularly and completed applications must be received by CCME at least two weeks (14 days) prior to the meeting at which it is to be considered and/or prior to the beginning of the calendar year. Applicants are required to read Einstein's CME Guidelines prior to the preparation of this application, giving particular attention to the Conflict of Interest (COI) Guidelines found on Page 3 of our Guidelines for Regularly Scheduled Conferences. **NO CME ACTIVITY WILL BE APPROVED RETROACTIVELY. No first time applications will be approved without attending a brief meeting in the CME Office prior to submitting the application.**

GENERAL INFORMATION:

RSS Activity Title				
Type of Activity	<input type="checkbox"/> Grand Rounds <input type="checkbox"/> Case Conferences <input type="checkbox"/> M&M's <input type="checkbox"/> Tumor Boards <input type="checkbox"/> Journal Club			
Department/Division Sponsoring Activity				
Dates/Location	Start Date _____	Frequency	Location	
	End Date _____			<input type="checkbox"/> Weekly
	Day of Week _____			<input type="checkbox"/> Monthly
	Time _____			<input type="checkbox"/> Other
Intended Audience	Intended Audience: _____ Estimated number of attendees per session _____ and sessions per year _____			
Credit/hours sessions	Number of AMA PRA credit(s) TM requested per session _____			
If jointly sponsored or co-sponsored, identify other entity	Name of Organization _____			
	Address of Organization _____			
	Name of person affecting content* _____			
	Name of person affecting content* _____			
Course Director(s) (must be an Einstein faculty member)	Name* _____			
	Academic title _____			
	Address _____			
	Phone/Fax _____			
	Email _____			
	Name* _____			
	Academic title _____			
	Address _____			
	Phone/Fax _____			
	Email _____			
RSS Coordinator/Administrator	Name* _____			
	Title: _____			
	Address: _____			
	Phone: _____		Fax: _____	
	Email: _____			
Planning Committee	Name* _____	Contact Info: _____		
	Name* _____	Contact Info: _____		
	Name* _____	Contact Info: _____		

*Faculty disclosures required

IDENTIFYING GAPS IN KNOWLEDGE AND/OR PERFORMANCE (Appendix 2: Planning Questions for CME Activity Development; Appendix 3: Desirable Physician Attributes)

In accordance with Einstein’s CME mission, this RSS will need to address either **physician competence** as determined by learner gap analysis or national or specialty society guidelines, specialty credentialing boards, other sources of national priority (i.e. Institute of Medicine); **physician performance-in practice**; and/or **patient outcomes**.

9. To identify these gaps/needs, planners will utilize the following resources:

- Physician Survey (attach survey and/or survey of statistics)
- Previous Evaluations/Outcomes (attach summary results/data)
- Recent Research (attach description of research results)
- Peer Review/Update Course (attach review/update format)
- Self-Assessment(s) tests (attach review/update format)
- Expert Opinion (attach recommendations)
- National Guidelines/Specialty Society Guidelines
- Departmental Requirement
- Institutional Requirement
- Morbidity/Mortality Data
- Medical Audits/QI Reviews (attach audit report)
- Literature Review, Consensus Reports (attach articles and/or reports)
- New Technique/Material (attach description of new procedure and reference)
- Faculty and/or Planning Committee’s Perception
- Other--Describe _____

10. The key to planning according to the ACCME Criteria is to clearly identify the “gap.” The educational or practice gap is based on the difference between what the learners do now (current practice) vs. what you want them to do (best practice). Please complete this chart by carefully stating (1) current practice, followed by (2) the best practice that you intend for the learner to achieve as a result of this activity, followed by (3) the gap, which is the difference between (1) and (2).

(1) Current Practice (what is)	(2) Best Practice (what should be)	(3) The Resulting Gap (intervention to close the gap)
Example: Difficulty associated with delivery of the diagnosis of dementia to the patient and the family	Example: Family and patient accept the diagnosis of AD	Example: Ability to summarize the diagnostic criteria in language that the patient and family will understand

11. Based on resources, state one or more gaps/needs in knowledge or performance for departmental physicians. (Please attach backup for the gaps, such as guidelines, surveys of departmental physicians, literature searches, annual RSS planning notes, etc.)

- 1.
- 2.
- 3.

From this point forward, the function of this RSS is to address and close the gaps you have identified. Please document the sources you have accessed that were the basis of your analysis of current practice and best practice so that they can be reviewed if this activity is audited by the ACCME.

Source for Current or Best Practice or Desirable Attribute	What are the key points in the evidence?	Location of the source (e.g., file name, URL, publication name and date)

TYPE OF RESULTS PLANNED FOR THIS ACTIVITY

12. Einstein’s mission statement and the ACCME require that every CME activity focus on improvement in one or more of the following areas. Please state the focus of your RSS series (check all that apply):
- Competence
 Performance-in-practice
 Patient outcomes

APPLICATION OF DESIRABLE PHYSICIAN ATTRIBUTES TO CME CONTENT

13. Because CME must reflect the public interest, planners are required to consider addressing nationally-established goals for physician core competencies as developed by the Institute of Medicine, Accreditation Council on Graduate Medical Education (ACGME), Association of American Medical Colleges (AAMC), and the American Board of Medical Specialties (ABMS) related to specialty maintenance of certification.

Based on the chart on the following page that lists all of these **related national and prioritized competencies**, please indicate in the 4th column specific areas of content (and the competency number identifier) in your planned CME activity that will address those national competencies.

COURSE PURPOSE AND OBJECTIVES

14. Copy-and-paste the Identified Gaps (from earlier in this document) and the Best Practices (which are actually the desired educational results for this activity) into their respective cells below and write a learning objective (indicates the content of the activity) that links to both the gap and result you intend to achieve (SEE SAMPLE BELOW):

SAMPLE LEARNING OBJECTIVES:

Domain	Examples of appropriately worded learning objectives:
Physician Competence	Stratify your patient’s cardiovascular risks.
Physician Performance-in-Practice	Develop a registry that allows you to manage patients’ cardiovascular risks.
Patient Outcomes	All high risk patients in your practice will have a LDL<100

IDENTIFIED GAP WHAT ARE THE LEARNERS' NEEDS?	BEST PRACTICE/DESIRED RESULTS WHAT YOU WANT LEARNERS TO DO	CONTENT FOCUS LEARNING OBJECTIVES

APPENDIX 3

Desirable Physician Attributes

Institute of Medicine Core Competencies	ABMS (MOC)/ACGME Competencies	AAMC Competencies	Content Reflecting These Competencies in Your CME Activity
<p>1 Provide patient-centered care – identify, respect, and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educated patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of health lifestyles, including a focus on population health.</p> <p>2 Work in interdisciplinary teams – cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.</p> <p>3 Employ evidence-based practice – integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.</p> <p>4 Apply quality improvement – identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.</p> <p>5 Utilize informatics – communicate, manage, knowledge, mitigate error, and support decision making using information technology.</p>	<p>6 Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</p> <p>7 Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care</p> <p>8 Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care</p> <p>9 Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals</p> <p>10 Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population</p> <p>11 Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.</p>	<p>12 Evidence of professional standing, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.</p> <p>13 Evidence of a commitment to lifelong learning and involvement in a periodic self-assessment process to guide continuing learning.</p> <p>14 Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice- related knowledge, and other issues such as ethics and professionalism. Evidence of evaluation of</p> <p>15 performance in practice, including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.</p>	<p>INSTRUCTION: ENTER APPLICABLE NUMBER(S) IN BOX FOLLOWED BY DESCRIPTION OF CONTENT YOU PLAN TO ADDRESS :</p> <ul style="list-style-type: none"> • • • • • • • • • •

SELECTION OF EDUCATIONAL FORMAT APPROPRIATE TO OBJECTIVES AND DESIRED RESULTS

15. Please indicate the educational methods you plan to use in order to achieve the aforementioned objectives. Check the appropriate box under the type of educational methods being utilized.

Teaching Mode: methods appropriate to course objectives.

Check all that apply:

	<u>Knowledge</u>	<u>Skills</u>
Lectures	_____	_____
Case Presentations	_____	_____
Panel Discussion/Q&A	_____	_____
Video or Audio Presentations	_____	_____
Hands-on Lab/Skill Session/Workshops	_____	_____
Monographs/Supplements	_____	_____
Teleconferences	_____	_____
Journals	_____	_____
Other:	_____	_____

BARRIERS/PATIENT SAFETY

16. System Educational Barriers and Opportunities

Planners are encouraged to give consideration to the **system of care** in which the learner will incorporate new or validate existing learned behaviors. Planners must address anticipated barriers that could block implementation (.e.g. formulary restrictions, time not allotted for implementation of new skills, behaviors, insurance does not reimburse for treatments, organization does not support, lack of resources, policy issues within organization, etc.)

- This activity has no relevant system barriers.
- The following barriers have been identified and will be addressed in the educational intervention.

Identified System Barrier	Strategy to Address or Remove the Identified Barrier

17. Patient Safety Considerations

Planners should examine planned activities for patient safety concerns in accordance with the national public interest. Please list issues of patient safety associated with these educational interventions that need to be addressed in this activity.

- There are no patient safety issues applicable to this activity.
- The following patient safety issues will be addressed in the educational intervention.

Identified Safety Issues	Planned Discussion in Activity Content to Address Issues

FACULTY SELECTION

18. **Faculty Selection:** methods by which the faculty will be selected (indicate all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Literature Review | <input type="checkbox"/> Faculty Contacts |
| <input type="checkbox"/> Course Committee | <input type="checkbox"/> Medical Society |
| <input type="checkbox"/> Past Course Evaluations | |
| <input type="checkbox"/> Other: _____ | |

19. **PLEASE ATTACH DRAFT OF THE ACTIVITY**

20. **Commercial Support** – Is this activity supported by industry? Yes No

I have read the standards of commercial support and will ensure that this activity will comply with those standards.

 Course Director's Initials

SELECTION OF EVALUATION TOOLS (Appendix 5: Educational Outcomes Constructor)

21. Evaluations are tools used to determine if the result you intended for learners has actually been achieved. The choice of which evaluation tool to use depends on (1) the goal of the activity (i.e. improve competence, performance or patient outcomes), (2) the mode of education and the applicability of the tool (i.e. live activity, Internet, print) and (3) available resources.

Please select the evaluation tools selected for this series (indicate all that apply):

- | | |
|--|---|
| <input type="checkbox"/> CME Evaluation Form/Survey | <input type="checkbox"/> Focus group |
| <input type="checkbox"/> Interviews with Participants | <input type="checkbox"/> Pre-Post Test |
| <input type="checkbox"/> CME Observer/Monitor | <input type="checkbox"/> Post-Activity Outcome Survey |
| <input type="checkbox"/> Use of QI Data | <input type="checkbox"/> Skills Assessment |
| <input type="checkbox"/> Database Analysis | <input type="checkbox"/> Chart Reviews |
| <input type="checkbox"/> Case Discussions or Vignettes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Learning Contract | _____ |

How do you intend to measure learner changes in relation to competence, performance, or patient outcomes? (see Appendix 5)

- Outcomes Surveys
- Commitment to Change Questionnaire

APPROVED BY:	Fund Number to charge \$950 accreditation fee: _____
_____ Course Director	_____ Date
_____ Chairman or Appropriate Designee	_____ Date
_____ CME Advisory Committee Member	_____ Date
_____ Victor B. Hatcher, Ph.D. Associate Dean for Continuing Medical Education	_____ Date

This application must be returned to:

Audrey Stephens
Center for Continuing Medical Education
3301 Bainbridge Avenue
Bronx, NY 10467
718-920-6674