

PLANNING DOCUMENT FOR EINSTEIN PROVIDERSHIP AND CME CREDIT

APPROVAL FOR REGULARLY SCHEDULED SERIES

**Date:** Click here to enter a 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 meeting in the CME Office prior to submitting the application.**

**GENERAL INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RSS Activity Title** |  | | | | |
| **Type of Activity** | Grand Rounds Case Conferences M&M’s Tumor Boards Journal Club | | | | |
| **Department/Division Sponsoring Activity** |  | | | | |
| **Dates/Location** | Start Date Click here to enter a date.  End Date Click here to enter a date.  Day of Week  Time | | **Frequency:**  Weekly  Monthly  Other | | **Location:** |
| **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 provided or co-sponsored, identify other entity** | Name of Organization |  | | | |
| Address of Organization |  | | | |
| Name of person affecting content\* |  | | | |
| Name of personaffecting content\* |  | | | |
| Name of personaffecting 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 disclosure form required (****Click* [***HERE***](https://www.mecme.org/UploadFiles/20150922%2013-02-54.9504000-406786649.docx) *for form)* | | | | | |

In accordance with Einstein’s CME mission, this RSS will need to address either **physician competence (knowing how to apply knowledge)** 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 (applying knowledge into practice)**; and/or **patient outcomes.**

IDENTIFYING GAPS IN KNOWLEDGE AND/OR PERFORMANCE

1. **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

Epidemiological Data

(attached description of research results

Clinical Observations

(attached review/update format)

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

2.The ACCME requires that all educational activities be based on an identified gap in practice. **A gap represents the**

**difference between a Best Practice and the Current Practice.** It is the difference between what actually occurs and what is ideal or what evidence based practice should be. This is the method by which the learning objectives will be defined and measured.

1. Using the space below describe how you link the planning and development of your RSS to other departmental/institutional performance or quality improvement initiatives.

|  |
| --- |
|  |

1. What has changed in the practice of your specialty over the past year, and would therefore merit educational interventions focused on that issue?

|  |
| --- |
|  |

1. Is there breaking research in your specialty that physicians will find interesting and medically relevant to the quality of care for their patients? What are the educational strategies that will expedite the translation of the research to practice?

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|  |

1. Are there traditional core performance areas in your specialty that are worth reinforcing and updating?

|  |
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|  |

1. What gaps have you identified from your specialty's Maintenance of Certification (MOC) requirements that would merit a single RSS iteration or multiple iterations?

|  |
| --- |
|  |

Click [***HERE***](https://www.mecme.org/UploadFiles/20150821%2012-45-22.1188000-221604987.docx)to review a *GLOSSARY OF TERMS*

**CLINICAL GAPS**

**Examples of Clinical Gaps**

**Note: All specific references are professional clinical gaps of learners for illustration purposes**

|  |  |  |  |
| --- | --- | --- | --- |
| NEED IN GAP | GOOD EXAMPLE | EVIDENCE OF GAP | BAD EXAMPLE |
| Knowledge  Competence  Performance | Referral patterns to orthopedists from PCPs greater than 80% | ***Data Source: as cited in JAMA (Dec 2011, pp. 240-251).*** | PCPs consult orthopedists inappropriately.  ***No data to support gap.*** |
| Knowledge  Competence  Performance | Inadequate recognition of and use of diagnostic testing for common musculoskeletal complaints | ***Data Source:*** ***Mount Sinai utilization data for 2010 <20%.*** | PCPs lack of training about common musculoskeletal disorders.  ***No data to support gap.*** |
| Knowledge  Competence  Performance | Underutilization and misinterpretation of cardiac ultrasound by Emergency Department physicians identified through 2011 quality improvement review | ***Data Source:*** ***Emergency Medicine College of Physician Guidelines.*** | Importance of cardiac ultrasound as a diagnostic procedure.  ***No data to support gap.*** |

**Please Complete**

|  |  |  |
| --- | --- | --- |
| **NEED IN GAP** | **SPECIFIC CLINICAL GAP**  *(Current Practice)* | **EVIDENCE OF GAP**  **Indicate Data Source**  (*copies of sources used must be attached*) |
| Knowledge  Competence  Performance | GAP 1: |  |
| Knowledge  Competence  Performance | GAP 2: |  |
| Knowledge  Competence  Performance | GAP 3: |  |

**PERFORMANCE IN PRACTICE**

Based on the gaps you have identified, what are your learning objectives? *They must be measurable and action-based.* If learning objectives are clearly articulated, they become valid means by which to measure educational outcomes.

Click [***HERE***](https://www.mecme.org/UploadFiles/20150821%2012-53-16.1560000-815207639.docx) for a list of *VERBS FOR WRITING LEARNING OBJECTIVES*

|  |
| --- |
| **COMPETENCE**: Ability to apply the knowledge to a practice-based situation, the degree to which participants *show* in an educational setting *how* to do what the CME activity intended them to be able to do  **PERFORMANCE**: Skills, ability and strategies, learned during the activity that is subsequently implemented in practice; the degree to which participants have implemented changes to their professional practice that resulted (in whole or in part) from the CME activity  **PATIENT OUTCOMES**: A measured change in patient outcomes associated with the implementation of the knowledge and skills learning during the activity; the degree to which the health status of patients improves due to changes in the practice behavior of participants |

**LEARNING OBJECTIVES AND OUTCOMES MEASURES**

**Examples of Learning Objectives and Outcomes Measures**

|  |  |  |
| --- | --- | --- |
| **FOCUS OF OBJECTIVE** | **GOOD EXAMPLE OF OBJECTIVE** | **BAD EXAMPLE OF OBJECTIVE** |
| **Competence** | ***Describe*** recent innovations in XXX ***and*** when they should be appropriately utilized | List 2 recent innovations in XXX |
| **Performance** | ***Identify*** current barriers *and* ***an action* *plan*** to increase screening for and appropriate management of XXX | Increase knowledge of XXX |
| **Patient Outcomes** | ***Explain*** to patients and check for understanding about the reasons for ***and how to*** appropriately monitor HgbA1C levels to improve diabetic blood sugar control | Identify the guidelines for HgbA1C monitoring in patients with diabetes |

|  |  |
| --- | --- |
| **LINK OBJECTIVES TO STATED CLINICAL GAPS**  ***At the conclusion of this activity, participants will be able to:*** | **DESIGNED TO CHANGE** |
| **Clinical Gap 1- Objective:** | Competence  Performance  Patient Outcomes |
| **Clinical Gap 2- Objective:** | Competence  Performance  Patient Outcomes |
| **Clinical Gap 3- Objective:** | Competence  Performance  Patient Outcomes |

**CORE COMPETENCIES TO BE ADDRESSED**

3. As the next step in refining content, planners are required to address nationally-established goals for physician core competencies as developed by the Institute of Medicine (IOM), Accreditation Council for Graduate Medical Education (ACGME), Association for American Medical Colleges (AAMC), and the American Board of Medical Specialties (ABMS). Review the chart below and indicate which of those attributes will be addressed in the content of this CME activity.

**PROFESSIONAL COMPETENCIES**

Core Competencies and Physician Attributes are national goals for physicians associated with the targeted specialty (ies) that should be addressed when planning a CME Activity.

Click [***HERE***](https://www.mecme.org/UploadFiles/20150821%2012-46-48.7456000-815710805.docx)to review a description of *IOM, ABMS/ACGME, AAMC COMPETENCIES*

What physician competencies/attributes will this educational activity address?

|  |  |
| --- | --- |
| Patient-Centered Care | Interdisciplinary & Communication Skills |
| Work In Interdisciplinary Teams | Professionalism |
| Employ Evidence-Based Medicine | Systems-Based Practice |
| Apply Quality Improvement | Evidence of Professional Standing |
| Utilize Informatics | Lifelong Learning |
| Medical Knowledge | Cognitive Expertise (Examination) |
| Practice-Based Learning and Improvement | Performance In Practice |

Indicate content that will address the competencies you indicated:

**SELECTION OF EDUCATIONAL FORMAT APPROPRIATE TO OBJECTIVES AND DESIRED RESULTS**

4. 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:

Lectures

Case Presentations

Panel Discussion/Q&A

Video or Audio Presentations

Hands-on Lab/Skill Session/Workshops

Monographs/Supplements

Teleconferences

Journals

Other:

5. Planners are encouraged to give consideration to the ***system of care*** in which the learner will incorporate new or validate

**BARRIERS, OPPORTUNITIES AND PATIENT SAFETY**

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.)

**BARRIERS**

|  |
| --- |
| This activity has no relevant system barriers. |

The following barriers have been identified and will be addressed in the educational intervention

**System Barriers** *(click all that apply)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Technical Skills |  | Lack of Consensus on Professional Guidelines | | |
|  | Lack of Time to Assess/Counsel Patients |  | Institution Doesn’t Support Educational Efforts | | |
|  | Inadequate Reimbursement |  | Technology Not Available or Inadequate | | |
|  | Lack of Time for Implementation of New Skills or Practices |  | Policy Issues Within Institutions | | |
|  | Resistance to Change |  | Formulary Restrictions | | |
|  | Professional Interpersonal Communications |  | Other, | Please describe: |  |

**Patient Barriers** *(click all that apply)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Level Education | Treatment Related Adverse Effects | | | Patient Non-Compliance |
| Cultural | Economic | | | Third Party Reimbursement |
| Lack of Resources | Other, | Please describe: |  | |

|  |  |
| --- | --- |
| If barriers have been identified, how will they be addressed in your activity? |  |

|  |  |
| --- | --- |
| **SAMPLE ANSWER** | **Patient education requires time and giving the patient an education tool helps solve the problem.** |

**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 have been identified and will be addressed in this activity | |
| **IDENTIFIED PATIENT SAFETY ISSUES** | **PLANNED DISCUSSION IN ACTIVITY CONTENT** |
|  |  |

**COMMERCIAL SUPPORT**

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

Click [***HERE***](https://www.mecme.org/UploadFiles/20150821%2012-52-54.1132000-976127035.pdf)for the *Standards for Commercial Support*

Click [***HERE***](https://www.mecme.org/UploadFiles/20150821%2012-45-40.2148000-949241996.docx)for the *Letter of Agreement for Commercial Support*

7. Evaluations are tools used to determine if the result you intended for learners has actually been achieved. The choice of

**SELECTION OF EVALUATION TOOLS**

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):

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

**How do you intend to measure learner changes in relation to competence, performance, or patient outcomes?**

Outcomes Surveys

Commitment to Change Questionnaire

Click [***HERE***](https://www.mecme.org/UploadFiles/20150821%2012-44-56.3632000-593851957.docx) for *EDUCATIONAL OUTCOMES CONSTRUCTOR*

Click [***HERE***](https://www.mecme.org/UploadFiles/20150821%2012-52-39.0280000-268848947.docx)to review a *SAMPLE CASE STUDY*

**ADDITIONAL DOCUMENT(S) NEEDED FOR PLANNING A REGULARLY SCHEDULED SERIES**

*(CLICK ON DOCUMENT TO DOWNLOAD)*

[***Speaker Schedule***](https://www.mecme.org/UploadFiles/20150821%2012-52-00.7456000-261376155.docx)

**APPROVED BY: Fund Number to charge $1,450 accreditation fee:**

Course Director Date

Chairman or Appropriate Designee Date

CME Advisory Committee Member Date

Victor B. Hatcher, Ph.D. Date

Associate Dean, Center for Continuing Medical Education

***This application must be returned to:***

Audrey Stephens

Center for Continuing Medical Education

3301 Bainbridge Avenue

Bronx, NY 10467

718-920-6674