

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 time 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:** |
| **Sessions** | 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: | |
| *\***The* ***Course Director*** *must be an Einstein Faculty Member or Einstein Alumni. If the Course Director has a Conflict of Interest (COI), the activity must be approved by the CME Director, Victor Hatcher, PhD and a Conflict of Interest Resolution form must be completed before proceeding.*  *\*\** ***Faculty disclosure form required (****Click* [***HERE***](https://www.mecme.org/UploadFiles/20150922%2013-02-54.9504000-406786649.docx) *for form)* | | | | | |

1. **TARGET AUDIENCE OF LEARNERS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hospital-based  physician | Community  physician | Medical student | Resident | Pharmacists |
| Fellow | Nurses | NPs | PAs |  |
| Other (specify): |  | | | |

**Demographics of learners** *(check all that apply)***:** Local Tri-state Regional National International

**Targeted Specialties** *(check all that apply)***:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Allergy &  Immunology | Anesthesia | Cardiology | Dermatology | Emergency Medicine |
| Endocrinology | Gastroenterology | Gerontology | Gynecology | Gynecologic  Oncology |
| Hematology | Infectious Disease | Internal Medicine | Neonatology | Nephrology |
| Neurology | Neurosurgery | Nuclear Medicine | Obstetrics | Oncology |
| Ophthalmology | Orthopaedics | Orthopaedic Surgery | Otolaryngology | Pathology |
| Pediatrics | Plastic Surgery | Physical Medicine &  Rehabilitation | Radiation Oncology | Podiatry |
| Psychiatry | Pulmonology | Radiology | Rheumatology | Surgery |
| Urology | Vascular Surgery | Other*(specify)*: |  | |

**2. PROFESSIONAL PRACTICE GAPS**

A. Brief Description of the **Professional Practice Gaps** that you are trying to resolve ***(maximum 100 words)***

*(include a reference or legitimate source)*

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**3. UNDERLYING EDUCATIONAL NEEDS**

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| --- | --- | --- |
| State the educational need(s) that is the cause of the gap(s)stated above.  ***(maximum 50 words each)***  *E.g. Incidence of wrong site surgery is too high (gap). The underlying educational need is to learn how to implement communication strategies amongst care team members. (Competency need)* | Knowledge need ***and/or***  *(to learn/understand)* |  |
| Competence need ***and/or***  *(know how to use it)* |  |
| Performance need ***and/or***  *(to apply it)* |  |

A. State what this CME activity is designed to change in terms of learners’ competence or performance of patient outcomes ***(maximum 50 words)***

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**4. PROFESSIONAL COMPETENCIES**

|  |  |  |
| --- | --- | --- |
| **ACGME/ABMS Compentencies** | **Institute of Medicine Compentecies** | **Interprofessional Education Collaborative Competencies** |
| Patient Care and Procedural Skills | Provide Patient-centered Care | Values/Ethics for Interprofessional Practice |
| Medical Knowledge | Work in Interdisciplinary Teams | **Roles/Responsibility** |
| Practice-based Learning & Improvement | Employ Quality Improvement | Interprofessional Communication |
| Interpersonal and Communication Skills | Apply Quality Improvement | Teams & Teamwork |
| Professionalism | Utilize Informatics |  |
| Systems-based Practice |  |  |

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

**Indicate content that will address the competencies you indicated:**

|  |
| --- |
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**5. OBJECTIVES**

*Write learning objectives that are applicable for each educational need, target audience [2] and expected results.*

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| OBJECTIVE 1 |
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| OBJECTIVE 2 |
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| --- |
| OBJECTIVE 3 |
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| --- |
| OBJECTIVE 4 |
|  |

Click [***HERE***](https://www.mecme.org/UploadFiles/20150821%2014-28-37.6120000-869698923.docx) for a list of *VERBS FOR* ***HOW TO*** *WRITE LEARNING OBJECTIVES*

**6. EDUCATIONAL FORMAT**

1. **Type of Activity:**

|  |  |  |  |
| --- | --- | --- | --- |
| Course (C) | Internet Live Course (IL) | Enduring Material (EM) | Internet Enduring Material (IEM) |
| Journal-Based CME (JN) | Learning From Teaching (LF) | Committee Learning (CML) | Manuscript Review (MR) |
| Performance Improvement (PI) | Test Item Writing (TIW) | Internet Searching And Learning (ISL) | |

1. **Methods to Engage Learners *(check all that apply, at least one)*:**

|  |  |  |
| --- | --- | --- |
| **Live Courses and/or Conferences:** | | **Enduring Materials:** |
| **Didactic lectures** - Peer-to-peer learning that allows for real-time questions and answers, and direct access to experts in their field  **Case study/review** - Provides an account of an actual  problem or situation an individual or group has experienced  **Group discussion** - Provides an opportunity for learners to  think together constructively for purposes of learning,  solving problems, making decisions and/or improving  human relations  **Formal debate -** Allows controversial topics to be explored  from pro and con points of view, engaging audience response  to debaters  **Question/Answer** - Allows audience to relate personal  issues and queries to subjects discussed  **Clinical simulation** - Provides a standardized method for an  individual or a team of clinicians to develop and/or improve  their individual and team skills in the diagnosis and  management of a patient or clinical situation  **Hands-on Workshop**  Allows for hands-on practice  **Audience response system** (or live audience participation  via smart phone) | | The virtual format allows participants to attend at their convenience. It allows for a highly accurate capture of participants’ outcomes, including increase in knowledge, competence and change in practice.  **Didactic lectures** - Peer-to-peer learning that allows for real-time questions and answers, and direct access to experts in their field  **Case study/review** - Provides an account of an actual  problem or situation an individual or group has  experienced |
| **Other (please describe)**: |  | |

**7. PROCESSES AND ANCILLARY TOOLS TO REINFORCE AND SUSTAIN LEARNING GOALS** *Please check all that apply*

Provide a copy of the ancillary tool(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Email reminder | Sample letters | Patient education cards | Algorithm | Pocket chart |
| Ancillary case study online | | Other *(specify)*: |  | |

**8. BARRIERS TO ACHIEVING RESULTS AND STRATEGIES TO ADDRESS THESE BARRIERS**

**Which of the following barriers have been identified and will be addressed in the educational activity?**

**System barriers *(check 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 *(check all that apply)*:**

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

|  |  |
| --- | --- |
| **What content will address the barrier(s) stated above?** |  |

**9. EDUCATIONAL OUTCOMES MEASUREMENTS**

What tools will be utilized to evaluate this activity *(check all that apply)*?

*CME Evaluation Form/Commitment to Change is mandatory*

|  |  |  |
| --- | --- | --- |
| CME Evaluation Form/Commitment to Change  Interviews with Participants  CME Observer/Monitor  Use of QI Data  Database Analysis (EHR) | | Pre-Test  Post-Test  90 Day Outcome Survey  Skills Assessment  Chart Reviews |
| Case Study | |  |
| Other: |  | |

Click [***HERE***](https://www.mecme.org/UploadFiles/20150821%2014-29-07.8292000-553028674.docx)to review a *SAMPLE CASE STUDY*

**APPROVED BY: Fund Number to charge $1,500 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