

**REGULARLY SCHEDULED SERIES (RSS)  
(GRAND ROUNDS)**

# **GUIDE BOOK**

**2008 - 2010**



**CONTINUING HEALTH SCIENCES EDUCATION**

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4. What data do you have to show the professional practice gap (e.g., gap in knowledge) you described in Question #1 exists for your target audience? (**Provide ATTACHMENTS for each item checked.**)

- Survey (e.g., needs-assessment) of intended learners for this activity
- Practice referral data
- Peer reviewed data
- Committee findings
- Mortality/morbidity statistics
- Recent research / new or updated medical information reported in the literature
- Expert consensus / Faculty opinion / Course director(s) / Experts in the field
- Analysis of previous course evaluations
- Evaluation of overall CHSE program
- Certification, recertification or licensure requirements
- Other:

5. Briefly explain how each **ATTACHMENT** that you provided in Question #4 supports the need for this RSS?

6. If you **did not** check anything for Question #4 how do you plan to show that there is a gap (e.g., gap in knowledge) for this particular group of learners that justifies this RSS?

7. Based on the educational needs of your target audience, what is the appropriate content to cover? Please provide a list of content areas that your RSS will cover.

8. Who is most appropriate to present this content (i.e., faculty)? **MANDATORY**: Attach a printed list of proposed and/or confirmed faculty that includes for each: **Credentials**.

9. Why have you chosen this particular group of presenters/faculty?







## BUDGET WORK SHEET

**Program RSS Session:**

**Program Date:**

ITEM	AMOUNT
Catering and Site arrangements	
<i>Faculty Honorarium</i>	
<i>Faculty Travel</i>	
<i>Source(s) and income for this RSS session (if it is an Educational grant, list name(s) of company):</i>	
<i>Other expenses, please list and provide amount</i>	

**Send this form with the application**  
**PROXY FORM**  
**For RSS Coordinators**  
**UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE**  
**Continuing Health Sciences Education**

The University of Louisville School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME). As an accredited sponsor, Continuing Health Sciences Education (CHSE) is required to maintain appropriate records. By agreeing to be the CHSE designee for this RSS, you agree that you will manage and provide documentation for the following:

Title of Course: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Attend the RSS session and **within one week of the session, I will submit the following:**

RSS session Report Form

Typewritten attendance roster with names, license #, and last 4 digits of the social security numbers of physicians to receive credit. **(Do not include fellows, residents, or other healthcare professionals)**

Tabulated summary of evaluations. **(use the summary form provided)**

Copy of notice, pamphlet, brochure, etc. that advertised this course.

Signed copy of Disclosure Form for each course speaker & all involved in the planning process of this session.

Documentation that any conflicts were resolved **(Copy of the Attestation signed by all speakers/planners who have a conflict of interest).**

Attestation (If a speaker/planner has a conflict of interest)

Copy of the completed "Disclosure to Audience" form

Copy of IUT or disbursement form to show that the department paid the honorarium and travel expenses directly to the speaker. **(No pharmaceutical company is allowed to pay honorarium and expenses directly to a speaker).**

If course is supported by pharmaceutical company, provide a copy of the Letter of Agreement. **Letter of Agreement MUST be completed if pharmaceutical company provides lunch for an RSS session.**

**I understand my role as the University of Louisville Continuing Health Sciences Education proxy.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

E-mail address \_\_\_\_\_

**REPORT FORM**

**(Complete and staple this form on top of your paperwork)**

Name of Department \_\_\_\_\_

Title of the RSS session Presentation \_\_\_\_\_

RSS session Date \_\_\_\_\_

Speaker \_\_\_\_\_

Number of Category 1 Designated Credits \_\_\_\_\_

Total number of physician attendees (**physicians only**) \_\_\_\_\_

Total Number of Fellows, Residents, Students, PhDs, Nurses & others \_\_\_\_\_

Total number of **all** in attendance \_\_\_\_\_

**CHECK THE FOLLOWING (PLEASE DO NOT TURN IN THIS REPORT UNLESS EVERYTHING LISTED BELOW IS INCLUDED)**

\_\_\_\_\_ RSS session Report Form (this form)

\_\_\_\_\_ Typewritten attendance roster with names and last 4 digits of the social security numbers of physicians to receive credit. (***Do not* include fellows, residents, or other healthcare professionals**)

\_\_\_\_\_ Tabulated summary of evaluations. (**use the summary form provided**)

\_\_\_\_\_ Copy of notice, pamphlet, brochure, etc. that advertised this course

\_\_\_\_\_ Signed copy of Disclosure form for each speaker.

\_\_\_\_\_ If a conflict of interest exists (see disclosure) provide documentation that the conflict was resolved - **To resolve conflicts of interest, have the speaker read and sign the Attestation on page 14).**

\_\_\_\_\_ Attestation (If a speaker/planner has a conflict of interest)

\_\_\_\_\_ Copy of pharmaceutical grant check(s)

\_\_\_\_\_ Copy of IUT or disbursement form to show that the department paid the honorarium and travel expenses directly to the speaker. (**No pharmaceutical company is allowed to pay honorarium and expenses directly to a speaker.**)

\_\_\_\_\_ Copy of the completed “Disclosure to Audience Form” or verification that the audience heard the disclosures of the speakers and the planners.

\_\_\_\_\_ If an RSS session is supported by pharmaceutical a company, provide a copy of the Letter of Agreement. **Letter of Agreement MUST be completed & signed by pharmaceutical company who provide lunch.**

Submitted By \_\_\_\_\_ Telephone \_\_\_\_\_

**Please submit form and attachments no later than one week after this RSS session is completed.**



**EXAMPLE OF FLYER****“Management of Anxiety Associated With Psychotic Disorders”**

Monday, March 22, 2004

Department  
 Conference Room ??? Building ???  
 University of Louisville School of Medicine

**Guest Faculty**  
 Feel Better, MD  
 Associate Professor  
 Department of Medicine  
 University of Louisville School of Medicine

**Agenda**

11:45 AM Registration  
 12:00 PM ***“Management of Anxiety Associated With Psychotic Disorders”***  
**Feel Better, MD**  
 1:00 PM Evaluation and Adjourn

**Objectives and Outcomes**

1) Incorporate nutrition in to your practice so that you can counsel your patients regarding healthy eating.

**Target Audience** - psychiatrists and physicians/hospital staff interested in the topic.

**Accreditation Statement** - The University of Louisville School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**Designation Statement** - The University of Louisville designates this educational activity for a maximum of 1 credit of *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Special Services** - To request disability arrangements; call \_\_\_\_\_ at least 10 days prior to the program. The University of Louisville School of Medicine fully complies with the legal requirements of the ADA and the rules and regulations thereof.

**Disclosures** –

Dr. Feel Better has no relevant financial relationships with any commercial interests. **OR**

Dr. Feel Better is on the XYZ pharmaceutical Speaker’s Bureau

**Acknowledgement – NO COMMERCIAL SUPPORT WAS PROVIDED FOR THIS GRAND ROUND**

**OR** If there is a commercial supporter, please use the following statement:

The sponsor gratefully acknowledges \_\_\_\_\_ for supporting this activity.

## DISCLOSURE

### University of Louisville - School of Medicine – Continuing Health Sciences Education (CHSE)

#### (CHSE) - RESOLUTION PERSONAL CONFLICTS OF INTEREST

The University of Louisville has implemented a process where everyone who is in a position to control the content of an education activity has disclosed to us all relevant financial relationships with any commercial interest. In addition, should it be determined that a conflict of interest exists as a result of a financial relationship that you may have, it will need to be resolved before we can move to the next step in planning this CME activity. **If you refuse to disclose relevant financial relationships, you will be disqualified from being a part of the planning and implementation of this CME activity.**

#### Commercial Interest

The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

#### Financial relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

#### Relevant financial relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

#### Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.

**Neither I nor an immediate family member has a personal financial relationship(s) relevant to the content of this CME activity.**

**I or an immediate family member has a personal financial relationship with a commercial interest that could be perceived as a real or apparent conflict of interest within the context of this CME activity (provide specific information below).**

**First**, list the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose, we consider the relevant financial relationships of your spouse or partner that you are aware to be yours.

**Second**, describe what you or your spouse/partner received (ex: salary, honorarium etc). The University of Louisville does **NOT** want to know how much you received.

**Third**, describe your role.

Commercial Interest (company)	What I Received (salary, honorarium, stocks)	My Role (speaker, employment, contract)

Are your recommendations involving clinical medicine based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients?  YES  NO  N/A

In your presentation, does all scientific research, reported or used in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, and analysis?  YES  NO  N/A

I will use only generic names when discussing therapeutic options  YES  NO  N/A

**If no**, you **must** refer to trade names of several companies.

I intend to discuss unlabeled/investigational use(s) of a drug(s) or device(s) in my presentation. ? YES ? NO ? N/A

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ATTESTATION  
Resolution of Conflicts of Interest (COI) For RSS**

**If the RSS director and/or presenters listed conflicts of interest on their disclosures (see disclosure for definition of conflicts of interest), they must read and sign this attestation before beginning to plan, teach, author or present at an RSS.**

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**ATTESTATION: Conflicts of Interest**

Thank you for sending your completed disclosure form in such a timely manner. Upon reviewing your disclosure, we noted that you have listed relationships with commercial companies where there could be a conflict of interest. **Please read, sign, date, and return this Attestation to the RSS coordinator.**

The University of Louisville would like to take this opportunity to remind you that with your signature on this attestation, you are agreeing to adhere to the content validation statements that you checked on the disclosure form.

**In addition, you agree that the following decisions will be made free of the control of a commercial interest: Identification of needs; educational objectives/outcomes; selection and presentation of content; selection of all persons and organizations that will be in a position to control the content of the activity; selection of educational methods; the evaluation of the activity and during your presentation, you will not present information that is commercially biased.**

The intent of this letter is to strengthen the commitment of the University of Louisville Continuing Health Sciences Education to adhere to the Guidelines of the Accreditation Council for Continuing Medical Education (ACCME) regarding content validation, disclosure, conflicts of interest and commercial bias. In order to accomplish these Guidelines, the conference evaluation will ask participants to evaluate the objectivity of your presentation and to identify any perceived commercial bias. If commercial bias is perceived by greater than 10% of the participants, before you will be allowed to speak at a future University of Louisville CME conference, you will be asked to submit your presentation one month in advance of the conference for review and approval by the Continuing Health Sciences Education Advisory Committee.

Thank you for agreeing to speak at this upcoming RSS session and for helping us adhere to the ACCME requirements by reading, signing and returning this letter to us as soon as possible. According to the ACCME Standards for Commercial Support, if you do not return this attestation, you will not be allowed to participate. If you have any questions or need any assistance, please do not hesitate to contact us at (502) 852-5329.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**ALL DISCLOSURES MUST BE PROVIDED TO THE AUDIENCE REGARDLESS OF WHETHER OR NOT THE SPEAKER HAD A RELEVANT FINANCIAL RELATIONSHIP**











