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**University of Louisville**

**Continuing Medical Education**

**Planning Document & Application for**

**CME Programming Contained In A**

**Regularly Scheduled Series (RSS)**

**The University of Louisville CME&PD retains the right to withhold/withdraw/adjust credit at any time, should it determine that the ACCME Essentials, Policies, ACCME Standards for Commercial Support and/or the University of Louisville Continuing Medical Education & Professional Development policies and procedures are not being followed.**

**Preliminary Note: Please read and respond to each question completely; this will ensure compliance with the CME accreditation criteria we are required to follow at the University of Louisville. The Regularly Scheduled Series presented in your application, whether it is grand rounds, case conferences, journal club meetings, or other should be described in general terms, addressing the general medical practice gaps and the general educational objectives pertinent to the discipline and the nature of the meeting. The documentation references should contain generic educational and research data related to the discipline in support of the identified medical practice gaps. This application is for approval of RSS programming between the dates January 1, 2014 through December 31, 2015.**

MCj04106050000[1] **COURSE INFORMATION**

INSTRUCTIONS: **Place your cursor over the “Click here to enter text”, and you may type or cut and paste any amount of material in response to the question. For X answers, hover your cursor over the box and left click. Please provide answers to all questions. Problems? Contact us at 502-852-5329 or** [**klnapo01@louisville.edu**](mailto:klnapo01@louisville.edu)**.**

1. **Department/Organization making request: Click here to enter text.**
2. **U of L Provided Program**

**Jointly-Provided Program (Organization outside of U of L)**

1. **Title of this Regularly Scheduled Series (is this a Grand Rounds, Case Conference, Journal Club or . . . .); name the discipline, and then the type of RSS: Click here to enter text.**
2. **Dates of Regularly Scheduled Series (or indicate “3rd Monday”, “1st Friday”, “weekly on Thursday”, etc.): Click here to enter text.**
3. **Course location (include street address, building, room number or name):  
   Click here to enter text.**
4. **Number of CME credits requested for each event: Click here to enter text.**
5. **Number of Nursing CEUs requested for each event: Click here to enter text.**

MCj04106050000[1] **COURSE CONTACTS**

1. **Name/credential of Course Director: (Note: the course director must be a physician, Ph.D. educator, registered nurse or equivalent medical professional.) Click here to enter text.**

**E-mail: Click here to enter text.  
   
 Telephone: Click here to enter text.**

**Fax: Click here to enter text.**

**Name of Course Coordinator (contact person responsible for filing reports with CME & PD after every event)** Click here to enter text.

**E-mail: Click here to enter text.**

**Telephone: Click here to enter text.  
   
 Fax: Click here to enter text.**

10) **Planning Committee Members – Please list individuals who are planning**

**committee members. (Note: a minimum of three persons is required with at least one physician faculty member. The use of owners and/or employees of ACCME-defined commercial interests as planners and/or faculty is strictly prohibited in CME activities. Planning committee members must provide current disclosures, and the committee should not schedule its first meeting until CME & PD approval has been obtained.)**

|  |  |  |
| --- | --- | --- |
| Planning Committee Member | Telephone Number | E-mail Address |
|  |  |  |
|  |  |  |
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**Date of first Planning Committee Meeting:** Click here to enter text.

MCj04106050000[1] **CONTENT DEVELOPMENT** Click here to enter text.

**11) Screening Criteria: In order to be considered for a Regularly Scheduled Series, all of the criteria listed below must be met. Planners confirm that … (please check each box indicating your planning committee’s acceptance of these continuing education principles)**

1. The content of this RSS will be based on evidence that constitutes “best practices.”Agree
2. Planners have identified a defined gap that exists between current and best practice. Agree
3. This RSS will provide educational content aimed at closing the defined gap to result in improved knowledge, competence, and/or performance, which could result in improved patient outcomes. Agree
4. All of the recommendations involving clinical medicine in this CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.   
   Agree
5. All scientific research referred to, reported on, or used in this RSS will support or justify patient care recommendations that conform to the generally accepted standards of experimental design, data collection, and analysis. Agree

**12) This Regularly Scheduled Series is planned to meet the needs of what groups of practicing healthcare professionals (target audience)? List all groups, beginning with physicians who will most benefit by attending these RSS sessions:**

**Click here to enter text.**

**13) Based on a review of medical practice literature and/or input from an expert panel of physicians in practice and/or previous RSS course feedback, please identify the practice gaps that will be addressed in this RSS series. Also, summarize basis of the learner’s educational gap, the desired results (outcome) you intend to achieve, and the type of gap (educational need) that will be met. See examples in red and place your answers in the gray boxes below.**

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| **EDUCATIONAL GAP**  **current practice**  **(What physicians are not currently doing)** | **WHAT IS BEHIND THE GAP**  **(Why they aren’t doing it)** | **DESIRED RESULTS**  **(Outcomes as best-practice)** | **TYPE OF GAP (The educational need being addressed)** |
| *EXAMPLE STATEMENT:*  *“Physicians are not using the diagnostic criteria to screen pre-school age children for Autism.”* | *EXAMPLE STATEMENT*  *“Literature indicates that at least 25% of physicians have not been educated on the diagnostic criteria for autism screening.”* | *EXAMPLE STATEMENT*  *“Improve patient outcomes by diagnosing and treating autism in patients before they reach pre-school age.”* | *EXAMPLE of GAP*  ***\_X\_Knowledge***  *Clinicians aren’t performing as they should because they lack knowledge.*  ***\_X\_Competence***  *Clinicians may “know” but do not “know how.”*  ***\_X\_Performance***  *Making an interpretation based on what clinicians actually do in practice. Clinical performance may be influenced by knowledge, competence, or by factors external to the individual.* |
|  |  |  | Knowledge  Competence  Performance  Patient Outcomes |
|  |  |  | Knowledge  Competence  Performance  Patient Outcomes |
|  |  |  | Knowledge  Competence  Performance  Patient Outcomes |

**14) Please provide at least three peer-reviewed articles (scientific/medical journals, etc.) that support the Professional Practice Gaps for this Regularly Scheduled Series and include the specific URL Address for each article. For more than three entries, hit “tab” and an additional row will appear.**

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| Peer-reviewed articles that support the Professional Practice Gaps including URLs |
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**15) What procedures were used to identify the existing gaps? Please check all that apply. Documentation for each procedure indicated must be attached.**

Clinical practice data

Quality assurance data

Requirements by state licensing board, specialty societies

Previous course evaluations

Literature search (articles must be cited above in question #14)

Case Studies

Other, please list: **Click here to enter text.**

**16) Based on the desired results described above, list the learning objectives for this group of activities. The learning objectives are the bridge to address the GAP between current practice and best practice, and the objectives should specify the learner result, using action verbs, (those abilities that the learner can expect to achieve by participating in this educational activity).**

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| **As a result of participating in this activity, participants should be able to:**  **1.**  **2.**  **3.** |

**17) How does this regularly scheduled series of learning events match your learners’ scope of practice?**

**Click here to enter text.  
   
  
18) What are the likely and possible educational formats that will be used for this Regularly Scheduled Series (check all that apply):**

Didactic lecture

Question and answer session  
  Skilled demonstration  
  Roundtable discussion  
  Panel discussion  
  Case studies  
  Lab activity  
  Audience Response System  
  Simulations

Internet

**19) Explain how those formats checked in question 18 support the objectives and desired results. Click here to enter text.**

**20) Based on the Maintenance of Certification (MOC) competencies designed by the American Board of Medical Specialties (ABMS), the competencies established by the Accreditation Council for Graduate Medical Education (ACGME), and the desirable physician attributes established by the Institutes of Medicine (IOM), what competency areas will you address in this Regularly Scheduled Series? Check only those that apply.**

**Patient Care** (provide care that is compassionate, appropriate and effective treatment for health problems and to promote health).

**Medical Knowledge** (demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care).

**Practice-based Learning and Improvement** (investigate and evaluate patient care practices, appraise and assimilate scientific evidence and improve practice of medicine).

**Systems-based Practice** (demonstrate awareness of and responsibility for larger context and systems of healthcare; call on system resources to provide optimal care, e.g. , coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions, or sites).

**Professionalism** (demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations).

**Interpersonal and Communication Skills** (demonstrate skills that result in effective communication and teaming with patients, their families and professional associates, such as fostering a therapeutic relationship that is ethically sound; using effective listening skills with non-verbal and verbal communications; working as both a team member and at times as a leader).

**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 educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health).

**Work in Interdisciplinary Teams** (cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable).

**Employ Evidence-based Practice** (integrates best research with clinical expertise and patient values for optimum care; participate in learning and research activities to the extent feasible).

**Apply Quality Improvement** (identify errors and hazards in care; understand and implement basic safety design principles; continually understand and measure quality of care in terms of structure, process and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care with the objective of improving quality).

**Utilize Informatics** (communicate, manage knowledge, mitigate error, and support decision making using information technology).

**21) Each program course director should implement a mechanism to identify and resolve conflicts of interest (COI) by speakers/moderators/panelists prior to the RSS event using the conflict of interest form. CME & PD personnel will review Conflict of Interest disclosures of course directors/planners and coordinators. If there is a perceived conflict of interest, directors/planners and coordinators will recuse themselves from planning, teaching, authoring, coordinating and evaluating an RSS, and replacements should be appointed by the department or organization. The RSS director and/or coordinator (those who have no COI) will review disclosures for speakers/moderators/panelists. If there is a perceived conflict of interest, speakers/moderators/panelists will complete and sign an Attestation form, and their presentation must be peer-reviewed for commercial bias prior to the presentation.** Agree

**22) In order to encourage your learners to implement into their practice, some of the new ideas they have learned by attending this Regularly Scheduled Series, what non-educational strategies will you use? For example, “plan to send reminders to attendees to recall course topics that can be implemented,” or “brief discussion at each session regarding new ideas that have been adopted by peers.” Click here to enter text.  
  
23) Please identify factors outside of a physician’s control that may negatively impact patient outcomes: Click here to enter text.** **24) Please cite at least two educational strategies to remove, overcome or address barriers to physician change. 1) List the barriers that the participants may have in trying to implement the education delivered in this Regularly Scheduled Series (in the gray boxes below, left). Barriers may include: formulary restrictions, insufficient time for implementation of new skills or behaviors, lack of insurance reimbursement, lack of organizational support, lack of resources, policy issues within the organization. 2) Recommend educational strategies (in the gray boxes, right) that you will use at this activity to remove, overcome, or address these barriers.**

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| **ANTICIPATED BARRIER(S) TO PHYSICIAN CHANGE** | **STRATEGIES YOU WILL USE IN THIS ACTIVITY TO ADDRESS THE BARRIER(S)** |
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**25) Will any of the speakers for the sessions within your Regularly Scheduled Series be supported by unrestricted educational grants?  Yes or  No**If yes, the coordinator must arrange for a Letter of Agreement (LOA) between the grantor and the University of Louisville (provider), to be executed prior to the RSS event (signed by the grantor and the UofL). The coordinator then shall provide an accounting of the grant funds (income and expenditures) in the summary report prepared after each RSS event. Providers of grants shall not participate directly in the educational activity (selection of content or speaker), shall not pay honoraria directly to speakers, nor shall they promote or advertise any medical product or device within the meeting space of the RSS event.

Agree

**26) Will any funding be provided for this series (e.g. exhibit fees, support for food to be served at the event) by a commercial organization?**

**Yes or  No**

If yes, the CME & PD “Exhibit/Sponsorship” form must be completed and signed prior to the event and submitted along with the summary report as well as an accounting of the income received and expended.

**This completes your RSS Credit Application. Please be sure you have addressed all items listed below before submitting. Also note the coordinator’s responsibilities as well as the RSS fee payment schedule.**

**Please sign the document and submit as a Word document file to CME & PD (klnapo01@louisville.edu).**

**BEFORE YOU SUBMIT THIS APPLICATION, ARE ALL OF THE FOLLOWING ITEMS ADDRESS OR INCLUDED?**

ALL QUESTIONS ON THE APPLICATION ANSWERED

BOTH CONTACT PERSONS IDENTIFIED AND LISTED

“NEEDS” DOCUMENTATION MATERIALS SCANNED AND ATTACHED

(those items you checked in question #15)

DISCLOSURE FORMS FROM THE REGULARLY SCHEDULED SERIES DIRECTOR, PLANNING COMMITTEE AND COORDINATOR COMPLETED, SIGNED AND ATTACHED. IF THERE WERE ANY DISCLOSURES INDICATED BY ANY OF THESE RSS PRINCIPALS, THEN AN ATTESTATION FORM IS TO BE SIGNED BY THAT INDIVIDUAL PRIOR TO PLANNING THIS RSS AND SUBMITTED WITH THIS APPLICATION.

FINAL NOTES:

REPORTS

The coordinator of the RSS is responsible for reporting all RSS activities at least once per month, no later than the fifteenth (15th) of the following month (receipt deadline). Reports delinquent more than 45 days after the receipt deadline will not be honored, and the CME credit will not be registered for attendees of those meetings. The report for each meeting/event will consist of:

* a report form cover page with coordinator’s signature
* typed attendance roster for each meeting
* summary of evaluations for each meeting
* copy of any promotional materials
* signed disclosure forms for every speaker and panelist, along with

resolution of any conflicts of interest and attestation forms

* accounting of funds from grants or other sources of support
* a CV for each speaker if Nursing CEUs are requested

RSS FEES

The department/organization sponsoring the RSS will be billed for each meeting/event of this RSS series at the rate of $30.00 per session. Invoices will be issued by CME & PD the first week of the month at the end of each quarter (October, January, April, and July) and should be paid within 30 days of receipt. The billing will be based upon receipt of summary reports from each meeting/event.

**X Signature of Regularly Scheduled Series Course Director**

**(*electronic signature is acceptable*)**

**Signature: Click here to enter text.**

**Date:**