


The OCME is required to monitor RSS activities for compliance with the ACCME Essential Areas and Criteria and Standards for Commercial Support. This form and the accompanying documentation are essential to this monitoring process. It is **required** to be completed and returned to the OCME **within 2 weeks of a weekly session and 30 days after a monthly or quarterly series session. Starting July 2, 2013, in order to facilitate monitoring and to effectively address the volume of RSS activities, this form and any supporting documentation, must be submitted electronically. The continued ability to award credits to your participants depends on the return of this form and documentation within the required time period.** If the activity is found to be non-compliant, you will be notified and everything must be brought into compliance by the next session in order to continue awarding credits to participants.

RSS Series Title (Title as listed on the application)		
Session Date		
Sponsorship: <input type="checkbox"/> Direct (UAMS COM Dept/AHEC) <input type="checkbox"/> Joint (not UAMS COM Dept.)		
Series Type: <input type="checkbox"/> Grand Rounds/Lecture <input type="checkbox"/> Journal Club		
 <b>PLEASE NOTE:</b> Grand Rounds/Lecture Series/Journal Club has a brief needs assessment section to complete.		
Course Director:	CME Associate:	
Session Speaker/Presenter: Last Name	First Name:	Credential:
Session Topic:		
Session Attendance (if not using badge swipe):		
#MDs (faculty/fellows/visitors)	#Residents	#Nurses/healthcare team members
Attendance Recording Method:		
<input type="checkbox"/> Badge-swipe		
<input type="checkbox"/> Barcode or Sign-in Sheets – Attached? <input type="checkbox"/> Y <input type="checkbox"/> N If no, please explain		
<input type="checkbox"/> Excel attendance sheet – Attached? <input type="checkbox"/> Y <input type="checkbox"/> N If no, please explain		
Session Announcement attached? <input type="checkbox"/> Y <input type="checkbox"/> N If no, please explain		
<b>Disclosure of Financial Relationships</b> – The Course Director is responsible for ensuring that the completed Disclosure of Financial Relationships forms are collected from all planners and presenters <b>and</b> the information is communicated to participants <b>prior</b> to the content presentation. <b>Please contact the OCME if you are unsure how to perform ACCME compliant disclosure of financial relationship procedures.</b>		
<b>Obtain Disclosure of Financial Relationships Form and Resolution of Conflict of Interest(s)</b>		
1. The CME Disclosure and Attestation Statement form for speaker attached?		
<input type="checkbox"/> Yes <input type="checkbox"/> On file in OCME due to earlier submission <input type="checkbox"/> No. If no & not on file, please explain.		
2. The CME Course Director or Planner(s) reviewed each Disclosure and Attestation Statement(s) prior to the activity and if any conflicts of interest existed, they were satisfactorily resolved.		
<input type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain. COI form attached <input type="checkbox"/> Yes <input type="checkbox"/> No Why?		
3. The CME Course Director or another faculty member was present at the activity session to monitor and/or evaluate the presentation and felt that it was compliant with the UAMS disclosure policy and content statements.		
<input type="checkbox"/> Yes <input type="checkbox"/> No. If not, please explain.		

**MANDATORY - Method of Disclosure** The audience must be given disclosure information **BEFORE** the activity occurs. If the individual has NO financial relationships, the audience must still be informed that NO financial relationships exist.

How were the planners/moderators/speakers financial relationships, or lack of, disclosed to the audience? (select all that apply):

- Individual handouts to the participants, attach copy.
- PowerPoint slide, disclosure sign, announcement or other printed notice at the session. Provide documentation by attaching a copy of method used.
- Annual disclosures by members of the group. (May be used only in case conferences situations.) Attach a copy of the *Annual Disclosure Attestation Statement for a Case Conference*
- Verbally (by permission of OCME only). By whom?  Speaker  Moderator
- Verbal text submitted in advance?  Yes  No. If not, please explain.
- If verbal disclosure did occur, a member of the audience **MUST** complete a copy of the *Verbal Verification and Attestation of Disclosure Statement* form. (Available from the OCME).

**Management of Commercial Support**

- Did this session receive commercial support?  Yes  No
- If yes, you **must** contact the OCME RSS Specialist about the documentation necessary for submission.

Date Submitted



**in 2013/2014: Please continue to p. 3 and complete before submitting. The speaker should be able to supply this information. Thank you!**

<b>Needs Assessment for Session</b> <i>(best completed by the presenter)</i>				
<b>Session Speaker/Presenter:</b>				
<b>Session Topic Title:</b>				
Please answer the following questions about this session presentation:				
<b>What were your learners not doing before that you want them to be able to do after this session?</b> <i>(i.e. Clinicians are not performing routine foot exams on their patients with diabetes.)</i> _____				
<b>Describe why the learners are not doing now what they should be doing?</b> <i>(i.e., Clinicians are unaware of the new clinical guidelines for performing a routine foot exam.)</i> _____				
<b>This is a gap in the learners:</b> (check all that apply, please select a minimum of <b>one</b> ):				
<input type="checkbox"/> Knowledge - <i>being aware of what to do (i.e., Providers don't know...)</i> <input type="checkbox"/> Competence - <i>being able/knowing how to do something (i.e., providers don't know how or have appropriate strategies to do)</i> <input type="checkbox"/> Performance - <i>implementing the strategy or skill/what one actually does (i.e., Providers aren't doing...)</i> <input type="checkbox"/> Patient and/or Systems-level Outcomes				
<b>There is an educational need(s) to:</b> (check all that apply, please select a minimum of <b>one</b> )				
<input type="checkbox"/> Provide clinical, research, administrative or teaching information. <input type="checkbox"/> Recognize need for consultation or appropriate referral to specialty care or services <input type="checkbox"/> Address a patient safety or quality improvement issue. <input type="checkbox"/> Demonstrate new techniques (clinical, research, administrative, teaching) to be learned and adopted by the audience for use in their practice. <input type="checkbox"/> Demonstrate new techniques (clinical, research, administrative, teaching) activity participants will not necessarily master but need to know so that appropriate referral can be considered. <input type="checkbox"/> Provide a review of a subject or a field. <input type="checkbox"/> Other (Specify): _____				
<b>Insert bibliographic list of the references for the session topic:</b> _____				
<b>Key points from these references:</b> _____				
<b>Educational Outcome(s)</b>				
<b>What are the expected outcomes of this session in terms of knowledge, competence, performance, patient outcomes?</b> (Check all that apply)	<input type="checkbox"/> New knowledge <input type="checkbox"/> Acquisition of new skills or techniques <input type="checkbox"/> Acquisition of new protocols, policies, and procedures <input type="checkbox"/> Change in pharmacologic management <input type="checkbox"/> Change in diagnostic approach <input type="checkbox"/> More appropriate referral to specialties or services <input type="checkbox"/> Improve patient outcomes. (Describe): _____ <input type="checkbox"/> Other (Specify): _____			
<b>Learning Objective(s) for this gap: What should a learner be able to do after the session that demonstrates they have gained new knowledge, competence or performance? Important: Write the objectives in measurable terms. Avoid using terms such as understand, know, learn. See <a href="#">verbs for measurable objectives</a>.</b>				
<b>Learning Objective(s)</b>	<b>Knowledge</b>	<b>Competence</b>	<b>Performance</b>	<b>Patient Outcomes</b>
<b>Example:</b> <i>Apply clinical guidelines to perform routine foot exams on patients with diabetes.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>1.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Checklist for Submission of Session Report</b>	
<input type="checkbox"/>	Completed Session Report
<input type="checkbox"/>	Attendance Sheets (if participants did not badge swipe)
<input type="checkbox"/>	Session announcement
<input type="checkbox"/>	Disclosure forms for speaker(s), if not already on file
<input type="checkbox"/>	Resolution of Conflict of Interest form, if applicable
<input type="checkbox"/>	Copy of disclosure of financial relationships, or lack of, to participants (if other than on announcement)
<input type="checkbox"/>	Commercial Support page and documentation, if applicable
<input type="checkbox"/>	Needs Assessment Pages Completed