

## Regularly Scheduled Series Planning Form

### July 1, 2014 – June 30, 2015

**Please submit to TUSM OCE by July 1, 2014. Applications WILL NOT be accepted after this date.**  
**RSS CANNOT BE CERTIFIED RETROACTIVELY**

**All sections of this form must be fully completed in order to receive approval.**

#### Page 1

**TO BE COMPLETED BY RSS ADMINSTRATOR OR COURSE DIRECTOR**

*See reference manual for information on completing this planning form and for examples of best practice.*

**Application Type:**    New RSS\*                       Repeat RSS

\*If this is a new RSS, contact TUSM OCE (contact information at bottom of page) to schedule a training session.

**Credit Requested:**    AMA PRA Category 1 Credit™                       Risk Management Credit (*Please see Risk Management requirements on Page 9*)

**NOTE: TUSM OCE cannot grant AMA PRA Category 1 Credit™ to speakers for their original presentations, but they may claim credit directly from the AMA. Please visit the [AMA](#) for more information.**

**Hospital/Institution:**

**Department/Division:**

**Series Title:**

**Course Director Name and Credentials:**

**Role** [*Chair, Program Director, Chief Resident, etc.*]:

**Email:**

**Telephone:**

**Fax:**

**Administrative Contact Name:**

**Email:**

**Telephone:**

**Fax:**

**Mailing or Interoffice Address:**

**Series Type:**

- |   |   |
|---|---|
| <input type="checkbox"/> Grand Rounds (if you will integrate periodic M&M sessions into this series, please select M&M too)<br><input type="checkbox"/> Case Conference ( <i>series that selects specific cases to discuss each session</i> )<br><input type="checkbox"/> Other, please describe: _____ | <input type="checkbox"/> M&M ( <i>please choose one option below</i> )<br><input type="checkbox"/> All sessions are M&M <input type="checkbox"/> Only ___ sessions are M&M<br><input type="checkbox"/> Journal Club |
|---|---|

**Frequency:**

- Weekly     Bi-weekly     Monthly     Quarterly     Other: \_\_\_\_\_

**Day(s):**

- Monday     Tuesday     Wednesday     Thursday     Friday

**Start Time:** (Note: Credit awarded is based on educational content. 60 minute presentation = 1 AMA PRA Category 1 Credit™)

**End Time:**

**Series Start Date (no earlier than July 1, 2014):**

**Series End Date (no later than June 30, 2015):**

**Anticipated total number of sessions per year (minimum of 4 sessions):**

**RSS Location (building, room #, etc.):**

**Pages 2 – 12**  
**TO BE COMPLETED BY RSS COURSE DIRECTOR ONLY**

*ACCME Criterion 3*

The mission of Tufts University School of Medicine (TUSM) Office of Continuing Education (OCE) is to enhance clinician knowledge and competence; improve clinician performance; and promote lifelong learning for Tufts-affiliated physicians, nurses, pharmacists, and for other health practitioners....The ultimate goal of this endeavor is to improve patient care and health outcomes.

Please indicate how this RSS educational series will align with TUSM OCE's mission above.  
(Check all that apply.)

- Designed to address gaps in quality.
- Designed to disseminate evidence-based knowledge and skills.
- Designed to improve patient health status/metrics.
- Designed to promote team work among health professions by including an inter-professional audience.
- Other, please explain: \_\_\_\_\_

**Planning Process (Check all that apply.)**

*ACCME Criterion 7*

**Who will identify the speakers and topics for your series?**

- Course Director
- Planning Committee Members
- Other, please list: \_\_\_\_\_

**How will speakers be chosen?**

- Expert on topic
- Effective presenter
- Other, please explain: \_\_\_\_\_

**Will there be any input from pharmaceutical and/or medical device manufacturer employees, including suggestion of speakers and/or topics?**

- NO
- YES, please explain: \_\_\_\_\_

**Building Bridges**

*ACCME Criterion 20*

**Are you working with another Tufts department, Tufts-affiliated hospital or an outside organization on an educational initiative related to this activity?**

- YES, please list name(s) of department/hospital/organization: \_\_\_\_\_
- NO

**How will they help with this activity?**

**Target Audience (Check all that apply)**

*ACCME Criterion 4*

- Physicians- Specialty (please specify): \_\_\_\_\_
- Medical students
- Residents/Fellows
- Physician Assistants
- Nurses
- Pharmacists
- Other, please specify: \_\_\_\_\_

**Please note that a \$15 per certificate fee will apply for any non-Tufts affiliated attendees requesting credit.**

## Verification of Identified Learner Needs

### ACCME Criterion 2

**New RSS:** Select at least two methods by which you identified the need for the series.

**Repeat RSS:** You are required to submit the results from the Impact of Education of Outcomes tool used for the 2013-2014 series. You will then only need to provide one additional piece of verification.

**NOTE: Documentation is required for each selection made in this section.**

**\*See Reference A for definitions and examples of documentation.\***

| Learner Identified Needs  | Expert Identified Needs   | Data-based Observations  |
|---|---|--|
| <input type="checkbox"/> <b>Results from Impact of Education on Outcomes tool used for the 2013-2014 series (repeat series only)</b><br><input type="checkbox"/> Needs Assessment Survey (highly recommended)<br><input type="checkbox"/> Focus Group/Discussion<br><input type="checkbox"/> Requested from Relevant Health Care Professionals<br><input type="checkbox"/> Prior Evaluations (examples of requested education in specific areas are required)<br><input type="checkbox"/> Other, please describe:<br><hr style="width: 100%;"/> | <input type="checkbox"/> Changes in National Guidelines (NIH, CDC, IOM, AHRQ, etc.)<br><input type="checkbox"/> Changes in Specialty Society Guidelines<br><input type="checkbox"/> Peer-Reviewed Literature<br><input type="checkbox"/> Current Research<br><input type="checkbox"/> Changes in Regulatory Requirements (Joint Commission, MOC, MA-BORM, etc.)<br><input type="checkbox"/> Planning/Advisory Committee Members<br><input type="checkbox"/> Department Chair/Leadership<br><input type="checkbox"/> Faculty/Professional Groups<br><input type="checkbox"/> Requested by Institution(s) or Healthcare Professional Group(s)<br><input type="checkbox"/> Other, please describe:<br><hr style="width: 100%;"/> | <input type="checkbox"/> QA/QI Data or Dashboards<br><input type="checkbox"/> Departmental Quality Metrics<br><input type="checkbox"/> Publicly reported Performance Data<br><input type="checkbox"/> Database analyses (utilization, practice management, medication Rx, etc.)<br><input type="checkbox"/> Department/specialty case reviews that highlight potential problems<br><input type="checkbox"/> Other:<br><hr style="width: 100%;"/> |

## Professional Practice Gap – M&Ms and Case Conferences

### ACCME Criterion 2

**All certified educational activities should be developed to address and change some aspect of the learners' knowledge, competence, or performance that will result in improved patient care and/or patient outcomes.**

With M&M and Case Conferences, the practice gaps (learner needs) are identified at the actual sessions during discussion and reflection. Please complete a Practice Gap Summary Form after each session and submit to the OCE at the end of each quarter. Please download the form from the link below:

<http://md.tufts.edu/Education/Continuing-Ed-Microsite/RSS-for-TUSM-Affiliates>

## Professional Practice Gap – All Other Series Types

**Do not complete this section if this series is a Morbidity & Mortality or Case Conference (see above).**

**Why are you holding this educational series? Here are some questions to consider when replying:**

- What are the problems/educational needs that you are trying to address in this RSS series?
- What questions in practice are you having that you are not getting answers to?
- What patient problems or patient challenges do you feel that you're not able to address appropriately or to your satisfaction?
- What problems are your patients reporting to you that need more attention or more follow-up?

***(Please note that it is assumed that practitioners need to keep current with regulatory requirements including ACGME, ABMS & MOC. The identified educational gap should meet learner needs that go beyond those regulatory requirements.)***

**Please use the space below to state the practice gap(s) this series will address:**

## Areas for Improvement and Learner Objectives

ACCME Criterion 3



**PLEASE READ THE INSTRUCTIONS AND SEE EXAMPLE BELOW BEFORE YOU PROCEED:**

### INSTRUCTIONS:

- Please check off the area(s) of improvement that your activity series address.
- Then provide a minimum of 2 overall learner objectives using the layout below and as illustrated in the example provided. See *example to the right*: →

*(If you would like to use measurable action verbs not listed below, please refer to our verb worksheet for additional appropriate verbs. Download worksheet here: <http://md.tufts.edu/Education/Continuing-Ed-Microsite>)*

**NOTE: It is assumed that areas of improvement for all CME activities include knowledge. Please note below if your series is designed to achieve a change in competence or competence and performance.**

### EXAMPLE:

**Competence**  
(what learners need to know how to do in practice)

**Competence Learner Objective 1:**  
*As a result of this educational series, learners will be able to:*

Choose a measurable verb below:

- |                                   |                                      |   |
|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Assess   | <input type="checkbox"/> Integrate   | <input type="checkbox"/> Outline                  |
| <input type="checkbox"/> Evaluate | <input type="checkbox"/> Distinguish | <input checked="" type="checkbox"/> <b>Select</b> |
| <input type="checkbox"/> Choose   | <input type="checkbox"/> Compare     | <input type="checkbox"/> Explain                  |

**Complete objective here:**  
*appropriate diagnosis and treatment for a disease.*

**Competence**  
(what learners need to know how to do in practice)

**Performance**  
(what learners need to do in practice)

**Competence Learner Objective 1:**  
*As a result of this educational series, learners will be able to:*

**Performance Learner Objective 1:**  
*As a result of this educational series, learners will be able to:*

Choose one measurable verb below:

Choose one measurable verb below:

- |                                   |                                      |                                  |
|-----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Assess   | <input type="checkbox"/> Integrate   | <input type="checkbox"/> Outline |
| <input type="checkbox"/> Evaluate | <input type="checkbox"/> Distinguish | <input type="checkbox"/> Select  |
| <input type="checkbox"/> Choose   | <input type="checkbox"/> Compare     | <input type="checkbox"/> Explain |

- |                                    |                                |                                   |
|------------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Develop   | <input type="checkbox"/> Apply | <input type="checkbox"/> Perform  |
| <input type="checkbox"/> Interpret | <input type="checkbox"/> Show  | <input type="checkbox"/> Diagnose |
| <input type="checkbox"/> Implement | <input type="checkbox"/> Use   | <input type="checkbox"/> Practice |

Complete objective here:

Complete objective here:

**Competence Learner Objective 2:**  
*As a result of this educational series, learners will be able to:*

**Performance Learner Objective 2:**  
*As a result of this educational series, learners will be able to:*

Choose one measurable verb below:

Choose one measurable verb below:

- |                                   |                                      |                                  |
|-----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Assess   | <input type="checkbox"/> Integrate   | <input type="checkbox"/> Outline |
| <input type="checkbox"/> Evaluate | <input type="checkbox"/> Distinguish | <input type="checkbox"/> Select  |
| <input type="checkbox"/> Choose   | <input type="checkbox"/> Compare     | <input type="checkbox"/> Explain |

- |                                    |                                |                                   |
|------------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Develop   | <input type="checkbox"/> Apply | <input type="checkbox"/> Perform  |
| <input type="checkbox"/> Interpret | <input type="checkbox"/> Show  | <input type="checkbox"/> Diagnose |
| <input type="checkbox"/> Implement | <input type="checkbox"/> Use   | <input type="checkbox"/> Practice |

Complete objective here:

Complete objective here:

**Competence Learner Objective 3:**  
*As a result of this educational series, learners will be able to:*

**Performance Learner Objective 3:**  
*As a result of this educational series, learners will be able to:*

Choose one measurable verb below:

Choose one measurable verb below:

- |                                   |                                      |                                  |
|-----------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Assess   | <input type="checkbox"/> Integrate   | <input type="checkbox"/> Outline |
| <input type="checkbox"/> Evaluate | <input type="checkbox"/> Distinguish | <input type="checkbox"/> Select  |
| <input type="checkbox"/> Choose   | <input type="checkbox"/> Compare     | <input type="checkbox"/> Explain |

- |                                    |                                |                                   |
|------------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Develop   | <input type="checkbox"/> Apply | <input type="checkbox"/> Perform  |
| <input type="checkbox"/> Interpret | <input type="checkbox"/> Show  | <input type="checkbox"/> Diagnose |
| <input type="checkbox"/> Implement | <input type="checkbox"/> Use   | <input type="checkbox"/> Practice |

Complete objective here:

Complete objective here:

## Patient/Systems-level Outcomes

**Is your series designed to change Patient and/or Systems-level Outcomes?**

YES

NO

## Impact of Education on Outcomes

### ACCME Criterion 11

The purpose of this tool is to determine the impact that the education had on clinician practice. Submitted results should demonstrate impact through survey results and/or a narrative explaining the findings using hard data. In some cases, it may be discovered that the education had little to no impact on the learner. This should be a consideration when planning the series for the following year.

Identify how you will measure the relevance and impact of your series on practice application, clinician performance and/or health outcomes. (To be conducted 8-10 weeks after the end of the series.)

You are required to submit results for the selection(s) made.  
Only one measurement tool is required.

|   |   |   |
|---|---|---|
| <b>Knowledge/Competence</b>             | <input type="checkbox"/> Follow-up surveys (Instructions on how to create your survey using Survey Monkey and the survey template is available from the OCE.)<br><input type="checkbox"/> Customized pre- and post-test   | <input type="checkbox"/> Certification exam outcome with analysis of results  |
| <b>Performance</b>                      | <input type="checkbox"/> Learner reports on changes made as a result of the CE activity<br><input type="checkbox"/> Participant focus group about actual change in practice<br><input type="checkbox"/> Track and ID new practices or policies as a result of your series | <input type="checkbox"/> Chart Audits with analysis of results<br><input type="checkbox"/> Case-based studies                       |
| <b>Data Monitoring/Patient Outcomes</b> | <input type="checkbox"/> Quality assessment data/review (departmental, institutional, external) with analysis of results<br><input type="checkbox"/> Claims data/review with analysis of results  | <input type="checkbox"/> Patient satisfaction survey<br><input type="checkbox"/> Morbidity/ Mortality data with analysis of results |
|   | <input type="checkbox"/> Other, please specify:   |   |

## Evaluation: Participant Feedback Forms

### ACCME Criteria 12-15

Participant feedback (evaluation) is conducted immediately post series to measure the learners' *intent to change*. (This is not the same as the outcomes measurement tool, which is conducted at the end of the series and is designed to measure actual changes made to practice.)

Select the frequency with which participant evaluation of sessions will be done:

|   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Each session ( <b>required for all sessions receiving commercial support</b> ) | <input type="checkbox"/> Quarterly |
|---|------------------------------------|

Select the frequency with which evaluation summaries of feedback forms will be done (semi-annually, at minimum):

|   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Semi-annually ( <i>minimum requirement</i> ) | <input type="checkbox"/> Quarterly |
|---|------------------------------------|

## Competencies

### ACCME Criterion 6

Please identify the **primary (select only one)** ACGME/ABMS competency that this series addresses, with a check in the appropriate column.

Please identify up to **two secondary** ACGME/ABMS and any IOM competencies that this series is designed to address: (see reference guide for complete definitions of all competencies)

| <b>ACGME/ABMS Competencies</b>   | <b>Primary<br/>(select only one)</b> | <b>Secondary<br/>(select up to two)</b> |
|--|--------------------------------------|---|
| <p><b><u>Patient Care</u></b><br/>Including: compassionate, appropriate and effective treatment of health problems and/or health promotion.</p>  | <input type="checkbox"/>             | <input type="checkbox"/>                |
| <p><b><u>Medical Knowledge</u></b><br/>Including: established and/or evolving biomedical, epidemiological, social-behavioral knowledge as it applies to clinical medicine.</p>   | <input type="checkbox"/>             | <input type="checkbox"/>                |
| <p><b><u>Practice-Based Learning and Improvement</u></b><br/>Including:<br/> <ul style="list-style-type: none"> <li>• Appraisal of one's own care patterns, knowledge, expertise, and gaps.</li> <li>• Setting goals addressing gaps in one's own practice and implementing changes with the goal of practice improvement.</li> <li>• Information mastery: locating, appraising, and assimilating evidence from scientific studies to apply in own practice.</li> </ul> </p> | <input type="checkbox"/>             | <input type="checkbox"/>                |
| <p><b><u>Interpersonal and Communication Skills</u></b><br/>Including: effective communication with patients, families, other health professionals; effective collaboration/leadership in a healthcare team.</p>   | <input type="checkbox"/>             | <input type="checkbox"/>                |
| <p><b><u>Professionalism</u></b><br/>Including: adherence to ethical principles; integrity; respect for others; responsiveness to patient needs; sensitivity and responsiveness to diverse populations.</p>  | <input type="checkbox"/>             | <input type="checkbox"/>                |
| <p><b><u>Systems-Based Practice</u></b><br/>Including:<br/> <ul style="list-style-type: none"> <li>• Coordination of patient care within healthcare system, with appropriate and effective use of system resources</li> <li>• System-based quality assessment and improvement</li> </ul> </p>  | <input type="checkbox"/>             | <input type="checkbox"/>                |

#### If applicable, check below if your series will also focus on:

|   |
|---|
| <input type="checkbox"/> Provision of patient-centered care   |
| <input type="checkbox"/> Work in interdisciplinary teams  |
| <input type="checkbox"/> Effective use of evidence-based medicine   |
| <input type="checkbox"/> Use of informatics in patient care, clinical decision-making, error reduction, and/or knowledge management |

## Quality Improvement

### ACCME Criterion 21

**Is this series a quality improvement project or process?**

|                             |   |
|-----------------------------|---|
| <input type="checkbox"/> NO | <input type="checkbox"/> YES, please explain: |
|-----------------------------|---|

## Identified Barriers

### ACCME Criterion 18

**What barriers do you anticipate attendees may have that will prevent them from incorporating new knowledge, competence, and/or performance objectives into practice? (Check all that apply)**

|  |  |  |
|--|--|--|
| <b>Clinician Barriers</b>                            | <input type="checkbox"/> Lack of time to assess or counsel patients<br><input type="checkbox"/> Clinician allegiance to old standards/old habits<br><input type="checkbox"/> Insufficient cultural sensitivity in patient interactions<br><input type="checkbox"/> Clinician fear of punishment/malpractice litigation | <input type="checkbox"/> Lack of consensus on professional guidelines<br><input type="checkbox"/> Lack of time to assimilate large amounts of new knowledge<br><input type="checkbox"/> Lack of reinforcement of new professional guidelines<br><input type="checkbox"/> Insufficient data |
| <b>Patient-Based Barriers</b>                        | <input type="checkbox"/> Insufficient adherence to treatment plan <span style="margin-left: 150px;"><input type="checkbox"/> Communication/Language Barriers</span>  |  |
| <b>Institutional Barriers/ Departmental Barriers</b> | <input type="checkbox"/> Policies<br><input type="checkbox"/> Insufficient clinical staff<br><input type="checkbox"/> Insufficient interdepartmental communication/Uniform level of care between departments/sub-specialties   | <input type="checkbox"/> Insufficient administrative support/resources<br><input type="checkbox"/> Insufficient technical resources<br><input type="checkbox"/> Organizational culture/Disorganized systems  |
| <b>System Barriers</b>                               | <input type="checkbox"/> Insurance/reimbursement issues<br><input type="checkbox"/> Insufficient accessibility/availability of treatment   | <input type="checkbox"/> Cost of treatment   |
|  | <input type="checkbox"/> Other, please specify:  | <input type="checkbox"/> No perceived barriers   |

### ACCME Criterion 19

**How will this activity address the identified barrier(s)?**

|   |
|---|
| <input type="checkbox"/> Not applicable – no perceived barriers as noted above.                 |
| <input type="checkbox"/> Not able to address barrier(s) identified above through this activity. |
| <input type="checkbox"/> Activity content will address the identified barrier(s).               |
| <input type="checkbox"/> Other, please specify:   |

## Educational Format(s)

### ACCME Criterion 5

**Identify primary method(s) for teaching that will help your target audience achieve the learner objectives on page 4.**

**Note: use of multiple formats/interactive learning is encouraged.**

|   |   |
|---|---|
| <input type="checkbox"/> Lecture/discussion           | <input type="checkbox"/> Slide/film/video/audiotape |
| <input type="checkbox"/> Case presentation/discussion | <input type="checkbox"/> Video/teleconference       |
| <input type="checkbox"/> Other, please describe:      |   |

## Active Learning Strategies

Active learning strategies help to engage the learner audience

Select active learning strategies to be used:

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Q&A                    | <input type="checkbox"/> Discussion                   | <input type="checkbox"/> Pre- & Post-Test |
| <input type="checkbox"/> Case Presentation(s)   | <input type="checkbox"/> Simulation (e.g. mock codes) | <input type="checkbox"/> Role-play        |
| <input type="checkbox"/> Other, please specify: |   |   |

## Educational Reinforcement Tools

*ACCME Criterion 17*

What educational reinforcement tools will you include in your series to help reinforce what was learned in the activity? These are tools or devices that will help learners transfer learning to their work.  
(Check all that apply)

At the end of the series, please submit a sample or provide a web link for selected reinforcement tool.

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Patient/health care professional reminders  | <input type="checkbox"/> Information posted on website | <input type="checkbox"/> Follow-up emails to participants | <input type="checkbox"/> Posters/signs |
| <input type="checkbox"/> Pocket guides for health care professionals | <input type="checkbox"/> Patient education materials   | <input type="checkbox"/> Other, please specify:           |  |
| <input type="checkbox"/> Web link:                                   |  |   |  |

## Budget/Expenses

Will you have any expenses related to this series (i.e., meals, honoraria, travel, materials, etc.)?

|   |  |
|---|--|
| <input type="checkbox"/> NO expenses related to this series | <input type="checkbox"/> YES (Preliminary budget required. TUSM OCE budget template must be used: <a href="http://md.tufts.edu/Education/Continuing-Ed-Microsite/RSS-for-TUSM-Affiliates">http://md.tufts.edu/Education/Continuing-Ed-Microsite/RSS-for-TUSM-Affiliates</a> )<br><br><p style="text-align: center;"><b><u>Please indicate proposed sources of funding below; check all that apply:</u></b></p> <input type="checkbox"/> Department/division budget <input type="checkbox"/> Institutional support<br><input type="checkbox"/> Federal, public/private foundation grant <input type="checkbox"/> Commercial support (see section below)<br><input type="checkbox"/> Other funding, <i>please explain:</i> |
|---|--|

## Commercial Support

*ACCME Criteria 7-10*

Please note that commercial support for any session or series must fulfill all [ACCME Standards for Commercial Support requirements](#). Please refer to the RSS Reference Manual or our website for detailed information and requirements.

***Please contact TUSM OCE before applying for a grant. All commercial support associated with an educational activity must be given with the full knowledge and approval of TUSM OCE.***

List any funding you intend to apply for, have applied for and/or have been granted. You must provide an estimated budget that reflects funding and itemizes costs. A budget template can be found at <http://md.tufts.edu/Education/Continuing-Ed-Microsite/RSS-for-TUSM-Affiliates>

|  |  |
|--|--|
| <input type="checkbox"/> NO external funding | <input type="checkbox"/> YES (Please list funders below :) |
|  |  |



## Massachusetts Board of Registration in Medicine Requirements

For information on the current Massachusetts 100-hour biennial CME requirements, please read the CME FAQ booklet located under Faculty Resources on our website.

**You may receive MA Risk Management Credit if the RSS meets the criteria below. If only specific sessions within the series meet the criteria, you may still receive this credit for those sessions.**

- N/A
- All sessions in the RSS meet the criteria below
- Only some of the sessions in this RSS meet the criteria below.
  - Please be sure to check off “Risk Management Credit” on Page 1.
  - At the conclusion of the series, please indicate which sessions include Risk Management credit on the finalized schedule.

**MA Risk Management Study means instruction in medical malpractice prevention, such as risk identification, patient safety, and medical error prevention. Please check off any areas that are applicable to your series.**

- Risk identification
- Patient safety
- Loss prevention
- Medical ethics
- Quality assurance/quality improvement
- Medical-legal issues
- Patient relations
- End of life care
- Opioid and pain management
- Utilization review that directly relates to quality assurance/quality improvement
- Non-economic aspects of practice management
- Risk management includes study of the MA Board of Registration in Medicine’s Patient Care Assessment Regulations (243 CMR 3.01 *et seq.*), but does not include study of its other regulations or its procedures or operations.
- Other: \_\_\_\_\_

***NOTE - To obtain MA Risk Management credit for a specific session(s), learner objectives must to be session-specific. Please list them on the Monitor Verification Form, sign-in sheet, and accreditation slides.***

**Each RSS must meet the above criteria and be supported by appropriate documentation to receive risk management credit.**

## Have you included the required attachments with the Planning Form?

**Note: Application will not be processed without these forms.**

Course Director Disclosure

Course Director CV

Planning Committee Members' Disclosures (if applicable)

Planning Committee Members' CVs (if applicable)

Verification of Identified Learner Need Supporting Documentation #1 (Page 3)

Verification of Identified Learner Need Supporting Documentation #2 (Page 3)

Budget Estimate (required only if **YES** is selected on page 8)

Download template: <http://md.tufts.edu/Education/Continuing-Ed-Microsite/RSS-for-TUSM-Affiliates>

2013-2014 Impact of Education on Outcomes Document (*repeat series only*)

Other documents- *please list:*

## COURSE DIRECTOR ACCEPTANCE OF RESPONSIBILITIES

As course director, I have reviewed this application form and responsibilities for *AMA PRA Category 1 Credit™* for the period of July 1, 2014 - June 30, 2015. I attest that the information provided is complete and accurate. I agree to abide by the current ACCME and AMA accreditation requirements for planning, activity implementation and evaluation (including the Standards for Commercial Support) and the TUSM Office of Continuing Education policies and procedures for Regularly Scheduled Series.

**In conjunction with TUSM OCE, I agree to (please check each selection to indicate that you have read and agree to the following):**

Assist in resolving potential conflicts of interest prior to delivery of the educational series.

Conduct peer review of content and course materials to ensure that content is scientifically valid, evidence-based, balanced, and free from any commercial bias (regardless of whether the series itself receives any commercial support).

Disclose to learners: (1) any relevant financial relationships or the absence of a financial relationship, and (2) the source of all commercial support for the educational series.

Verify that disclosure of financial relationships and commercial support or lack of was made known to all participants prior to beginning of the educational series.

Maintain total separation of all educational and promotional activities.

I understand that presenters for this activity may only receive *AMA PRA Category 1 Credit™* for time spent preparing and presenting through direct application to the AMA. For more information, visit the AMA website:

<http://www.ama-assn.org/ama/pub/education-careers/continuing-medical-education/physicians-recognition-award-credit-system/other-ways-earn-ama-pra-category/direct-credit.page>.

I understand that all activities certified by TUSM OCE are subject to periodic audit by TUSM OCE and/or the ACCME.

Course Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Reference A**  
**Verification of Identified Learner Needs**  
**Definitions and Examples of Documentation Types**

| Learner Identified Needs  | Expert Identified Needs   | Data-based Observations<br><i>Note: DO NOT include patient confidential information.</i>  |
|---|---|---|
| <p><b><u>Results from Impact of Education on Outcomes Tool:</u></b> An Impact of Education on Outcomes tool is required to be used at the completion of the series to measure the impact of the education on physician change. (See page 5). Submit summary of previous year's results if your series is a repeat.</p> <p><b><u>Needs Assessment Survey:</u></b> This is a pre-scanning of the registered or anticipated audience to determine what topics or gaps in knowledge the audience is most interested in addressing. Submit a summary of the results.</p> <p><b><u>Focus Group/Discussion:</u></b> This is a learner-based group that meets and determines areas where they need more education. Submit meeting minutes or a meeting summary indicating areas of education needed.</p> <p><b><u>Requested from Relevant Health Care Professionals:</u></b> This may be informal unless there is some sort of annual polling by the department to see what areas health care professionals are interested in receiving more education. There could be ongoing requests to department chair/leadership by the health care professionals to focus on particular areas; multidisciplinary approach; new therapies; use of new equipment. Submit a written statement by the course director indicating needs and how they were determined.</p> <p><b><u>Prior Evaluations:</u></b> Evaluation of the previous series held or evaluations done independent of the series to determine areas of educational need. Submit an evaluation summary that indicates examples of requested education in specific areas.</p> | <p><b><u>Changes in National Guidelines:</u></b> Submit a copy of national guidelines indicating the specific change along with any recommendations on education addressing these changes.</p> <p><b><u>Changes in Specialty Society:</u></b> Submit a copy of the society guidelines indicating the specific change along with any society recommendations on education addressing these changes.</p> <p><b><u>Peer-Reviewed Literature:</u></b> Submit the journal article(s) that was reviewed/referenced/analyzed and points to the educational need.</p> <p><b><u>Current Research:</u></b> Submit articles or summary of what the current research has found to be a learning gap or why the current research creates a need for education in this area.</p> <p><b><u>Change in Regulatory Requirements:</u></b> Submit a copy of this change and any recommendations for education to address these changes (e.g., Joint Commission, MOC, etc.).</p> <p><b><u>Planning/Advisory Committee:</u></b> This is a group of people (generally a multidisciplinary group) that meets to discuss various topics. Through discussion of various topics, gaps in practice are identified. Submit a copy of meeting minutes or a summary of the meeting noting areas of need that were discussed.</p> <p><b><u>Department Chair/Leadership:</u></b> This is one or two people who have determined the educational needs for the department. Submit a written statement by the course director/department chair/leader indicating needs and how they were determined.</p> <p><b><u>Faculty/Professional Groups:</u></b> This is an expert-based group with a specific focus. Submit a summary stating how this group identified a need for education in this area and their recommendations for education.</p> <p><b><u>Requested by Institution(s)/Health Care Professional Group(s):</u></b> An overseeing body has determined that there is a need for education in a particular area and has requested or mandated that education be provided to address this need. Submit a copy of the policy or request memo that requires this meeting be held and explains why.</p> | <p><b><u>QA/QI Data or Dashboards:</u></b> Submit a copy of the data along with an explanation of the areas that need improvement.</p> <p><b><u>Departmental Metrics:</u></b> Submit a summary of the data along with an explanation of how the data demonstrates area(s) in need of improvement.</p> <p><b><u>Publicly Reported Performance Data:</u></b> Submit a summary of the data along with an explanation of the area that need improvement that the data points to.</p> <p><b><u>Department/specialty case reviews/Database Analyses:</u></b> e.g., utilization, practice management, medication, etc. Submit a summary of the data along with an explanation of the areas that need improvement</p> <p><b><i>NOTE: For data-based observations, a summary of the data should be submitted in lieu of the actual data.</i></b></p> |

## Reference B

### Accreditation Criteria

**Criterion 1:** The provider has a CME mission statement that includes all of the basic components (CME purpose, content areas, target audience, type of activities, expected results) with expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program.

**Criterion 2:** The provider incorporates into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps of their own learners.

**Criterion 3:** The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

**Criterion 4:** The provider generates activities/educational interventions around content that matches the learners' current or potential scope of professional activities.

**Criterion 5:** The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.

**Criterion 6:** The provider develops activities/educational interventions in the context of desirable physician attributes [eg, Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies].

**Criterion 7:** The provider develops activities/educational interventions independent of commercial interests. (SCS 1, 2, and 6).

**Criterion 8:** The provider appropriately manages commercial support (if applicable, SCS 3 of the ACCME Standards for Commercial Support).

**Criterion 9:** The provider maintains a separation of promotion from education (SCS 4).

**Criterion 10:** The provider actively promotes improvements in health care and NOT proprietary interests of a commercial interest (SCS 5)

**Criterion 11:** The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions.

**Criterion 12:** The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

**Criterion 13:** The provider identifies, plans and implements the needed or desired changes in the overall program (eg, planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission.

**Criterion 14:** The provider demonstrates that identified program changes or improvements, that are required to improve on the provider's ability to meet the CME mission, are underway or completed.

**Criterion 15:** The provider demonstrates that the impacts of program improvements, that are required to improve on the provider's ability to meet the CME mission, are measured.

**Criterion 16:** The provider operates in a manner that integrates CME into the process for improving professional practice.

**Criterion 17:** The provider utilizes non-education strategies to enhance change as an adjunct to its activities/educational interventions (e.g., reminders, patient feedback).

**Criterion 18:** The provider identifies factors outside the provider's control that impact on patient outcomes.

**Criterion 19:** The provider implements educational strategies to remove, overcome or address barriers to physician change.

**Criterion 20:** The provider builds bridges with other stakeholders through collaboration and cooperation.

**Criterion 21:** The provider participates within an institutional or system framework for quality improvement.

**Criterion 22:** The provider is positioned to influence the scope and content of activities/educational interventions.