

APPLICATION / RENEWAL FORM FOR YEARLY SERIES OF ROUNDS and OTHER REGULARLY SCHEDULED SERIES

A regularly scheduled Series (RSS) is defined as an activity that is planned to have:

- a series with multiple sessions that
- occur on an ongoing basis (offered weekly, monthly, or quarterly) and
- are primarily planned and presented to the accredited organization's professional staff.

Title of Activity (RSS)				
Location	Day Of The Week	Time	Frequency	Length In Time
Physician Chair	Mail Code	E-Mail Address	Phone	
Series Coordinator	Mail Code	E-Mail Address	Phone	

Program Chair disclosure. YES NO
(Must be completed prior to accreditation of the course)

Will commercial support be received for this activity? YES NO
If yes, "Letter of Agreement" forms MUST be completed to document the balance, independence, objectivity and scientific rigor of the activity. Additionally, you must complete an accounting of the income and expenses related to commercial support.

How will commercial support be communicated to the participants?
 Verbally In writing

Please complete the following planning process for this series. The sections should be completed considering the planning process for the year-long series as a whole.

As conference chair, I will ensure that this series complies with the ACCME Standards for Commercial Support and the SIU SOM Honorarium Policy.

Chair Signature

Date

***Please complete and return to:
Continuing Medical Education
SIU School of Medicine
PO Box 19602
Springfield, IL 62794-9602
Fax: 217-545-4413***

Core Competencies and Physician Attributes

Which of the following competencies is the activity designed to improve? Check all that apply.

- Patient-centered care: improving the effectiveness of care; respecting diversity, providing compassionate care, sharing informed decision-making; serving as a patient advocate. (IOM, ACGME)
 - Professionalism: showing and promoting compassion, integrity, and respect for others, being accountable to patients and the profession. (ABMS, ACGME)
 - Interdisciplinary teams: facilitating collaboration with other members of the health care team to ensure that care is coordinated, continuous, and reliable. (IOM)
 - Interpersonal & Communication Skills: Facilitate the effective exchange of information and collaboration with patients, their families, and other health professionals. (ABMS, ACGME)
 - Evidence Based Practice: integrating research with clinical expertise and patient values for optimum patient care. (IOM)
 - Quality Improvement: identifying medical errors and hazards in patient care; using this information to change processes and systems of care, with the objective of improving quality of care (ABMS, IOM)
 - Practice Based Learning & Improvement: presenting information and education that emphasizes constant self-evaluation and life-long learning; incorporating formative evaluation feedback into daily practice. (ABMS, ACGME)
 - Informatics: Utilizing information technology to improve communication and support decision-making systems. (IOM, ACGME)
 - Systems Based Practice: Demonstrating an awareness of and respect for the larger context and system of health care. (ABMS, ACGME)
 - Medical Knowledge: helping learners become aware of established or evolving clinical and research data and explaining how this information can be applied to the improvement of patient care. (ABMS, ACGME)
 - Patient Safety: (ABMS)
 - Other Specialty Board Competencies: *Specify*
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Identified and/or Potential Barriers

What potential barriers do you anticipate participants may encounter in incorporating the new knowledge, competency, performance and/or skill into practice?

- Lack of time
- Patient compliance
- Lack of administrative support or resources
- Cost
- Insurance or reimbursement
- Lack of consensus on professional guidelines
- No perceived barriers
- Other _____

Are there other initiatives within SIU School of Medicine working on this issue? Are there other external organizations working on this issue? (IDPH, Rural Health Association, Illinois Hospital Association, Illinois State Medical Society, Memorial Medical Center, St. John's Hospital, etc.)

In what ways could we include these internal or external groups in our CME activity to help us address or remove the identified barriers?

Are there non-education strategies that are currently being used that address this issue? If no, what kinds of non-educational strategies could be used to address this issue? (Examples: sending reminders about techniques or information discussed at a CME activity; patient surveys, a physician "report card" or peer feedback)

___ Patient education cards

___ Reminders

___ Other: _____

Evaluation and Outcomes

How will this activity be evaluated for its effectiveness?

Based on the desired outcomes, i.e., changes in competence, performance, or patient health care outcomes, which methods of evaluation will be used?

Knowledge/Competence

- Evaluation form for participants (required)
- Audience response system (ARS)
- Customized pre and post-test
- Physician and/or patient surveys
- Other, specify:

Performance – This may be obtained from actual data or from post course self-assessment by the attendees

- Adherence to guidelines
- Case-based studies
- Customized follow-up survey/interview/focus group about actual change in practice at specified intervals
- Chart audits
- Direct observations
- Other, specify:

Patient/Population Health – This may be obtained from actual data or from post course self-assessment by the attendees

- Observe changes in health status measures
- Observe changes in quality/cost of care
- Measure mortality and morbidity rates
- Obtain patient feedback and surveys
- Other, specify:

GUIDELINES FOR REGULARLY SCHEDULED SERIES

1. At the end of the first quarter of the fiscal year (September 30), please send the following documents to the CME office. We will review the files. If all is in order, you will submit your materials for the remainder of the year at the end of the fiscal year (June 30). If your documentation is incomplete or incorrect, you will be required to submit materials at the end of each quarter (December 31, March 31, and June 30).

A. Faculty Disclosure Forms: Each presenter must complete a disclosure form.

If a speaker has a financial relationship to disclose, the speaker's presentation should be reviewed by the round's chairperson, or designee, prior to the presentation to determine if a conflict exists. If bias is found, the speaker should be notified to modify his or her presentation.

Disclosure of Interest to the audience is required at each session. The easiest way to accomplish this is to include the disclosure in the promotional materials, e.g., “Dr. Maslow states that she has nothing to disclose” or “Dr. Johnson states that he owns stock in Jackson Pharma.” If you have questions about what needs to be disclosed visit our website: www.siumed.edu/cme for the disclosure policy.

- B. A copy of the promotional materials for session.**
- C. A copy of the evaluation for each session** (Each session of a grand rounds with a different speaker and topic each session should be evaluated; case-based activities can be evaluated quarterly.)
- D. If outside support** was provided, please forward a completed **Letter(s) of Agreement**, either one provided by CME, or companies' own letter of agreement.
 - a. Outside support from industry, pharmaceutical or device companies must be acknowledged to participants either in advance or at the time of the activity.
 - b. Educational grants are separate from display fees. Funds for displays should also be announced and documented.
 - c. **EXAMPLE: Support** for this activity is provided by an educational grant from
 - d. **NOTE:** Companies that provide support should not be listed as “sponsors”, they are supporters.
- E. A Financial Summary** for the quarter should be turned in if grant funds were collected or dispersed.

ACTIVITY ANNOUNCEMENTS

Please note that **ALL promotional materials, including email notices and printed fliers**, must include the following statements:

ACCREDITATION STATEMENT

SIU School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

SIU School of Medicine designates this educational activity for a maximum of X.X **AMA PRA Category 1 Credit(s)**[™]. Physicians should claim credit commensurate with the extent of their participation in the activity.

This activity is sponsored by SIU School of Medicine.

We also recommend that you include the following if space permits:

DISCLOSURE POLICY

It is the policy of SIU School of Medicine, Continuing Medical Education, to ensure balance, independence, objectivity and scientific rigor in all its educational activities. All faculty participating in this activity are expected to disclose to the audience any financial interest or other relationship he/she has with the manufacturer(s) of any commercial product(s) discussed in an educational presentation.

Dr. _____ states that she has nothing to disclose OR Dr. _____ states that she is on a speaker's bureau for _____.

Rounds Session Planning Form Continuing Medical Education (CME)

Please complete this form for each session.

Course Number _____

Date _____

Topic _____

1. What professional practice gap is being addressed?

2. Why does this gap exist? Is there a gap in:

- Knowledge – is there a deficit in awareness and understanding?
- Competence – is there an issue with the ability to apply knowledge, skills and judgment in practice?
- Performance – is there an issue with what one actually does in practice?

3. How was this topic determined? Check applicable reasons and supply examples if available.

- Request from attendees _____
- Evaluation suggestions _____
- Case conferences _____
- Current research _____
- Quality assurance issues _____
- Patient safety topics _____
- Hospital data _____
- Community health issues _____
- Specialty Board competency issues _____
- Other _____

4. List at least one objective for this session.

(Example: The intended result of this activity is increased knowledge/competence, and at the conclusion of this activity, attendees will be able to)

5. Financial summary

Was an educational grant from industry obtained for this conference? ____ Yes ____ No
If yes, please submit the letter(s) of agreement and a categorical financial summary of how funds were used such as honoraria, travel, refreshments, printing, etc.

Were separate display fees collected? ____ Yes ____ No