

# Regularly Scheduled Series (RSS) CME Application & Planning Worksheet for 2020

## General Information

This is an application for a Regularly Scheduled Series (RSS) for *AMA PRA Category 1 Credit™*. Once accreditation is received for the activity, the RSS's accreditation will be applicable for **three years as long as the activity is considered to be in good standing with the CME Office**. This accreditation term is conditional upon receipt of required information annually. This CME application and planning document will be completed **every 4th year** in order to renew the RSS accreditation status for another term.

The CME planning process is based on criteria of the Accreditation Council for Continuing Medical Education (ACCME) and sound adult learning principles. The St. Vincent Hospital CME Office has the responsibility for assuring that CME activities meet these requirements. This application is an essential step that will guide you through the planning process. Each section references a letter/number (e.g., C5) which refers to the relevant ACCME Criterion. For more information on the ACCME criteria, refer to the [ACCME Essential Areas and their Elements](#).

**You will need the lock/unlock command on your customized Quick Access Bar** to open various boxes to insert information. To add this function, go to Customized Quick Access Toolbar, More Commands, then choose from all commands dropdown. Look for lock and add it to your customized Quick Access Toolbar to easily toggle between lock/unlock to fill in the form.

**Except where noted, all sections must be completed.** Once complete, save the document on your desktop and email it to your contact in the CME office.

<b>Contact and Activity Information</b>		
Date Submitted:	<b>Support Staff Contact in your office for activity questions, follow up info and further info.</b> (name, email, phone, title):	
Hospital / Department/ Organization		
Proposed Activity Title:		
Proposed length of activity ( <i>Agenda required for approval of activities with multiple presentations</i> ): Hours	Estimated number of participants: <input type="checkbox"/> 10 or less <input type="checkbox"/> 10 – 30 <input type="checkbox"/> 30+	
Proposed Activity Start Date:	Time (if live event):	Location (if live event):
Frequency: <input type="checkbox"/> 1/Week <input type="checkbox"/> 2/Week <input type="checkbox"/> 2/Month <input type="checkbox"/> Quarterly <input type="checkbox"/> Other:		
<b>Planning Team</b> ( <i>Insert rows as needed</i> ) <b>If your name is listed here, you must submit a disclosure form and have it current and on file with the CME Office. Disclosures are done yearly or if there is a disclosure change.</b>		<b>C7</b>
Name (Course Director): Affiliation: Title:	Name: Affiliation: Title:	
Name: Affiliation: Title:	Name: Affiliation: Title:	
Name: Affiliation: Title:	Name: Affiliation: Title:	

Name: Affiliation: Title:	Name: Affiliation: Title:
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## Planning Process

The CME planning process is based on a foundation of needs assessment which serves to identify professional practice gaps of the intended audience, articulate the needs, and outline the objectives and expectations necessary to design learning activities that will change competence, performance, and/or patient outcomes. This process can be visually depicted as follows:



STEP 1 - What problem(s) or opportunities for improvement will be addressed with this series or what is your gap/goal for the next year?		C2, C3, C5
Please list problems or opportunities for improvement that this series is attempting to address throughout the next year?	Why do these problems exist?	

STEP 2 – Needs Assessment (Identify Sources) - Document why the problem exists or how the problem was discovered.		C2
<input type="checkbox"/> New methods of diagnosis or treatment <input type="checkbox"/> Availability of new medication(s) or indications <input type="checkbox"/> Development of new technology <input type="checkbox"/> Peer-reviewed literature <input type="checkbox"/> Data from outside sources (e.g., public health statistics, epidemiology data) <input type="checkbox"/> Survey of target audience <input type="checkbox"/> Quality assurance/audit data <input type="checkbox"/> Professional society guidelines <input type="checkbox"/> Consensus of experts (provide summary)	<input type="checkbox"/> Relevant data from previous evaluations (attach evaluation summary with relevant data highlighted) <input type="checkbox"/> Focus groups/interviews (provide summary of results) <input type="checkbox"/> Pre-program survey of target audience(attach summary of description) <input type="checkbox"/> Other physician requests (provide explanation or summary) <input type="checkbox"/> Other (specify):	

<b>STEP 3 – What will the educational intervention be designed to change this year?</b>		<b>C2, C3, C5, C6, C10, C11, C16, C22</b>
<i>Objectives are the take-home messages following the activity and describe what the learner should be able to accomplish after completing the CME activity. They must be specific, measurable and bridge the gap between the identified problem(s) and desired outcomes. Consider: What should learners be doing? What should learners not be doing? What should learners understand?</i>		
<b>Learning Objectives – Finish the statement: At the completion of this activity participants should be able to:</b>	<b>How will you know if your learner’s competence/performance or patient outcomes were impacted by these educational objectives?</b>	
1.	<input type="checkbox"/> Subjective data – participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data,	
2.	<input type="checkbox"/> Subjective data – participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data,	
3.	<input type="checkbox"/> Subjective data – participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data,	
4.	<input type="checkbox"/> Subjective data – participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data,	
5.	<input type="checkbox"/> Subjective data – participants will self-report changes <input type="checkbox"/> Objective data - chart pulls, QI data,	

<b>STEP 4 - What educational approaches will produce changes identified above?</b>		<b>C5</b>
<i>The format for the activity should be based on good adult learning principles.</i>		
<b>Format</b>		
<i>(Select all that apply by placing an X in the appropriate box)</i>		
<input type="checkbox"/> Lecture <input type="checkbox"/> Q&A Session(s) <input type="checkbox"/> Panel Discussion <input type="checkbox"/> Case Presentation <input type="checkbox"/> Case Discussion <input type="checkbox"/> Audience Response System	<input type="checkbox"/> Small Group Discussion <input type="checkbox"/> Problem-Solving <input type="checkbox"/> Laboratory Activity <input type="checkbox"/> Simulation <input type="checkbox"/> Demonstration <input type="checkbox"/> Brainstorming <input type="checkbox"/> Other (Describe):	

<b>STEP 5 - CME ACTIVITY EVALUATION AND OUTCOMES REPORTING</b>	<b>C11</b>
<p><b>ISMA/ACCME guidelines require that educational activities are assessed; data is collected, summarized and analyzed to ensure that the educational interventions are in line with the provider's CME Mission. The CME Office will require the CME activity planning team to provide a summary of the data</b></p> <p><input type="checkbox"/> I will ensure that data collected for this educational intervention via the methods indicated above will be provided to the CME Office in the form of a summarized outcomes report. <i>Please see CME office staff for specific guidelines.</i></p>	
<p align="center"><b>HOW WILL THE EVALUATION(S) BE USED?</b> Check all that apply</p>	<b>C3, C19</b>
<p><input type="checkbox"/> The Activity Director will review the evaluation(s) to determine whether objectives and desired changes were met.</p> <p><input type="checkbox"/> Feedback will be provided to the presenters</p> <p><input type="checkbox"/> The evaluations will be used in planning future CME activities (e.g., topics, presenters, format)</p> <p><input type="checkbox"/> Barriers to change will be identified and addressed in future CME activities</p> <p>Other:</p>	

<b>STEP 6 - How does this activity align with the mission of the St. Vincent Hospital CME Program?</b>	<b>C1, C3, C12</b>
<p><i>The CME program will design activities to effect change in physician competence, performance or patient outcomes. It is expected that participating physicians will report greater confidence in their approach to clinical problems or describe how they will change their behavior and apply newly acquired strategies into their practice (competence). Additionally, it is expected that physicians will demonstrate or report how they have implemented changes in their practice (performance). Planned methods of measurement include customized evaluation tools (related to the objectives and identified need of the specific activity) completed at the conclusion or within identified timeframes of activities. The CME Office will continue to identify opportunities to measure patient outcomes as it relates to content delivered during CME activities.</i></p>	
<p>Select all that apply by placing an X in the appropriate box.</p>	
<input checked="" type="checkbox"/>	Designed to produce changes in physicians resulting in improved knowledge and competence (ability to apply knowledge, skills, and judgment in practice ( <b>knowing how to do something</b> ))
<input type="checkbox"/>	<b>Do Not Use This Box Unless You will be providing documentation of improvement.</b> Designed to produce changes in physicians resulting in improved performance (The degree to which participants do what the activity intended them to do. <b>Performance is competence put into practice.</b> )
<input type="checkbox"/>	<b>Do Not Use This Box Unless You will be providing outcome documentation.</b> Designed to improve patient- and systems-level outcomes (the consequences of performance and are defined as the ability of the learner to apply what they have learned to improve the health status of their patients or those of a community.)

<b>STEP 7 - Target Audience</b>		<b>C4</b>
<i>Based on the above analysis, please select all that apply – at least one from each category.</i>		
<b>Audience:</b>	<b>Specialty:</b>	
<input type="checkbox"/> Primary Care Physicians <input type="checkbox"/> Specialty Physicians <input type="checkbox"/> Pharmacists <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurse Practitioners <input type="checkbox"/> Rehabilitation Therapists <input type="checkbox"/> Social Worker <input type="checkbox"/> Residents and Fellows <input type="checkbox"/> Medical Students <input type="checkbox"/> Other: (specify)	<input type="checkbox"/> Anesthesiology <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Family Medicine <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Oncology <input type="checkbox"/> Pain Specialty	<input type="checkbox"/> Pediatrics <input type="checkbox"/> Psychiatry <input type="checkbox"/> Radiology <input type="checkbox"/> Rheumatology <input type="checkbox"/> Surgical Specialties: Trauma, General, orthopedic, Thoracic, <input type="checkbox"/> Other:

<b>STEP 8 - Desirable Physician Attributes/Core Competencies</b> (select 1 at minimum)			<b>C6</b>
<i>CME activities should be developed in the context of desirable physician attributes. Place an X next to all American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME), or Institute of Medicine (IOM) core competencies that will be addressed in this activity.</i>			
<b>ACGME: Competencies (select 1 at minimum from this column.)</b>	<b>IOM Competencies-Optional</b>	<b>Interprofessional Education Collaborative-Optional</b>	
<input type="checkbox"/> <b>Patient Centered Care</b> <input type="checkbox"/> <b>Medical knowledge</b> <input type="checkbox"/> <b>Practice-based Learning &amp; Improvement</b> <input type="checkbox"/> Evidence Based Medicine Activity <input type="checkbox"/> Quality or Practice Improvement <input type="checkbox"/> <b>System-Based Practice</b> <input type="checkbox"/> Healthcare Systems & Resources <input type="checkbox"/> Patient Safety & Advocacy <input type="checkbox"/> <b>Professionalism</b> <input type="checkbox"/> Professional Behavior <input type="checkbox"/> Ethical Principals <input type="checkbox"/> Cultural Sensitivity <input type="checkbox"/> <b>Interpersonal &amp; Communication Skills</b> <input type="checkbox"/> Communication with Patient	<input type="checkbox"/> Provide patient centered care  <input type="checkbox"/> Work in interdisciplinary teams  <input type="checkbox"/> Employ evidence-based practice  <input type="checkbox"/> Apply quality improvement  <input type="checkbox"/> Utilize informatics	<input type="checkbox"/> Values / Ethics for Interprofessional Practice  <input type="checkbox"/> Roles / Responsibilities  <input type="checkbox"/> Interprofessional Communication  <input type="checkbox"/> Teams and Teamwork	

<b>STEP 9 - Faculty Selection</b> (Select all that apply by placing an X in the appropriate box)	<b>C7</b>
<b>Who will identify the presenter(s) and topic?</b>	
<input type="checkbox"/> Course Director <input type="checkbox"/> Planning Committee <input type="checkbox"/> CME Office <input type="checkbox"/> Other:	
<b>What criteria will be used in the selection of the presenters?</b>	
<input type="checkbox"/> Subject matter expertise <input type="checkbox"/> Excellence in teaching skills <input type="checkbox"/> Effective communication skills  <input type="checkbox"/> Previous experience as a CME presenter <input type="checkbox"/> Other:	
<b>Please list proposed speakers / presenters (if known):</b> If a name is listed here, there must be a submitted disclosure form on file with the CME Office. Disclosures are done yearly unless something new to disclosure during the year.	

**STEP 10 - Activity Budget and Financial Support****C7, C8,  
C9, C10**

*"In-kind" and/or commercial Support in the form of an unrestricted educational grant is allowed for CME activities; however, activities must be developed without the influence or support of any commercial entity. All financial support must be handled through the CME office.*

**Are there expenses related to this activity (e.g., catering)?**  Yes  No

- If "yes", please provide the department budget amount for activity-related expenses:

**Is there the possibility within the next year that this activity may:**

**1 - Receive "in-kind" funding from a charitable organization?**

Yes  No How much?

**2 - Receive commercial support from a company such as a pharmaceutical or medical device manufacturer?**

Yes  No You will need to provide a Letter of Agreement to the CME office for each grant.

**3 - Invite vendors/exhibitors to set up displays onsite?**  Yes  No

**4 - Teachers/faculty will be paid an honorarium?**  Yes  No (If yes, please refer to St. Vincent Hospital policy on honoraria and expenses. There is a policy on who you can pay and the amount allowed. St Vincent affiliated employees are excluded from an honorarium.)

**If you responded "yes" to any of the above, please see the CME Office for guidance.**

**STEP 11 - Disclosure and Resolving Conflicts of Interest****C7, C10**

I will ensure that all planners and faculty disclose relevant financial relationships via the St. Vincent Hospital CME Office Disclosure of Relevant Financial Relationships form at least 1 week prior to the CME event date.

I will ensure, if there is a potential Conflict of Interest of a planning committee member or speaker, author, moderator, evaluator etc, I will partner with the CME Office to resolve any potential conflicts of interest identified prior to the activity. Failure to provide a presenter disclosure prior to the activity will result in no credit provided for this activity for any attendee. A Resolution of Conflict of Interest (RCOI) form will be completed by the CME Office and the St. Vincent Hospital CME Office Resolution of Conflict of Interest (RCOI) Policy is followed.

I will ensure that all relevant financial relationships from planners or speakers will be disclosed to all learners prior to the start of the CME event.

I will ensure that disclosure of all in-kind or commercial support is disclosed to the audience and documentation of such disclosure will be provided to the CME office.

**Audience Generation and Handouts****C7, C10**

Please indicate the method of publicizing this activity to prospective participants. (Check all that apply)

- Brochure / flyer
   
  Interdepartmental Mail / Notification  
 Letter Invitation
   
  Announcement (print)  
 Announcement (email) -Make sure the CME office has approved this prior to distribution. Add the CME office to the emails. Correct Accreditation, Designation, Disclosure and Commercial Interest statements plus objectives must be stated on the flyers or emails.  
 Monthly or weekly calendar  
 Fax
   
  Posting at specific locations throughout hospital  
 Website or St Vincent Intranet
   
  Save-the-Date

Will participants be asked to register for this activity?

- Yes       No

Please list the handouts that will be available for participants at the time of the activity (e.g., case information, slides)

**Please provide a draft of the proposed brochure/advertisement/handouts for review by the CME office prior to printing.**

*(By signing, I agree to develop this activity in line with ACCME criteria as outlined by the St. Vincent Hospital CME Program. I further agree that the required documentation for this activity will be completed and submitted in a timely manner.)*

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**CME Course Director and Title**


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**Date**
**Required Attachments:**

- Planning Team & all Presenter Disclosures for the Year
- Preliminary Agenda (if applicable)
- Activity Budget (projected)
- Activity Evaluation Form

This application needs to be completed and submitted to the CME Office. Your request will be reviewed by the CME Committee for validity and adherence to ACCME criteria and requirements. Notification or approval or denial will be provided regarding continuing accreditation for your activity in a timely manner. Thank you for your support of ACCME and your St Vincent CME Office.

Need CME Help? Call Jane Mikosz 338-3460  
 jlmikosz@ascension.org  
 Fax-338-2851