****

PLANNING PROCESS FOR EINSTEIN-MONTEFIORE ACCREDITATION FOR REGULARLY SCHEDULED SERIES (RSS)

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| **SUBMISSION DATE:** |  |  |

Regularly scheduled series (RSS) is a live activity planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly. A regularly scheduled series is primarily planned by and presented to the accredited organization’s professional staff and generally targets the same audience over the whole series. Examples include grand rounds, tumor boards, and morbidity and mortality conferences. This application for RSS must be submitted to the Center for Continuing Professional Development (CCPD) for review and approval.

***NO CME/CE ACTIVITY WILL BE APPROVED RETROACTIVELY*.**

**No first-time applications will be approved without attending a meeting in the CCPD Office prior to submitting the application.**

**GENERAL INFORMATION**

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| **RSS Activity Title** |  | | | | | | | | | | | | | |
| **Activity Format** | Grand Rounds  Case Conferences  M&M’s  Tumor Boards  Journal Club | | | | | | | | | | | | | |
|  | Explain why this educational format is appropriate for the setting, objectives, and desired results of this activity. If applying for CE credit for more than one discipline, educational format must apply to all. ***(maximum of 25 words)***   |  | | --- | |  | | | | | | | | | | | | | | |
| **Department/Division Sponsoring Activity** |  | | | | | | | | | | | | | |
| **Dates** | Start Date | Click here to enter a date. | | | | | | Frequency | | Weekly | | | | |
|  | End Date | Click here to enter a date. | | | | | |  | | Monthly | | | | |
|  | Day of Week |  | | | | | |  | | Other *(specify below)*: | | | | |
|  | Time |  | | | | | |  | |  | | | | |
| **Location** |  | | | | | | | | | | | | | |
| **Requested Credit Types** | Athletic Trainers  Dentists  Dietitians  Nurses | | | | Optometrists  Pharmacists  Physician Assistants  Physicians | | | | | | Psychologists  Psychologists (NYSED APA)  Social Workers\* | | | |
| *A planner from each discipline must be on the planning committee for each selected credit type, and there must be at least one presenter (speaker) from each discipline.* | | | | | | | | | | | | | |
| **Sessions** | Estimated number of attendees per session | | |  | | | Sessions per year | |  | | | Credits/Hours per Session |  |
| **If jointly provided or** | Name of Organization | | | | |  | | | | | | | | |
| **Co-sponsored,** | Address of Organization | | | | |  | | | | | | | | |
| **identify other entity** | Name of person affecting content\* | | | | |  | | | | | | | | |
|  | Name of personaffecting content\* | | | | |  | | | | | | | | |
|  | Name of personaffecting content\* | | | | |  | | | | | | | | |
| **Course Director(s)** | Name\* | |  | | | | | | | | | | | |
|  | Academic title | |  | | | | | | | | | | | |
|  | Address | |  | | | | | | | | | | | |
|  | Phone/Fax | |  | | | | | | | | | | | |
|  | Email | |  | | | | | | | | | | | |
|  | Name\* | |  | | | | | | | | | | | |
|  | Academic title | |  | | | | | | | | | | | |
|  | Address | |  | | | | | | | | | | | |
|  | Phone/Fax | |  | | | | | | | | | | | |
|  | Email | |  | | | | | | | | | | | |
| **RSS Coordinator/** | Name | |  | | | | | | | | | | | |
| **Administrator** | Title | |  | | | | | | | | | | | |
|  | Address | |  | | | | | | | | | | | |
|  | Phone/Fax | |  | | | | | | | | | | | |
|  | Email | |  | | | | | | | | | | | |
| **Planning Committee** | Name/Contact Info\* | |  | | | | | | | | | | | |
|  | Name/Contact Info\* | |  | | | | | | | | | | | |
|  | Name/Contact Info\* | |  | | | | | | | | | | | |
| *\** ***Course Director, Reviewer and******Course Committee*** *must complete the Collection of Information for All Financial Relationships using the eeds system. The Reviewer MUST not have any relevant Conflicts of Interest (COI). If the Course Director has any conflict, he/she must be paired up with a person from the planning committee that does not have any conflicts.* | | | | | | | | | | | | | | | |

1. **TARGET AUDIENCE OF LEARNERS**

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| --- | --- | --- | --- |
| Hospital-Based Physicians | Community Physicians | | Students |
| Residents | Pharmacists | | Fellows |
| Nurses | Nurse Practitioners | | Social Workers |
| Physician Assistants | Other *(specify):* |  | |

**Demographics of learners** *(check all that apply)***:**

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| --- | --- | --- | --- | --- |
| Local | Tri-state | Regional | National | International |

**Targeted Specialties** *(check all that apply)***:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Allergy & Immunology | Anesthesiology | Cardiology | Dermatology | Emergency Medicine |
| Endocrinology | Gastroenterology | Gerontology | Gynecology | Gynecologic Oncology |
| Hematology | Hospitalists | Infectious Disease | Internal Medicine | Neonatology |
| Nephrology | Neurology | Neurosurgery | Nuclear Medicine | Nursing |
| Obstetrics | Oncology | Ophthalmology | Orthopaedics | Orthopaedic Surgery |
| Otolaryngology | Pathology | Pediatrics | Pharmacy | Plastic Surgery |
| Physical Medicine | Podiatry | Primary Care | Psychiatry | Pulmonology |
| Radiation Oncology | Radiology | Rehabilitation | Rheumatology | Surgery |
| Urology | Vascular Surgery | Other*(specify)*: |  | |

**2. PROFESSIONAL PRACTICE GAPS**

Brief description of the **Professional Practice Gaps** that you are trying to resolve ***(maximum 100 words)***

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| --- | --- |
| Include a reference(s) or legitimate source(s) such as: |  |
| * physician survey *(attach survey and/or survey of statistics)* | * previous evaluations/outcomes *(attach summary results/data)* |
| * recent research *(attach description of research results)* | * peer review/update course *(attach review/update format)* |
| * self-assessment(s) tests *(attach review/update format)* | * expert opinion *(attach recommendations)* |
| * national guidelines/specialty society guidelines | * departmental and/or institutional requirement |
| * morbidity/mortality data | * medical audits/QI reviews *(attach audit report)* |
| * literature review | * consensus reports *(attach articles and/or reports)* |
| * new technique/material *(attach description of new procedure & reference)* | * faculty and/or planning committee’s perception |

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**3. UNDERLYING EDUCATIONAL NEEDS**

Please complete for each discipline, or if the Underlying Educational Needs apply to all disciplines, only complete the “For physicians” section.

***For Physicians:***

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| --- | --- | --- |
| State the educational need(s) that is the cause of the gap(s)stated above.  ***(maximum 50 words each)***  *E.g. Incidence of wrong site surgery is too high (gap). The underlying educational need is to learn how to implement communication strategies amongst care team members. (Competency need)* | Knowledge need ***and/or***  *(to learn/understand)* |  |
| Competence need ***and/or***  *(know how to use it)* |  |
| Performance need ***and/or***  *(to apply it)* |  |

***For Nurses:***

|  |  |  |
| --- | --- | --- |
| State the educational need(s) that is the cause of the gap(s)stated above.  ***(maximum 50 words each)***  *E.g. Incidence of wrong site surgery is too high (gap). The underlying educational need is to learn how to implement communication strategies amongst care team members. (Competency need)* | Knowledge need ***and/or***  *(to learn/understand)* |  |
| Competence need ***and/or***  *(know how to use it)* |  |
| Performance need ***and/or***  *(to apply it)* |  |

***For Pharmacists:***

|  |  |  |
| --- | --- | --- |
| State the educational need(s) that is the cause of the gap(s)stated above.  ***(maximum 50 words each)***  *E.g. Incidence of wrong site surgery is too high (gap). The underlying educational need is to learn how to implement communication strategies amongst care team members. (Competency need)* | Knowledge need ***and/or***  *(to learn/understand)* |  |
| Competence need ***and/or***  *(know how to use it)* |  |
| Performance need ***and/or***  *(to apply it)* |  |

***For Other Healthcare Professionals: Please indicate discipline***

|  |  |  |
| --- | --- | --- |
| State the educational need(s) that is the cause of the gap(s)stated above.  ***(maximum 50 words each)***  *E.g. Incidence of wrong site surgery is too high (gap). The underlying educational need is to learn how to implement communication strategies amongst care team members. (Competency need)* | Knowledge need ***and/or***  *(to learn/understand)* |  |
| Competence need ***and/or***  *(know how to use it)* |  |
| Performance need ***and/or***  *(to apply it)* |  |

State what this CME activity is designed to change in terms of learners’ competence or performance of patient outcomes ***(maximum 50 words)***

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**4. EVALUATION/OUTCOMES ASSESSMENT**

*Supporting documentation must be provided at conclusion of activity. At a minimum, the activity must be designed to measure Competence, Knowledge and/or Performance. Indicate the outcomes measured in connection with this activity, as well as whether they are Subjective (self-reported) or Objective (observed or tested).*

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| --- | --- | --- |
|  | **Measurement Type: Subjective** | **Measurement Type: Objective** |
| Learner Competence |  |  |
| Learner Performance |  |  |
| Learner Knowledge |  |  |

**5.** **LEARNING OBJECTIVES & EDUCATIONAL OUTCOMES**

***Learning Objective(s)****: Statements that define the expected goal(s) of an educational activity. Learning objectives can be used to structure the content of an educational activity. Objectives may include tasks such as "list", "discuss" or "state."*

*Write learning objectives that are applicable for each educational need, target audience and expected results.*

*Measurable objectives for each discipline must be listed when certifying for CME and/or CE credits.*

***Physicians (must include physician-focused objectives):***

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| OBJECTIVE 1 |
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| OBJECTIVE 2 |
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| OBJECTIVE 3 |
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***Nurses (must include nurse-focused objectives):***

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| OBJECTIVE 1 |
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| OBJECTIVE 2 |
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| OBJECTIVE 3 |
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***Pharmacists (must include pharmacist-focused objectives):***

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| OBJECTIVE 1 |
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| OBJECTIVE 2 |
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| --- |
| OBJECTIVE 3 |
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***Other Healthcare Professionals (Please indicate discipline)***

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| OBJECTIVE 1 |
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| OBJECTIVE 2 |
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| OBJECTIVE 3 |
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Click [***HERE***](https://www.mecme.org/UploadFiles/20201001%2014-28-13.6323008-623641461.docx) for a list of *VERBS FOR LEARNING OBJECTIVES*

***Educational Outcome(s)****: Please include a statement that reflects what healthcare professionals will be able to do as a result of participating in the educational activity. The outcome addresses the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap and achieving the learning outcome results in narrowing or closing that gap.*

*The learning outcome can assess the overall impact of multiple objectives*

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**6. PROCESSES AND ANCILLARY TOOLS TO REINFORCE AND SUSTAIN LEARNING GOALS** *Please check all that apply*

**(Involves the use of ancillary tools or processes that are not actually part of the CME activity but support learners’ changes in practice. Example: Online resources or guidelines provided with the course to ensure that learners stay informed of changes/updates, affording opportunities for advanced learning.)**

**Provide a copy of the ancillary tool(s)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Email Reminder | Sample Letters | | Patient Education Cards | | Algorithm | Pocket Chart |
| Ancillary Case Study Online | | Other *(specify)*: | |  | | |

**Factors Outside Einstein-Montefiore’s Control** *Please check all that apply*

Indicate awareness of factors that could affect patient outcomes of which Einstein-Montefiore has no control.

|  |  |
| --- | --- |
| **FACTOR** | **EDUCATIONAL STRATEGY** |
| Patient Compliance: |  |
| Reimbursement Issues: |  |
| Cost of Pharmaceuticals: |  |
| Institutional Capabilities/Resources: |  |
| Formulary Restrictions: |  |
| Other (explain): |  |

**7. BARRIERS TO ACHIEVING RESULTS AND STRATEGIES TO ADDRESS THESE BARRIERS**

Identify barriers to change for the healthcare team associated with this activity, and list strategies to remove, overcome, or address those barriers.

**Barriers to change for the healthcare team *(check and complete all that apply)*:**

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| --- | --- | --- |
| **BARRIER TO CHANGE** | **EDUCATIONAL STRATEGY** | **CONTENT THAT WILL ADDRESS BARRIER** |
| Patient/Family Cultural Beliefs & Behaviors: |  |  |
| Lack of Consensus of Guidelines: |  |  |
| Lack of Time to Implement New Skills/Behaviors: |  |  |
| Resistance to Interprofessional Collaboration: |  |  |
| Other (explain): |  |  |

**System barriers *(check and complete all that apply)*:**

|  |  |  |
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| **BARRIER TO CHANGE** | **EDUCATIONAL STRATEGY** | **CONTENT THAT WILL ADDRESS BARRIER** |
| Technical Skills: |  |  |
| Lack of Time to Assess/Counsel Patients: |  |  |
| Inadequate Reimbursement: |  |  |
| Lack of Time for Implementation of New Skills or Practices: |  |  |
| Professional Interpersonal Communications: |  |  |
| Lack of Consensus on Professional Guidelines: |  |  |
| Institution Doesn’t Support Educational Efforts: |  |  |
| Technology Not Available or Inadequate: |  |  |
| Policy Issues Within Institutions: |  |  |
| Formulary Restrictions: |  |  |
| Other (explain): |  |  |

**8. EDUCATIONAL OUTCOMES MEASUREMENTS**

What tools will be utilized to evaluate this activity *(check all that apply)*?

*CE Evaluation Form/Commitment to Change and 90-Day Outcomes Survey are mandatory (must include team-based questions)*

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| --- | --- | --- | --- | --- |
| CE Evaluation Form/Commitment to Change  Interviews with Participants  CE Observer/Monitor  Use of QI Data | | Database Analysis (EHR)  Case Study  Pre-Test  Post-Test | 90 Day Outcomes Survey  Skills Assessment  Chart Reviews | |
| Other: |  | | |

Click [***HERE***](https://www.mecme.org/UploadFiles/20201002%2006-36-57.2442556-899373279.docx)to review a *SAMPLE CASE STUDY*

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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **REQUIRED: Fund and/or Cost Center Number :** | | | | |  | | | | **Accreditation Fee(s):** | | | | | |  | | | Athletic Trainers (BOC CEUs) | | | | $450.00 | | **$** | | | Dentists (CERP) | | | | $450.00 | | **$** | | | Dietitians (CPEU) | | | | $450.00 | | **$** | | | Nurses (CNE) | | | | $450.00 | | **$** | | | Optometrists (COPE) | | | | $450.00 | | **$** | | | Pharmacists (CPE) | | | | $450.00 | | **$** | | | Physicians (CME) | | | | $1,900.00 | | **$** | | | Physician Assistants (AAPA) | | | | $450.00 | | **$** | | | Psychologists (APA) | | | | $450.00 | | **$** | | | Psychologists (NYSED APA) | | | | $450.00 | | **$** | | |  |  | | | | |  | | |  | TOTAL | | | | | **$** | | |  | | | | | | | | | **APPROVED BY** | | | | | | | | |  | |  |  | | | |  | | Course Director | |  | Date | | | |  | |  | |  |  | | | |  | | Department Chair or Designee | |  | Date | | | |  | |  | |  |  | | | |  | | Department Administrator | |  | Date | | | |  | |

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Content has been reviewed by respective disciplines | | | | | | | | **APPROVED** | **DECLINED** | | **PROVISIONAL APPROVAL** | | | | | **Provisions:** | | | | | | | |  | | | | | | | |  | | | | | | | | **SIGNATURES** | | | | | | | |  | |  | |  |  | | **Victor B. Hatcher, PhD** Director, Research and Continuing Professional Development | |  | | Date |  | |  | |  | |  |  | | **Kathleen O’Connor, BSN, RN**  Associate Director - Research Audit, Office of Research | |  | | Date |  | |  | |  | |  |  | | **Mark** **J.** **Sinnet, PharmD, FASHP**  Director, Clinical and Educational Pharmacy Services | |  | | Date |  | |