

CME ACTIVITY PLANNING WORKSHEET
REGULARLY SCHEDULED SERIES
July 2010 – June 2011

A Regularly Scheduled Series (RSS) is defined as an activity that is planned to have 1) a series with multiple sessions that 2) occur on an ongoing basis (offered weekly, monthly, or quarterly) and 3) are primarily planned by and presented to the accredited organization's (UMDNJ) professional staff; NJMS, RWJMS, or SOM faculty and their affiliates' attending physicians and healthcare staff.

These activities include but are not limited to: grand rounds, clinical case conferences, M&M conference, and journal clubs. The format of a regularly scheduled series does not change, maintains the same time period, meeting day, structure, etc. for the duration of the series, and are conducted in the internal institutional setting. RSS are overseen by UMDNJ-CCOE with the management of the activity delegated to the sponsoring department or institution.

This CME Planning Process has been designed based on the Criteria for Accreditation of the Accreditation Council for Continuing Medical Education (ACCME) and accepted adult learning principles. For this educational activity to be approved for *AMA PRA Category 1 Credit(s)*TM, the planning process outlined in this document is required.

- **There is no distinction between grand rounds type activities versus traditional live events or enduring materials; the CME requirements are identical.**
- **One CME Activity Planning Worksheet must be completed for each series type (formal grand rounds, case conferences, M&M conferences, journal clubs, etc), unless activity types alternate dates**
- **Designation of *AMA PRA Category 1 Credit(s)*TM will be limited to a maximum of two (2) hours of instruction for each session conducted within the series.**
- **Activities specifically directed to or developed for residents or medical students are not considered for designation of *AMA PRA Category 1 Credit(s)*TM**

This CME Activity Planning Worksheet with all supporting forms and documents must be completed and submitted to CCOE by Friday, August 6, 2010. Incomplete worksheets will be returned.

(Latest Revision: July 2010)

CME ACTIVITY PLANNING WORKSHEET
 REGULARLY SCHEDULED SERIES
 July 2010 – June 2011

ACTIVITY & CONTACT INFORMATION		
ACTIVITY TITLE/SPECIFICATIONS		
Series Title		
Type of Activity <i>(A separate application must be submitted for each activity type unless activity types alternate dates; e.g., Grand Rounds - 1st & 3rd Monday of month and Case Conference – 2nd & 4th Monday)</i>		
<input type="checkbox"/> Grand Rounds <input type="checkbox"/> Lecture Series <input type="checkbox"/> Case Conferences <input type="checkbox"/> Tumor Boards <input type="checkbox"/> M&M <input type="checkbox"/> Journal Club <input type="checkbox"/> Other:		
Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other:		
Day(s) of the Week <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri		
Time of Day <i>(Maximum of two (2) hours of instruction per session)</i> From <input type="checkbox"/> AM <input type="checkbox"/> PM To <input type="checkbox"/> AM <input type="checkbox"/> PM	Series Location <i>(Internal institutional and practice group setting only)</i>	
SPONSORING SCHOOL/DEPARTMENT/ACTIVITY DIRECTOR		
Identify the physician primarily responsible for planning and conducting this series on an ongoing basis. * Disclosure and attestation form for Activity Director must be submitted with this worksheet.		
School <input type="checkbox"/> NJMS <input type="checkbox"/> RWJMS <input type="checkbox"/> SOM <input type="checkbox"/> Other	Department	
Activity Director *	UMDNJ Appointment	
Address/Mail Code		
Telephone	Fax	E-mail
ACTIVITY DIRECTOR'S ADMINISTRATIVE LIAISON		
Identify the coordinator responsible for submitting reports to CCOE on an ongoing basis.		
Name		
Address/Mail Code		
Telephone	Fax	E-mail
ACTIVITY PLANNERS/PLANNING COMMITTEE		
In addition to the activity director, list all individuals involved in the planning of this series. * Disclosure and attestation forms for Planners and Committee Members must be submitted with this worksheet.		
Name *	Title	Affiliation

EDUCATIONAL ELEMENTS

PLANNING PROCESS

Who identifies the topics and speakers?

(Select all that apply)

- Activity Director
- Planning Committee
- Department/Institution Representative
- Other (specify):

What criteria will be or were used in the selection of speakers?

(Select all that apply)

- Subject Matter Expert
- Excellent Teaching Skills/Effective Communicator
- Experienced in CME
- Other (specify):

Briefly describe the process for identifying content, appropriate faculty, and educational design to address the educational need(s)?

TARGET AUDIENCE

Indicate the learner population and their scope of practice for whom this activity is designed. *(Select all that apply)*

Note: *Students, residents, and fellows cannot make up the majority of the audience participating in the series.*

- Full or Part-Time UMDNJ Faculty *List specialty(ies):*
 - Hospital Based
 - Office Based/Private Practice
 - Administration
 - Teaching
 - Research
- Non-UMDNJ Physicians *List specialty(ies):*
- House Officers *List specialty(ies):*
- Medical Students
- Other Health Care Providers *List profession(s):*
- Other (*specify*):

NEEDS ASSESSMENT

Describe the educational needs that underlie the professional practice/quality gaps of the learners of this series. A professional practice/quality gap is defined as the difference between ACTUAL (what is) and IDEAL (what should be) in regards to knowledge, competence, and/or performance.

- Identify and describe the quality and/or practice gaps between current practice/outcomes and desirable or achievable practice/outcomes.
 - CURRENT PRACTICE is the existing level of knowledge, competence or performance of the physician learner for the identified disease state, patient safety issues, ethical/cultural issues, etc.
 - BEST PRACTICE is the best evidenced based data or highest standard of care.
- Describe the reason the gaps exists. (Gap Analysis)
- Indicate the cause(s) of these gaps: Deficiency in knowledge, competence and/or performance. (Educational Needs)
- Describe the expectations of the learner in relation to his/her practice as a result of addressing the educational need. (Desired Results)
- Indicate the expected change(s) of the learner's behavior in relation to his/her practice as a result of addressing the educational need. (Intended Outcomes)

Further descriptions/definitions regarding specific terms and examples of complete needs assessment are attached to the rear of this worksheet.

Conduct a needs assessment of four (4) areas of critical need of education that will be addressed in this series.

Needs Assessment #1	
Current Practice	
Best Practice	
Gap Analysis	
Educational Need(s)	<input type="checkbox"/> Knowledge (<i>lack of understanding</i>) <input type="checkbox"/> Competence (<i>inability to apply strategy</i>) <input type="checkbox"/> Performance (<i>sub-optimal behavior</i>)
Desired Result(s)	
Intended Outcome(s) (Change)	<input type="checkbox"/> Competence (<i>changes in how to apply knowledge to practice</i>) <input type="checkbox"/> Performance (<i>change in practice performance as a result of application learned</i>) <input type="checkbox"/> Patient Outcomes (<i>change in health status of patients due to change in practice behavior</i>) Note - Only check the intended outcomes the department plans to measure.
Needs Assessment #2	
Current Practice	
Best Practice	
Gap Analysis	
Educational Need(s)	<input type="checkbox"/> Knowledge (<i>lack of understanding</i>) <input type="checkbox"/> Competence (<i>inability to apply strategy</i>) <input type="checkbox"/> Performance (<i>sub-optimal behavior</i>)
Desired Result(s)	
Intended Outcome(s) (Change)	<input type="checkbox"/> Competence (<i>changes in how to apply knowledge to practice</i>) <input type="checkbox"/> Performance (<i>change in practice performance as a result of application learned</i>) <input type="checkbox"/> Patient Outcomes (<i>change in health status of patients due to change in practice behavior</i>) Note - Only check the intended outcomes the department plans to measure.
Needs Assessment #3	
Current Practice	
Best Practice	
Gap Analysis	
Educational Need(s)	<input type="checkbox"/> Knowledge (<i>lack of understanding</i>) <input type="checkbox"/> Competence (<i>inability to apply strategy</i>) <input type="checkbox"/> Performance (<i>sub-optimal behavior</i>)
Desired Result(s)	
Intended Outcome(s) (Change)	<input type="checkbox"/> Competence (<i>changes in how to apply knowledge to practice</i>) <input type="checkbox"/> Performance (<i>change in practice performance as a result of application learned</i>) <input type="checkbox"/> Patient Outcomes (<i>change in health status of patients due to change in practice behavior</i>) Note - Only check the intended outcomes the department plans to measure.

Needs Assessment #4

Current Practice	
Best Practice	
Gap Analysis	
Educational Need(s)	<input type="checkbox"/> Knowledge (<i>lack of understanding</i>) <input type="checkbox"/> Competence (<i>inability to apply strategy</i>) <input type="checkbox"/> Performance (<i>sub-optimal behavior</i>)
Desired Result(s)	
Intended Outcome(s) (Change)	<input type="checkbox"/> Competence (<i>changes in how to apply knowledge to practice</i>) <input type="checkbox"/> Performance (<i>change in practice performance as a result of application learned</i>) <input type="checkbox"/> Patient Outcomes (<i>change in health status of patients due to change in practice behavior</i>) Note - Only check the intended outcomes the department plans to measure.

NEEDS ASSESSMENT SOURCES

Indicate the sources used to help identify the target audience's professional practice/quality gaps. Attach SUPPORTIVE DOCUMENTATION (evidence) with this worksheet for each source indicated below which supports the needs assessment analyses provided above. Highlight the specific citation within each document.

OBSERVED NEEDS

- Adverse Drug Events
- Database Analysis (i.e., RX changes, diagnosis trends)
- Epidemiological Data
- Hospital/Clinic QA Analyses
- Quality/Practice Improvement Data/Guidelines
- P&T Committee
- Morbidity/Mortality Data
- National Clinical Guidelines (NIH, NCI, AHRQ, etc)
- Specialty Society Guidelines
- Insurance Data
- Referral Diagnosis Data
- Other Clinician Observances

PARTICIPANT NEEDS

- Previous Evaluation Summary
- Needs Assessment Survey of Target Audience
- Focus Groups/Interviews
- Requests by Affiliated Institutions or Physician Groups
- Requests from Other Physicians

EXPERT NEEDS

- Clinical Expert Opinion (planning committee, department chair, activity faculty)
- Peer-Review Literature
- Research Findings
- Peer Consultation
- University/Medical School/ Hospital Requirement
- Government Authority/Law/Regulation Requirement

ENVIRONMENTAL SCAN

- ABMS/ACGME Competencies
- Healthy People 2010 Objectives
- Institute of Medicine Competencies
- Joint Commission Standards/Core Measures
- Laws/Regulations
- Lay Press
- Public Health Organizations
- Other Societal Trends

OVERALL SERIES GLOBAL LEARNING OBJECTIVES

Based on the needs assessment analyses above, list 3-5 overall learning objectives for this series. The objectives must be measurable and describe a potential impact on physician competence, performance, and/or patient outcomes. For assistance in formulating specific, measurable, outcomes-based objectives, review the attached teaching tool entitled "Effective Use of Performance Objectives for Learning and Assessment" developed by Teacher & Educational Development, University of New Mexico School of Medicine © 2005

<http://hsc.unm.edu/SOM/TED/Ed%20Dev%20-%20tools%20-%20Effective%20Use%20of%20Learning%20Objectives.pdf>

At the conclusion of this series, participants will be able to:

1	
2	
3	
4	
5	
6	

DESIRABLE PHYSICIAN ATTRIBUTES

The Maintenance of Certification (MOC) competencies designated by the American Board of Medical Specialties (ABMS) and Accreditation Council for Graduate Medical Education (ACGME) are nationally-established goals for physician core competencies and must be addressed in CME planning.

Indicate the competencies that will be addressed in this series. <i>(Select all that apply)</i>	Indicate the content area(s) related to the selected competencies that will be addressed in this series. <i>(Select all that apply)</i>
<input type="checkbox"/> Patient Care: Provide care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	<input type="checkbox"/> Review of established diagnostic methods <input type="checkbox"/> Information of new diagnostic methods <input type="checkbox"/> Application of new or improved diagnostic skills <input type="checkbox"/> Review of established treatment methods <input type="checkbox"/> Information of new treatment methods <input type="checkbox"/> Application of new of improved treatment skills
<input type="checkbox"/> Medical Knowledge: Demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences and their application to patient care.	<input type="checkbox"/> Information on new research findings in basic and clinically supported sciences <input type="checkbox"/> Information on how to perform medically related research <input type="checkbox"/> Application of new or improved skills in performing medically related research

<input type="checkbox"/> Practice-Based Learning and Improvement: Investigate and evaluate patient care practices, appraise and assimilate scientific evidence and improve patient care.	<input type="checkbox"/> Information on the extent to which recommended care is not being provided <input type="checkbox"/> Information on how to evaluate scientific evidence and/or improve personal practice <input type="checkbox"/> Application of new or improved skills to evaluate scientific evidence and/or improve personal practice
<input type="checkbox"/> Interpersonal and Communication Skills: Demonstrate skills that result in effective information exchange and teaming with patients, their families, and professional associates (e.g., fostering a therapeutic relationship that is ethically sound; using effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).	<input type="checkbox"/> Information on methods to improve interpersonal relationships and communication <input type="checkbox"/> Application of new or improved interpersonal and communication skills
<input type="checkbox"/> Professionalism: Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.	<input type="checkbox"/> Information on medical ethics, professional responsibilities, medico-legal issues and/or sensitivity to a diverse patient population <input type="checkbox"/> Application of new or improved skills regarding medical ethics, professional responsibilities, medico-legal issues and/or sensitivity to a diverse patient population
<input type="checkbox"/> System-Based Practice. Demonstrate an awareness of and responsibility to a larger context and system of healthcare. Be able to call on system resources to provide optimal care (e.g., coordination of care across sites or serving as the primary case manager when care involves multiple professionals or sites)	<input type="checkbox"/> Information on practice management <input type="checkbox"/> New or improved management/administrative skills <input type="checkbox"/> Information on multispecialty/multidisciplinary coordination of care

QUALITY IMPROVEMENT/PATIENT SAFETY

Will this series address national goals related to quality improvement, patient safety, medical errors, and/or risk management?

Yes No

If yes, describe how this series will be used to support the implementation of these initiatives.

POTENTIAL BARRIERS (Optional)

Indicate any potential or real barriers facing the learners of this series that could impact the desired activity outcomes of incorporating new behaviors into practice.

(Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cost | <input type="checkbox"/> Formulary Restrictions |
| <input type="checkbox"/> Lack of Time | <input type="checkbox"/> Reimbursement /Insurance Issues |
| <input type="checkbox"/> Lack of Experience | <input type="checkbox"/> Treatment-Related Adverse Events |
| <input type="checkbox"/> Lack of Opportunity (patients) | <input type="checkbox"/> Patient Compliance Issues |
| <input type="checkbox"/> Lack of Resources (equipment) | <input type="checkbox"/> Lack of Consensus on Professional Guidelines |
| <input type="checkbox"/> Lack of Administrative Support | <input type="checkbox"/> No Perceived Barriers |
| <input type="checkbox"/> Lack of Time to Assess/Counsel Patients | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Institutional Policy Issues | |

Describe what attempts, if any, will be made to address the identified barriers indicated above. Describe some strategies to help learners overcome these barriers in order to achieve physician and/or patient change.

NON-EDUCATIONAL STRATEGIES

Describe any non-educational strategies or tools that will be used as an adjunct to this activity to enhance the potential for learner change or reinforce the desired. Examples include patient surveys, patient information packets, email reminders to learners (e.g., summary points of lecture, new information), posters throughout the hospital, and departmental newsletter.

COLLABORATIONS

Occasionally there are other internal (e.g., patient safety, quality improvement, research, public health, community health) and/or external (e.g., physician practice group, government health department, insurers, specialty societies, patient advocacy group) stakeholders working on similar healthcare issues which could naturally form a partnership to address these issues.

Are there other initiatives within the institution working on the same issues being addressed in this series?

Yes No If yes, please identify the stakeholder

If yes, are they or could they be included in the development and/or execution of the series? Yes No

If yes, how so?

Are there external stakeholders working on the same issues being addressed in this series?

Yes No If yes, please identify the stakeholder

If yes, are they or could they be included in the development and/or execution of the series? Yes No

If yes, how so?

EDUCATIONAL METHOD AND RATIONALE

Indicate the educational methods that will be used to achieve the overall goals/objectives/results for this series.

(Select all that apply)

- Didactic Lecture
- Case Presentation/Study
- Panel Discussions
- Q&A w/ Presenting Faculty
- Small Group Discussion
- Chart Review/Chart Stimulated Recall
- Procedure Demonstration
- Skills Session/Workshop
- Simulation w/ Real or Simulated patients
- Audience Response System
- Debate
- Role Playing
- Games
- Literature Review
- Other (specify):

Describe why the proposed activity format (live) and the educational methods selected are most appropriate to achieve the overall goals/objectives/results for this series.

(Select all that apply)

- Most appropriate to meet course objectives.
- Consistent with learning preferences of the target audience(s).
- Concentration of appropriate target audience.
- Based on skills and preferences of the faculty.
- Share research and practice recommendations with practitioners.
- Facilitate discussion among participants about overcoming barriers to implementation of new diagnostic/ treatment strategies.
- Apply knowledge to specific practice-related situations.
- Practice specific skills and receive feedback.
- Reinforce most appropriate practice behaviors consistent with best practice.
- Facilitate interactions between and among participants and faculty.
- Facilitate interaction among multidisciplinary audiences (e.g., MDs, nurses, etc.)
- Other (specify):

EVALUATION/OUTCOMES

Indicate the evaluation method(s) that will be used to measure changes/improvements in competence, performance, and/or patient outcomes. *Note: An Evaluation tool measuring changes in learners' knowledge is no longer an accepted standard.*

SUPPORTING DOCUMENTATION (the evaluation tool and evaluation summary report) must be furnished upon submission of scheduled quarterly reporting.

(Select all that apply)

- Bi-Annual Evaluation for Participants** (minimum requirement): Measures learner satisfaction that the needs were met and assesses competence.
- Individual Session Evaluation for Participants:** Measures learner satisfaction that the needs were met and assesses competence.
- Commitment-to-Change Inquiry/Learning Contract:** Measures competence and/or performance.
- Pre-Test; Post-Test:** Measures immediate learning.
- Post Activity Follow-up Survey:** Measures performance by identifying change in practice.
- Audience Response System:** Identifies if learners understand content and provides learning reinforcement.
- Case Discussion or Vignettes:** Measure application of knowledge to practice, or competence.
- Simulation Demonstration:** Demonstrates competency/skill
- Focus Group:** Qualitative measurement to seek more in-depth information.
- Other** (specify):

PROPOSED FACULTY

- All faculty presenters should be notified of the specific needs assessment data prior to his/her presentation to assist with the preparation of his/her presentation.
- All faculty (planners, speakers, moderators, discussants) must disclose relevant financial relationships. Copies of faculty disclosure forms must be sent to CCOE during the appropriate quarterly reporting cycle. Faculty will be disqualified from participating if they fail to complete a form.
- Activity Directors must review each faculty disclosure form, and identify and resolve any conflicts of interest.
- All speakers must submit their content (e.g., slides and handouts) within the requested timeframe for appropriate content review and validation.
- Activity Directors are required to review and validate all content being presented in the series and document such a review through the use of the content review form. If any concerns are noted, the Activity Director must contact the speaker to discuss the appropriate corrective action. Copies of content review forms must be sent to CCOE during the appropriate quarterly reporting cycle. If faculty fail to submit their content for review or corrective action is not addressed, the faculty will be disqualified from participating in the series.
- Faculty disclosure declarations must be reported to the audience prior to the start of the presentation.

Indicate the makeup of the faculty for this series *(Check all that apply)*

Will they be compensated?

- Individuals with UMDNJ appointments
- Individuals from UMDNJ principal affiliated institutions
- Individuals from local community not associated with UMDNJ or its affiliates
- Individuals from outside local area

- Yes No
- Yes No
- Yes No
- Yes No

PROPOSED AGENDA

For activities where **specific content can be planned in advance (e.g., FORMAL GRAND ROUNDS)**, attach a list of topics, inclusive of times and participating faculty planned for the first quarter of the series.

For activities using **current instructional “material” (e.g., CASE CONFERENCES, JOURNAL CLUBS)** where specific topics may not be determined until a few days before a session, describe the process by which specific topics are selected:

1) **Instructional “materials”** considered; 2) **individual(s) responsible** for the advance review of the “material”; 3) **criteria used to select** the specific “material” and topic(s) for the session; 4) the **process and time frame** for selecting the “material” and topic(s), and 5) **advance information** – if any – given to the target audience about the topic(s).

BUDGET, IMPLEMENTATION, AND AUDIENCE GENERATION

BUDGET

How will this series be financially supported?

Departmental Budget Commercial Support Other (specify):

COMMERCIAL SUPPORT

- Please review the ACCME’s Standards for Commercial Support.
- Formal requests for commercial support must be coordinated through the UMDNJ Foundation via CCOE, and grant monies must be payable to the UMDNJ Foundation and deposited into the appropriate foundation account.
- Terms of commercial support must be documented in a signed, written agreement (Letter of Agreement) between the commercial supporter and CCOE.
- Commercial supporters may not directly pay faculty honoraria, faculty expenses, catering, or other expenses.
- Commercial support may not be used to pay for personal expenses of non-faculty participants of the series.
- No other payment shall be given to the activity director, planning committee members, faculty, or any others involved with the supported activity.
- Documentation detailing the receipt and expenditure of commercial support must be submitted to CCOE during the appropriate quarterly reporting cycle.
- The source of commercial support must be acknowledged to the audience prior to the start of the activity.

Attach a preliminary budget indicating this series’ anticipated income and expenditures.

A preliminary budget is not required if the series is solely supported by the department and there are no monies appropriated other than the CME fees.

LOGISTICS

Does the department use third party planners (e.g., medical education companies) to assist in the coordination of the series (e.g., speaker coordination)?

Yes No

If yes, the department must take the necessary steps with CCOE’s assistance to conduct the appropriate vetting of the planner to determine whether or not the planner is a ACCME-defined commercial interest, and to secure the necessary agreements in accordance to ACCME regulations.

EXHIBITS

Does the department invite vendors/exhibitors to set up displays?

Yes No

If yes, the department must initiate an exhibitor agreement with the vendor/exhibitor, with CCOE’s assistance, before the exhibitor is permitted to display.

AUDIENCE GENERATION

All audience generation materials must include the series/session objectives, series sponsors, faculty presenters and their credentials, accreditation and credit designation statements, faculty presenters and planning committee disclosures, and acknowledge of commercial support.

Indicate the method of publicizing the series to prospective participants. (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Interdepartmental Mail/Notification |
| <input type="checkbox"/> Letter of Invite | <input type="checkbox"/> Posting at Specific Locations (e.g. doctor's lounge) |
| <input type="checkbox"/> Announcement (print) | <input type="checkbox"/> Periodical Advertising/Listing |
| <input type="checkbox"/> Announcement (email) | <input type="checkbox"/> Website: URL; specify |
| <input type="checkbox"/> Monthly Calendar | <input type="checkbox"/> Other; specify |

FUNCTIONS, FACILITY AND EDUCATIONAL MATERIALS

Indicate the needs that are required for this series.

Facility Needs	Educational Materials	Meal Functions
<input type="checkbox"/> Large Conference Room <input type="checkbox"/> Small Board-Type Room <input type="checkbox"/> Workshop Breakout Rooms <input type="checkbox"/> Laboratory <input type="checkbox"/> Clinic <input type="checkbox"/> Reception Area (food functions, registration, etc.) <input type="checkbox"/> Exhibit Area <input type="checkbox"/> Other; specify	<input type="checkbox"/> None <input type="checkbox"/> Speaker Slides <input type="checkbox"/> Syllabus, Abstracts, Handouts <input type="checkbox"/> Posters, Educational <input type="checkbox"/> Tools (patient handouts, practice algorithms, chart reminders, etc.) <input type="checkbox"/> Other; specify	<input type="checkbox"/> None <input type="checkbox"/> Breakfast (Continental or Full) <input type="checkbox"/> Luncheon <input type="checkbox"/> Dinner <input type="checkbox"/> Refreshment Break <input type="checkbox"/> Reception <input type="checkbox"/> Other; specify

WORKSHEET SUBMISSION CHECKLIST

- Completed CME activity planning worksheet with appropriate departmental approvals
- Activity director and planning committee disclosure and attestation forms
- Needs assessment supporting documentation
- Proposed agenda (scheduled for first quarter of series)
- Proposed faculty (scheduled for first quarter of series)
- Estimated budget, if applicable
- Signed regularly scheduled series financial form

Activity Director Responsibilities

Activity Directors are responsible for assuring that the educational activity is educationally sound, free of commercial influence and fiscally responsible. Specific responsibilities include:

- Developing an educational intervention designed to change physician competence and/or performance, and/or patient outcomes by incorporating the educational needs that underlie the professional practice gaps of the learners within the mission of CCOE, university and medical school(s).
 - <http://ccoe.umdnj.edu/general/aboutccoegeneral.htm>
 - http://www.umdnj.edu/about/about02_mission.htm
 - http://rwjms.umdnj.edu/about_school/mission.htm
 - http://njms.umdnj.edu/about_njms/mission_vision.cfm
 - http://som.umdnj.edu/about/strategic_plan/about_mission.html
- Assuring the educational activity is developed consistent with following policies:
 - **UMDNJ** policies and guidelines pertaining to continuing medical education.
 - **ACCME** *Updated Essential Areas and Elements, and Standards for Commercial Support*
http://www.accme.org/dir_docs/doc_upload/f4ee5075-9574-4231-8876-5e21723c0c82_uploaddocument.pdf
 - **AMA** *Physician's Recognition Award; Opinion: Continuing Medical Education; and Opinion: Gifts to Physicians from Industry*
<http://www.ama-assn.org/ama/pub/category/15889.html>
 - **OIG** *Compliance Program Guidance for Pharmaceutical Manufacturers*
<http://oig.hhs.gov/authorities/docs/050503FRCPGPharmac.pdf>
 - **FDA** *Guidance for Industry: Industry-Supported Scientific and Educational Activities*
<http://www.fda.gov/Cder/guidance/issue.pdf>
 - **PhRMA** *Code on Interactions with Healthcare Professional*
http://www.phrma.org/code_on_interactions_with_healthcare_professionals/
- Validating the clinical content of the series through the **utilization of a peer review process**.
 - All the recommendations involving clinical medicine in the activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
 - All scientific research referred to, reported or used in the activity in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.
 - Research findings and therapeutic recommendations are based on scientifically accurate, up-to-date information and are presented in a balanced, objective manner.
- Selecting and confirming faculty, overseeing curriculum development, and assuring that the format supports the educational goals of the program.
- Verifying that faculty are competent in the subject area and aware of the course objectives and needs of the target audience.
- Identifying, managing, and resolving any conflicts of interest **through a peer review process** and reporting the disclosure declarations to the audience prior to the start of the activity.
- Assuring that faculty and planner relationships with industry are disclosed to participants prior to the educational activity.
- Informing faculty that they must disclose experimental and off-label uses to participants.
- Assuring that all presentations are free of commercial bias. Encourage faculty to use of generic names. Any mention of trade or brand names should be used in conjunction of the generic name and include all products within a class of pharmaceuticals or devices. In addition, course faculty may not promote products, books, or publications in which they have a financial interest.

- Assuring that there is no marketing or other sales activity in the room in which the activity is conducted.
- Precluding commercial interests from participating in any aspects of activity planning or implementation.
- Assuring that all budget assumptions and honoraria payments are reasonable and comply with all organizational policies.
- Assuring all payments and reimbursements from commercial support are not given directly to the director of the activity, planning committee members, faculty, or any others involved with the series.

Note: CME certification will not be offered to a specific session if the following actions are not performed prior to the start of the presentation:

- **Faculty submits a completed disclosure form.**
- **Faculty provides their content (e.g., slide presentation) for content validation peer review.**
- **Activity director or designee conducts the appropriate content validation peer review and provides documentation that such a review was performed.**
- **If any concerns are noted during the review, the Activity Director must contact the speaker to discuss the appropriate corrective action.**

UMDNJ Activity Director	
<ul style="list-style-type: none"> • I hereby certify that this worksheet was completed accurately and attest to the validity of the information contained within. • I have read and understand the responsibilities of an Activity Director. • I agree to collaborate with CCOE to ensure that the planning and implementation of the series are consistent with the continuing medical education policies of UMDNJ, CCOE, and other the agencies that regulate continuing medical education. • I understand that CCOE reserves the right to withdraw approval for <i>AMA PRA Category 1 Credit(s)TM</i> certification at any time should it become apparent that there have been significant deviations from the CME requirements and/or remedial action is not implemented as directed by CCOE. 	
Name (Please Print)	
Signature	Date
Department Chair – Academic Approval	
Name (Please Print)	
Signature	Date
Center for Continuing and Outreach Education	
Name (Please Print)	
Signature	Date

Return this CME Activity Planning Worksheet with supporting materials activity to:

**Sandie Gallt, Continuing Education Assistant
Center for Continuing & Outreach Education
30 Bergen Street, ADMC 7, Newark, NJ 07101-1709
Phone: 973-972-0076 Fax: 973-972-3295**



**Center for Continuing and Outreach Education
Disclosure Declaration Form
Activity Director/Planning Committee**

As a CME provider accredited by the ACCME, UMDNJ-Center for Continuing and Outreach Education (CCOE) must insure balance, independence, objectivity, and scientific rigor in all its sponsored educational activities. As such, CCOE requires **all individuals in a position to control the content of an educational activity** to provide a signed disclosure form to CCOE prior to the planning of the activity. In order to ensure its CME activities promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest, CCOE will identify and resolve all conflicts of interest prior to the planning of the activity. **Based on this disclosure information, CCOE may disqualify any individual from planning and implementation if a conflict of interest that may contribute to commercial bias is determined to exist and cannot be resolved.**

Individuals are required to disclose all relevant financial relationships with commercial interests (entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in any amount as well as the nature of the relationship within the past 12 months. In addition, an individual directing/recommending content that includes information, in whole or in part, related to non-FDA approved uses for drug products or devices, must indicate his/her intention to CCOE by way of this form. The individual must also clearly identify the unlabeled indications or the investigational nature of the proposed uses to the learner.

In accordance with the Essential Elements and Standards of Commercial Support set forth by ACCME, the undersigned understands and accepts the policies and standards as set forth in this document.

All disclosure declarations must be communicated to the learner by means of a notation in the program or syllabus, or verbally by the activity director or moderator prior to the beginning of the activity. Individuals who do not provide the requested disclosure information will be disqualified from participating in the development and delivery of a CME activity.

Activity Title

Planner Name

Please answer all the questions on both pages and sign on page 2.

1. **Do you or any member of your immediate family have any relevant financial relationships with commercial interests (entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients) in any amount within the past 12 months?**

Yes No

- a) **If Yes**, please list (attach separate page if necessary) the commercial entities with the type of relationship listed below.

Grant/Research Support

Consultant

Speakers Bureau

Patent Holder

Member, Scientific Advisory Board

Member, Board of Directors

Stock Shareholder (directly purchased)

Other Financial Support (specify)

Other Relationship/Affiliation (specify)

b) **If Yes**, will the direction/recommendations of content you provide include discussion of specific products/services of the commercial entities you've listed above?

Yes No

c) **If Yes**, list the specific product(s)/service(s) of the commercial entity(ies) and the medical indication(s) associated with the relationship(s)?

2. **Will your recommendations during the planning of this activity include discussion of unlabeled/investigational uses of a commercial product?**

Yes No

a) **If Yes**, list the specific product(s) and the off-label or medical indication(s).

I certify that the information I have provided is true and complete to the best of my knowledge and I accept responsibility for the accuracy of the information in response to the aforementioned questions. I will uphold academic standards to ensure balance, independence, objectivity and scientific rigor in my role in the development and implementation of this educational activity.

Signature

Date

CCOE Use Only		
<p>Conflict of Interest Present</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate mechanism to resolve conflict of interest in the right column.</p>	<p><input type="checkbox"/> CCOE review</p> <p><input type="checkbox"/> Activity director review</p> <p><input type="checkbox"/> Activity planning committee review</p> <p><input type="checkbox"/> Balanced planning committee representation</p> <p><input type="checkbox"/> Individual endorses evidence-based practice recommendations</p> <p><input type="checkbox"/> Individual will refrain from making clinical recommendations</p> <p><input type="checkbox"/> Individual recusal from specific activity content pertaining to clinical recommendations</p> <p><input type="checkbox"/> Unable to resolve individual's conflict of interest</p> <p><input type="checkbox"/> Other; specify</p>	
Signature	Role	Date



**Center for Continuing and Outreach Education
Attestation – CME Independence and Content Validity
Activity Director/Planning Committee**

Please check each of the following boxes to attest to your understanding of and willingness to comply with the corresponding statements regarding CME independence and content validity. If you have any questions regarding your ability to comply, please contact CCOE as soon as possible. Thank you.

Activity Title

Planner Name

During the development of this activity, I attest to the following:

- Conduct the activity in compliance with UMDNJ policies and guidelines pertaining to continuing medical education, **ACCME Essential Areas and Standards for Commercial Support**, **AMA Physician’s Recognition Award**, **OIG Compliance Program Guidance for Pharmaceutical Manufacturers**, **FDA Guidance for Industry: Industry-Supported Scientific and Educational Activities**, **PhRMA Code on Interactions with Healthcare Professionals**, and **AdvaMed Code of Ethics on Interactions with Health Care Professionals**
- The choice of content (including speakers) and/or the presentation of information included in this activity will promote improvement and quality in healthcare, and will not promote a specific proprietary business interest of a commercial interest.
- Clinical recommendations presented in this activity will be based on evidence that is accepted within the profession of medicine that adequately justifies the indications and contraindications in the care of patients.
- Scientific research referred to, reported or used in this activity in support of justification of a patient care recommendation will conform to generally accepted standards of experimental design, data collection and analysis.
- Content for this activity, including any presentation of research findings and therapeutic recommendations, will be well-balanced and evidence-based, and presented in unbiased manner.
- I have not and will not accept any honoraria, additional payments, or reimbursements beyond that which has been agreed upon with UMDNJ-CCOE in accordance with approved budget.
- I’m not on the Office of Inspector General’s list of excluded individuals/entities or have been debarred, excluded or are otherwise ineligible to participate in any federal healthcare program.

During the planning of this activity, I agree to:

- As Activity Director, identify, manage, and resolve any speakers’ conflicts of interest prior to delivery of the content to the learner through the appropriate content peer review.
 - As a planner, assist the Activity Director with this task as needed.
 - Unable to perform task due to a conflict of interest as indicated on my disclosure form.
- As Activity Director, conduct the appropriate peer review of all content and course materials to ensure the content is scientifically valid, evidence-based, balanced, and free from commercial bias (*regardless of whether the activity itself receives commercial support*).
 - As a planner, assist the Activity Director with this task as needed.
 - Unable to perform task due to a conflict of interest as indicated on my disclosure form.

I certify that I have carefully read and considered each item in this form. My signature below attests to my compliance with these requirements.

Signature

Date



**UMDNJ-Center for Continuing and Outreach Education
Regularly Scheduled Conferences
Financial Form – FY 2010-2011**

Series Title: _____

CCOE#: _____

The following fees will be charged by the UMDNJ-CCOE for the activity listed above.

Accreditation and Compliance Management Fee	Upon approval of the CME Activity Planning Worksheet	\$1,000.00
Registration Processing & Recording Fees	Upon receipt of attendance roster at the conclusion of the series (~ July 2011).	\$10.00 per person
Industry Grant Management Fees via CCOE (UMDNJ) Foundation	Upon receipt of funds from each approved grant.	5% of grant total

UMDNJ Departments: Please provide the appropriate account numbers below. This form authorizes CCOE to process an interdepartmental transfer of a maximum of \$2,000 (\$1,000 Management Fee; up to \$500 Registration Processing & Recording Fees {50 participants @ \$10 per participant}, and up to \$500 Industry Grant Management Fees (5% of \$10,000). If the total amount exceeds \$2,000, CCOE will obtain additional authorization for the sponsoring department.

UMDNJ Affiliates: Please include a check in the amount of \$1,000.00 to cover the management fee. An invoice for Registration Processing & Recording Fees and Industry Grant Management Fees will be sent at the appropriate time indicated above. Make the check payable to UMDNJ-Center for Continuing and Outreach Education and mail to the address listed below. Thank you.

Department Fund #	Index #
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Activity Director		
Print Name	Signature	Date
Department Chair		
Print Name	Signature	Date
Department Business Manager/Budget Officer		
Print Name	Signature	Date

Return this form with the CME Activity Planning Worksheet to

**Sandie Gallt, Continuing Education Assistant
Center for Continuing & Outreach Education
30 Bergen Street, ADMC 7, Newark, NJ 07101-1709
Phone: 973-972-0076 Fax: 973-972-3295**

Needs Assessment
Samples of Educational Linkages Connecting the
Identified Educational Need with the Desired Result/Outcome

EXAMPLE 1	
Current Practice	Under-treatment of hyperlipidemia is common.
Best Practice	Large body of evidence confirming the effectiveness of lipid lowering for the secondary prevention of coronary heart disease (CHD) events.
Gap Analysis	Patients not being treated for elevated cholesterol levels resulting in cardiovascular morbidity and mortality.
Educational Need(s)	<input checked="" type="checkbox"/> Knowledge (<i>lack of understanding</i>) <input checked="" type="checkbox"/> Competence (<i>inability to apply strategy</i>) <input type="checkbox"/> Performance (<i>sub-optimal behavior</i>)
Desired Result(s)	Prescribing potent, efficacious, well-tolerated lipid-lowering agents may help many patients achieve their recommended levels of LDL-C.
Intended Outcome(s) (Change)	<input checked="" type="checkbox"/> Competence (<i>changes in how to apply knowledge to practice</i>) <input type="checkbox"/> Performance (<i>change in practice performance as a result of application learned</i>) <input type="checkbox"/> Patient Outcomes (<i>change in health status of patients due to change in practice behavior</i>)
Sources	Allen JK, et al. American Heart Journal 2002;144(4):678-86 <i>Research Findings and National Clinical Guidelines</i>
EXAMPLE 2	
Current Practice	<p>African Americans, Asians and Hispanics have lower rates of antidepressant management compared with non-Hispanic whites.</p> <p>PCPs provide substantially lower-quality care in terms of completion of a minimal course of treatment for depression or assessment and treatment of psychiatric comorbid conditions.</p>
Best Practice	Clinicians must develop an individualize approach to prescribing antipsychotic medications due to the potential relation of ethnic and individual difference to metabolism, health conditions, lifestyle and diet.
Gap Analysis	Suboptimal pharmacologic treatment of depression exists in ethnic, minority, and socioeconomically deprived patients, especially in the primary care setting.
Educational Need(s)	<input checked="" type="checkbox"/> Knowledge (<i>lack of understanding</i>) <input checked="" type="checkbox"/> Competence (<i>inability to apply strategy</i>) <input type="checkbox"/> Performance (<i>sub-optimal behavior</i>)
Desired Result(s)	Clinicians must apply an integrative treatment approach that accounts for biological factors and cultural issues that may influence response to pharmacotherapy.
Intended Outcome(s) (Change)	<input checked="" type="checkbox"/> Competence (<i>changes in how to apply knowledge to practice</i>) <input type="checkbox"/> Performance (<i>change in practice performance as a result of application learned</i>) <input type="checkbox"/> Patient Outcomes (<i>change in health status of patients due to change in practice behavior</i>)
Sources	Williams, RA. Eliminating Healthcare Disparities in America: Beyond the IOM Report 2007 APA Practice Guideline - Treatment of Patients with Major Depressive Disorder 2000 Melfi, CA, et al. J Clin Psychiatry. 2000; 61(1):16-21 Stockdale SE, et al. Med Care. 2008; 46(7): 668-77 <i>Expert Opinion, Specialty Society Guidelines, Peer-Reviewed Literature(Insurance and Referral Diagnosis Data)</i>

Terms and Definitions to Support Understanding of ACCME's Update Accreditation Criteria

<p>Competence</p>	<p>“Knowing how to do something” Miller, G. The assessment of clinical skills/competence/performance. <i>Academic Medicine</i>, 65(9):S63-7, 1990</p> <p>...is a combination of knowledge, skills and performance...the ability to apply knowledge, skills and judgment in practice. Sanford, B. (Ed.). <i>Strategies for maintaining professional competence: A manual for professional associations and faculty</i>. Toronto, Canada: Canadian Scholars Press, Inc,1989</p> <p>The simultaneous integration of knowledge, skills, and attitudes required for performance in a designated role and setting. Spencer, L.M., McClelland, D.C., & Spencer, S.M. (1994). <i>Competency assessment methods: History and state of the art</i>. Hay/McBer Research Press.</p>
<p>Competency</p>	<p>An underlying characteristic... causally related to effective or superior performance in a job. Spencer, L.M., McClelland, D.C., & Spencer, S.M. (1994). <i>Competency assessment methods: History and state of the art</i>. Hay/McBer Research Press Boyatzis, R.E. (1982). <i>The competent manager: A model for effective performance</i>. New York:Wiley-INTERSCIENCE</p>
<p>Performance</p>	<p>What one actually does, in practice. Performance is based on one's competence but is modified by system factors and the circumstances.</p>
<p>Professional Practice Gap</p>	<p>The difference between actual and ideal performance and/or patient outcomes.</p> <p>In patient care, the quality gap is “the difference between present treatment success rates and those thought to be achievable using best practice guidelines.” Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Fact Sheet. AHRQ Publication No. 04-P014, March 2004. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/epc/qgapfact.htm</p> <p>As CME content goes beyond issues of direct patient care the ACCME is using professional practice gap to refer to a quality gap in areas that include but also can go beyond patient care (e.g., systems' base practice, informatics, leadership and administration).</p>
<p>Scope of Practice</p>	<p>The range or breadth of a physician's actions, procedures, and processes.</p> <p>“...those health care services a physician or other health care practitioner is authorized to perform by virtue of professional license, registration, or certification.” Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety, Federation of State Medical Boards, 2005.</p> <p>“Scope of practice: Definition of the rules, the regulations, and the boundaries within which a fully qualified practitioner, with substantial and appropriate training, knowledge, and experience may practice in a field of medicine or surgery, or other specifically defined field. Such practice is also governed by requirements for continuing education and professional accountability.” Assessing Scope of Practice in Health Care Delivery: Critical Questions in Assuring Public Access and Safety, Federation of State Medical Boards, 2005</p>