

Continuing Medical Education (CME) Planning Document for Regularly Scheduled Series (RSS)

All CME activities undertaken by the UTRGV School of Medicine Office of CME (SOM OCME) are planned and implemented in accordance with the Accreditation Council for Continuing Medical Education (ACCME) accreditation requirements and policies. Accordingly:

- UTRGV SOM OCME will be the final authority for all aspects of the planning process, including, but not limited to, the gap analysis, learning objectives, activity design, faculty selection, and evaluation metrics.
- All activities must comply with the ACCME Standards for Integrity and Independence and, if designed for physician learners, the AMA standards regarding the Physician's Recognition Award and Gifts to Physicians from Industry.
- All activities must be for scientific and educational purposes only; the educational content of activities
 must be accepted by the profession(s) constituting the target audience as being within the
 science/scope of practice of the intended audience(s), and applicable to the delivery of healthcare to
 the public
- Requests for RSS CMEs must be made at 1 month in advance, allowances will be made on a caseby-case basis, please contact the OCME to discuss.

Primary Contact:	
Title:	
ISU / Dept	
Phone: Email:	
Providership Type: Direct I Planned by only UTRGV School of Medicine Faculty Joint I Planned in partnership with a non-accredited provider(s)	
Proposed Title of Global RSS:	
Activity Date(s):	
Venue & Location of Activity: Venue, Street Address, City, State, Zip and Telephone Number	
Anticipated frequency of Sessions: Monthly Bi-Weekly Weekly	
Type of Activity: Live Enduring /Asynchronous	
Anticipated number of: Physician attendees:	
Number of Faculty:	
Do you anticipate any Commercial Supporter(s)? (additional forms will be required)	

UTRGV W Health School of RioGrande Valley Medicine

<u>Planners</u>: Completed disclosures of financial relationship(s) with ineligible company* are required by all planners, speakers and other who would be in the position to control content, The planning disclosures are required before the content development to ensure no bias exists with the planners, and if so, the planner can be excused.

Planners/speakers cannot be employed by or hold any full-time appointments with an ineligible company If you are unable to disclose these financial relationships for any reason, you will be disqualified from participating in the planning or delivery of this activity.

Should a relevant financial relationship of anyone involved with the content of the activity be identified, this relationship must be mitigated according to the *ACCME Standards for Integrity and Independence*- Standard 3. UTRGV SOM OCME will attempt to mitigate any relevant financial relationships. Any irresolvable financial relationship will exclude the planner from participating in the planning or delivery of this activity.

List the planners with credentials along with their contact information:				
Disclosure Form	Mitigation needed?	Member Name	Email Address	ACCME Standard for Integrity & Independence in Accredited Continuing Education-
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***An ineligible company** one whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

OVERALL SERIES "GLOBAL" LEARNING OBJECTIVES

List 3-6 overall learning objectives for this series in terms of expected change in skills/strategy and/or performance and/or patient outcomes that are measurable and contribute to the potential impact on clinical practice and/or patient health.

For assistance in formulating specific, measurable, outcomes-based objectives, review the teaching tool entitled "Guidelines for Writing Learning Objectives" developed by the American Academy of Family Physicians © 2013

https://www.aafp.org/content/dam/AAFP/documents/cme/faculty_development/assessments-writing.pdf

At the conclusion of this series, learners should be better able to:

1	
2	
3	
4	
5	
6	

GLOBAL 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 regard to knowledge, skills/strategy 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 and/or skills/strategy and/or performance of the learner for an identified disease state, patient safety issue, ethical/cultural issue, practice management issue, etc.
 - o BEST PRACTICE is the best evidenced based data or highest standard of care.
- Indicate the reason(s) of the practice gap: Gap in knowledge and/or skills/strategy 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)

Conduct a needs assessment for up to <u>FOUR (4) specific areas</u> in critical need of education that will be addressed in this series for the upcoming year. (add additional pages as needed)

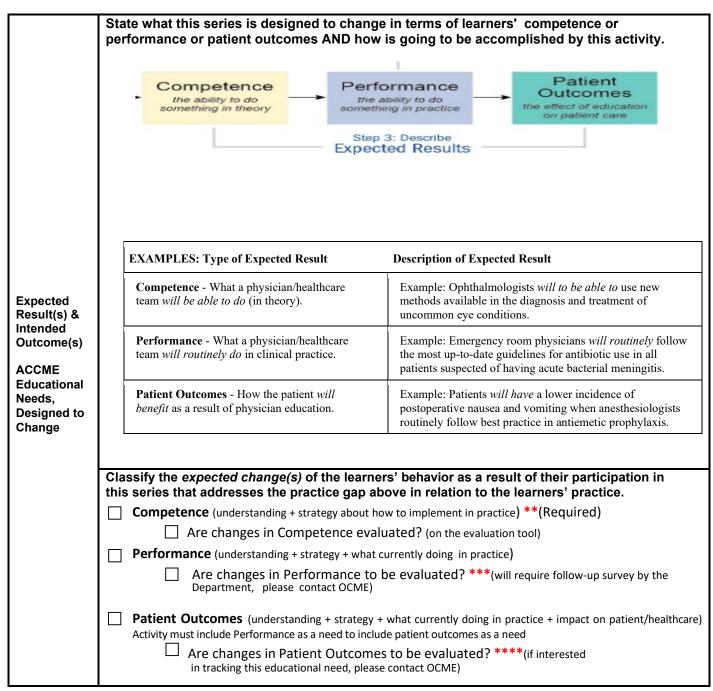


Needs Assessment for Global RSS

(Educational Planners need to identify the existing **professional practice gap** the series is designed to close. A practice gap is the difference between current practice* and best practice based on the latest professional knowledge in the field)*

Current Practice	Professional Practice Gap Best Practice	
Current Practice ACCME Educational Needs, Designed to Change)	Indicate the issue/problem/practice gap do you want to address/resolve? Learners are not aware of new methods for diagnosis and treatment Learners do not know how to apply the new information into practice Learners are not applying evidence-based guidelines into practice Learners are having difficulty managing patient care scenarios Patient problems/challenges that have not been addressed appropriately/ adequately Areas of patient care within the department/institution need improvement Gap identified by PI/QI process Broad variations of patient care among colleagues Issues reported by patients that need more attention/follow-up Other (specify): Describe the specific issue/problem/practice gap indicated above.	
	List the specific source(s) you used to identify this practice gap and provide documentation to support the existence of this gap. Describe the quality and/or performance and/or standards of care measures that highlight optimal expectations related to this practice gap?	
Best Practice (ACCME Educational Needs	List the specific source(s) that supports this standard of care and provide documentation to support it.	
Educational Need(s)	Determine the educational need that will drive the development of the series objectives and ultimately the outcomes measurement. CME Activities must be designed for a potential outcome of changing competence, performance and/or patient health.	
(ACCME Educational Needs, Designed to Change)	Knowledge Competence Performance the ability to do the ability to do the ability to do something in theory Image: Something in theory The ability to do Indicate the reason the practice gap exists related to the gap analysis above. Image: Something in theory Something in practice Indicate the reason the practice gap exists related to the gap analysis above. Something in theory Something in practice Indicate the reason the practice gap exists related to the gap analysis above. Something in theory Something in theory Indicate the reason the practice gap exists related to the gap analysis above. Something in theory Something in theory Indicate the reason the practice gap exists related to the gap analysis above. Something in theory Something in theory Indicate the reason the practice gap exists related to the gap analysis above. Something in theory Something in theory Indicate the reason the practice gap exists related to the gap analysis above. Something in theory Something in theory Indicate the reason the practice gap exists related to the gap analysis above. Something in theory Something in theory Indicate the reason the practice gap exists related to the gap analysis above. Something in theory Something in theory Indicate the	





* Expected results of the activity can also be used to help generate learning objectives. Use of terms that solely describe the accumulation of knowledge should be avoided, as the expected results describe the true aim(s) of the activity.

****To measure a change in competence,** you must provide evidence that the learner has knowledge that he or she did not have prior to the activity and plans to implement changes. (questions asked on evaluation)

*****To measure a change in performance,** you must provide evidence that the learner made a change in her or her practice (As a result of the activity, how do you intend to change your practice? Evaluate learner's intent to change; 6-month follow up.)

******To measure a change in patient outcomes,** you must provide evidence that this education affected patients (chart reviews, changes in quality improvement numbers, etc.)



ABMS/ACGME, IOM and IPEC Core Competencies

The Accreditation Council for Continuing Medical Education (ACCME) has determined that **CME providers must specify which of these competencies is being addressed**.

Patient care and Procedural Skills (ACGME)	Medical Knowledge (ACGME)
Practice-based Learning and Improvement (ACGME)	Professionalism (ACGME)
Interpersonal and Communication Skills (ACGME)	Systems-based Practice (ACGME)
Provide Patient-centered Care (IOM)	☐ Work in Interdisciplinary Teams (IOM)
Employ Evidence-based Practice (IOM)	Apply Quality Improvement (IOM)
Utilize Informatics (IOM)	
Values/Ethics for Interprofessional Practice (IP)	Roles/Responsibilities (IP)
Interprofessional Communication (IP)	Teams and Teamwork (IP)
Other Competencies:	
(Please specify)	

Global EVALUATION AND IMPROVEMENT

	Evaluations must assess ob	jectives, content, and	professional knowledge, s	skill, or attitude improvement.
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To measure a change in patient outcomes, you must provide evidence that this education affected patients (chart reviews, changes in quality improvement numbers, etc.)	Program Analysis
What changes will you measure? (see Moore's levels outlined below)	Prog
Physician Competence (Moore's Level 4) (required)	
Physician Performance (Moore's Level 5) (will require followup survey by Dept., contact OCME)	s Change, ments
Patient Outcomes (Moore's Level 6) (please contact OCME to track this measure)	
How will the goal, purpose or expectation of the activity be measured?	Analyzes Improven
Physician Feedback Follow-up Survey of Physician	Ana
Practice Patterns Pre/Post Test	CME
Patient Outcomes Evaluation Other	ACCME A

Moore's levels 4 – 7 are as follows:

Level 4	Learning: <u>Competence</u> (denotes strategy to implement), i.e. self-reported learner behavior
	changes / what will be implemented or why not
Level 5	Performance(Does), i.e. follow-up data (e.g. 3 month later) to compare to initial to see if
	changes Remain implemented, measurement of learner behavior changes
Level 6	Patient Health, i.e. measurement of impact on patient
Level 7	Community Health, i.e. measurement of impact on populations



Accreditation Announcement and Signature

a) Accreditation Announcement

UTRGV SOM OCME **must approve all activity announcements,** including save the date type notifications, **PRIOR TO BEING RELEASED and/or PRINTED** to ensure proper accreditation statements have been included.

Pending accreditation statements are NOT allowed.

In advertising CME credits, excluding save the date type notifications, UTRGV SOM OCME ensures all promotional materials include the following elements:

- · Statement of overall objectives for the activity
- Session descriptions (this area may include the objectives)
- · List of faculty/presenters
- Agenda/schedule to include date and times
- · Clear information concerning fees, and, if appropriate, what the fee covers
- Statement of commercial support (if applicable)
- ACCME accreditation and AMA designation statements that clearly identify the accrediting provider (UTRGV SOM OCME)

Preliminary approval of accreditation for most activities can be determined within four (2-4) business days contingent upon: completed and signed application, include all requested documentation, and the size of the activity.

b) Signature

My signature attests I have the authority to enter into this agreement.

I have fully read and understand the completed application and will abide with the application requirements to maintain compliance with the ACCME accreditation requirements and policies, as well as the *Standards for Integrity and Independence.*

UTRGV SOM OCME reserves the right to withdraw from this activity, at any time, if the requirements have not been fulfilled.

Name of Department Representative

Date

Title of Department Representative

Please submit (email) the completed and signed application (an incomplete application will be returned), and supporting documentation to: Elysa Hausmann, MSHS, CHCP CME Coordinator, UTRGV SOM Office of CME elysa.hausmann@UTRGV.edu