

CME ACTIVITY PLANNING WORKSHEET
REGULARLY SCHEDULED SERIES (Grand Rounds)
(Directly Provided)
September 2020 – August 2021

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 (University of Texas Rio Grande Valley School of Medicine (UTRGV SOM)) professional staff; faculty and their affiliates' attending physicians and healthcare staff/teams.

These activities include, but are not limited to: grand rounds, clinical case conferences, M&M conferences, and journal clubs. The format of a regularly scheduled series does not change and maintains the same time period, meeting day, structure, etc. for the duration of the series and is conducted in the institutional and practice group setting. RSS are overseen by the Office of Continuing Medical Education (OCME) at UTRGV SOM, with the management of the activity delegated to the sponsoring department or institution.

This CME Planning Process has been designed based on the Accreditation Criteria 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™* the planning process outlined in this document is required.

- **There is no distinction between grand rounds type activities and traditional live events or enduring materials; the CME requirements are identical.**
- **One CME Activity Planning Worksheet must be completed for each series design/method (formal grand rounds, case conferences, M&M conferences, or journal clubs).**
- **Designation of *AMA PRA Category 1 Credit™* 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™***
- **Educational needs assessments/professional practice/quality gap analyses provided on a previous application CANNOT be used in this year's application.**
- **Educational grants from commercial supporters (i.e., pharmaceutical companies and/or medical device manufacturers) may be available for supporting individual sessions in the series (not the entire series). Requests for funding must be presented to OCME ninety (90) days prior to the scheduled session for formal submission. For additional details, including specific submission criteria, please contact OCME.**

This CME Activity Planning Worksheet with all supporting forms and documents must be completed and submitted to OCME by **deadlines in order to secure the lowest rate.** See financial form for specific deadline dates.

Incomplete worksheets will be returned.

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ACTIVITY & CONTACT INFORMATION		
ACTIVITY TITLE/SPECIFICATIONS		Activity Code
<i>Series Title</i>		
<i>Type of Activity</i> (A separate application must be submitted for each activity type.) <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 (specify)		
<i>Frequency</i> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other:		
<i>Day(s) of the Week</i> <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri		
<i>Time of Day</i> (Maximum of two (2) hours of instruction per session) From <input type="checkbox"/> AM <input type="checkbox"/> PM To <input type="checkbox"/> AM <input type="checkbox"/> PM	<i>Series Location</i> (Institutional and practice group setting only)	
SPONSORING SCHOOL/DEPARTMENT/ACTIVITY DIRECTOR		
Identify the physician primarily responsible for planning and conducting this series on an ongoing basis. <i>* Disclosure and attestation form for Activity Director must be submitted with this worksheet.</i>		
Department		
Activity Director *	UTRGV Appointment	
Address/Mail Code		
Telephone	Fax	E-mail
ACTIVITY DIRECTOR'S ADMINISTRATIVE LIAISON		
Identify the coordinator responsible for submitting reports to OCME on an ongoing basis.		
Name		
Address/Mail Code		
Telephone	Fax	E-mail
ACTIVITY PLANNERS/PLANNING COMMITTEE		
In addition to the activity director, list all individual involved in the planning of this series. <i>* Disclosure and attestation forms for Planners and Committee Members must be submitted with this worksheet.</i>		
Name *	Title	Affiliation

EDUCATIONAL ELEMENTS

PLANNING PROCESS

Who identifies the topics and speakers? *(Select all that apply)*

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

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

TARGET AUDIENCE

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

Indicate the LEARNER POPULATION for whom this activity is SPECIFICALLY DESIGNED. *(Select all that apply)*

- Physicians: *List specialty(ies):*
- Other Health Care Providers: *List profession(s):*
- Medical Students
- Other: *specify:*

Indicate the LEARNER POPULATION WHO MAY HAVE AN INTEREST in attending this activity. *(Select all that apply)*

- Physicians: *List specialty(ies):*
- Other Health Care Providers: *List profession(s):*
- Medical Students
- Other: *specify:*

ACTIVITY GOAL

Briefly describe the overall goal of this activity. Why is this activity being planned? What do you hope to accomplish in terms of changing learner skills/strategy and/or performance?

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, measureable, outcomes-based objectives, review the teaching tool entitled “Guidelines for Writing Learning Objectives” developed by the American Academy of Family Physicians © 2013 at

http://www.aafp.org/dam/AAFP/documents/cme/faculty_development/LearningObjectivesGuidelines.pdf

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

1	
2	
3	
4	
5	
6	

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, 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.
 - 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 FOUR (4) specific areas in critical need of education that will be addressed in this series for the upcoming year.

Needs Assessment #1

Please provide a specific educational need of learners that this activity will address related to a specific practice gap in learner knowledge/competence, patient care, or patient status.

Current Practice	Indicate the issue/problem/practice gap do you want to address/resolve? (Check one only) <input type="checkbox"/> Learners are not aware of new methods for diagnosis and treatment <input type="checkbox"/> Learners do not know how to apply the new information into practice <input type="checkbox"/> Learners are not applying evidence-based guidelines into practice <input type="checkbox"/> Learners are having difficulty managing patient care scenarios <input type="checkbox"/> Patient problems/challenges that have not been addressed appropriately/ adequately <input type="checkbox"/> Areas of patient care within the department/institution need improvement <input type="checkbox"/> Gap identified by PI/QI process <input type="checkbox"/> Broad variations of patient care among colleagues <input type="checkbox"/> Issues reported by patients that need more attention/follow-up <input type="checkbox"/> Other (specify):
	Describe the specific issue/problem/practice gap indicated above.
	How do you know this issue/problem/practice gap exists?
	List the specific source(s) you used to identify this practice gap and provide documentation to support the existence of this gap.
Best Practice	Describe the quality and/or performance and/or standards of care measures that highlight optimal expectations related to this practice gap?
	List the specific source(s) that supports this standard of care and provide documentation to support it.
Educational Need(s)	Indicate the reason the practice gap exists related to the gap analysis above. <input type="checkbox"/> Knowledge (<i>learners' lack of awareness/understanding</i>) <input type="checkbox"/> Skills/Strategy (<i>learners' difficulty/inability to apply strategy</i>) <input type="checkbox"/> Performance (<i>practice lacking optimal expectations</i>)
Desired Result(s) & Intended Outcome(s)	What will the learners be expected to do differently as a result of their participation in this series that addresses the practice gap above?
	Classify the expected change(s) of the learners' behavior as a result of their participation in this series that addresses the practice gap above in relation to the learners' practice. <input type="checkbox"/> Skills/Strategy (<i>gain new abilities/strategies to apply to practice</i>) <input type="checkbox"/> Performance (<i>practice modification 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>)



**Office of Continuing Medical Education
CME FEES**

Regularly Scheduled Series Title: _____

The following fees will be charged by OCME for the activity listed above.

Accreditation and Compliance Management Fee Assessed upon approval of the CME Activity Planning Worksheet (Sept.2020 – Aug. 2021)	
Worksheet received by 5pm on -----, 2020	\$1,250.00
Worksheet received by 5pm on -----, 2020	\$0
Registration Processing & Recording Fees (we are developing a self-service portal for transcripts and certificates. Fees will be incurred for those that require UTRGV OCME to provide transcripts and certificates)	\$0 per person (at this time)
Industry Grant Management Fees Assessed upon receipt of funds from each approved grant.	5% of grant total

Please provide the appropriate account numbers below. This form authorizes OCME to process an **interdepartmental transfer** of a maximum of \$1850.00 [\$1,250.00 Management Fee; \$0.00 Registration Processing & Recording Fees, and up to \$500.00 Industry Grant Management Fees (5% of \$10,000.00)]. If the total amount exceeds \$1850.00, OCME will obtain additional authorization for the sponsoring department.

If sponsoring department does not have access to an active UTRGV account, please contact the OCME office at the information listed below.

Department Account #		
Activity Director		
Print Name	Signature	Date
Department Chair		
Print Name	Signature	Date
Department Business Manager/Budget Officer		
Print Name	Signature	Date
Grant Analyst (if grant funded)		
Print Name	Signature	Date

**Return this form electronically with the CME Activity Planning Worksheet to:
Elysa Hausmann, Program Coordinator
Office of Continuing Medical Education
Phone: 956-296-1935 ocme@utrgv.edu**