

Guide to Completing the RSS Application

Introduction- This document serves as a guide to assist you with completing the RSS Application. The guide follows the RSS application and provides further detail regarding each section. In addition, this document links each section with the specific Accreditation Council for Continuing Medical Education (ACCME) requirement for CME activities (note, ACCME accredits the University of Massachusetts Medical School to provide continuing medical education for physicians and other health care professionals). If you need further clarification, please do not hesitate to contact UMass OCME at 508-856-3041.

Section 1 of 4: Activity Description

Activity Information			
Title RRS Activity Title			
This activity is presented by the Department(s) of OCME		Division(s) of	
Date(s) September 1, 2011-June 30, 2012	Time 9:00 am – 10:00 am	Location Amphitheater I	

Additional dates, times, and locations attached

"Type of Activity" helps us to meet **ACCME Criteria 5**: Educational formats are chosen that are appropriate for the setting, objectives, and desired results of the activity.

Type of Activity (select all that apply) (meets ACCME criteria C5)

X	Regularly Scheduled Series ⁱ (grand rounds, tumor boards, etc)	
	Frequency: <input checked="" type="checkbox"/> 1/week <input type="checkbox"/> 2/week <input type="checkbox"/> 1/month <input type="checkbox"/> 2/month <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____	
	Day: <input type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Requested Credit hour(s): 1		

Section 2 of 4: Leadership and Administrative Staff Supportⁱⁱ

Section 2 of 4: Leadership and Administrative Staff Supportⁱⁱⁱ - In this section, the individuals with overall responsibility for the planning, development, implementation, and evaluation of the content and logistics are identified. A UMass physician must serve in the role of the Medical Director or Co-Director. Note: the MD, Co-Director, Administrative Coordinator are required to complete a UMass OCME disclosure of financial relationships form before the CME application will be approved.

Medical Director (MD) The physician or basic scientist who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of the RSS.

Name John Doe	Degree(s) MD
Title Professor	Affiliation UMass
Department Pediatrics	Phone 508-000-0000 Email Sample@umassmed.edu

Activity Co-Director (optional) The individual who shares responsibility for planning the RSS. Designating an Activity Co-Director is optional, but encouraged.

Name Jane Doe	Degree(s) MD
Title Assistant Professor	Affiliation UMass
Department Pediatrics	Phone 508-000-0000 Email Sample2@umassmed.edu

Administrative Coordinator The individual responsible for the operational and administrative support of the RSS; this is usually an administrative or staff assistant in the Department/Unit of the Medical Director.

Name Janet Doe	Degree(s) AS
Title Administrative Assistant	Affiliation UMass Department Pediatrics
Address 55 Lake Ave North	City Worcester State MA ZIP 01655
Phone 508-000-0000	Fax 508-000-0000 Email Sample3@umassmed.edu

Section 3 of 4: Planning

Section 3: Planning - In this section, additional individuals involved with the design, development, and implementation of the activity are listed here. In addition, the planning process and target audience are identified. Note: The Planning Committee Members are required to complete a UMass OCME disclosure of financial relationships form before the RSS application and planning worksheet will be approved.

Planning Committee - In addition to the activity medical director, co-director, and/or administrative coordinator, list the names, degrees, titles, affiliations and emails of persons chiefly responsible for the design and implementation of this activity. Use additional sheets if necessary. Note, all individuals listed will be required to complete a CME disclosure before the application will be reviewed and approved.

Name	Andrew Doe	Degree(s)	MD
Title	Professor	Dept.	Pediatrics
		Email	Sample4@umassmed.edu
Name	Bob Doe	Degree(s)	MD
Title	Professor	Dept.	Internal Medicine
		Email	Sample5@umassmed.edu
Name	Chris Doe	Degree(s)	PhD
Title	Professor	Dept.	Medicine
		Email	Sample6@umassmed.edu

Planning Process assists UMass OCME with ensuring compliance with ACCME Criteria 7: Activities are developed independent of commercial interests.

Planning Process (meets ACCME Criteria C7)

- Who identified the speakers and topics: Activity Medical Director, Activity Co-Director, CME Associate, Committee Other (provide names): planning committee
- What criteria were used in the selection of speakers (select all that apply)? Subject matter expert Excellent teaching skills/effective communicator Experienced in CME Other: _____
- Were any employees of a pharmaceutical company and/or medical device manufacturer involved with the identification of speakers and/or topics? No Yes, please explain: _____

Target Audience helps UMass OCME ensure compliance with ACCME Criteria 4: Activities are generated around content that matches the learners' current or potential scope of practice

Target Audience (meets ACCME Criteria C4)

Select all that apply (at least 1 box from, provider type must be selected). Place an "X" in the appropriate box.

Provider Type:		
<input checked="" type="checkbox"/>	MD	Resident
<input checked="" type="checkbox"/>	DO	Medical Student
<input checked="" type="checkbox"/>	PA (Physician Assistant)	NP (Nurse Practitioner)
		Other (specify) :

Section 4 of 4: Needs Assessment and Educational Design

Mission Statement helps UMMS OCME comply with ACCME Criteria 3: Activities are designed to change competence, performance, or patient outcomes as described in the UMass OCME mission.

Alignment with UMass OCME Mission Statement (meets ACCME Criteria C3)

CME activities should be designed to change competence, performance, or patient outcomes as described in the CME mission statement. The mission of UMass OCME is to assist practicing physicians and other health care professionals in the translation, diffusion, and application of evidence-based knowledge to improve patient safety and enhance clinical outcomes.

How does this activity align with the mission of UMass OCME? Check all that apply.

<input checked="" type="checkbox"/>	Designed to assist physicians and healthcare professionals gain competency and improve performance in order to become better able to provide higher quality care in order to enhance the health status of the population.
<input checked="" type="checkbox"/>	Designed to assist in the dissemination of new medical knowledge.
<input checked="" type="checkbox"/>	Collaborates on the design of interdisciplinary educational strategies to improve patient safety and to facilitate patient-centered care.
	Designed to optimize appropriate prescribing behaviors.
	Promotes the practice of evidence-based medicine.
	Other (please explain):

ACCME Criteria 6: Activities should be developed in the context of desirable physician attributes (e.g., IOM competencies, ACGME competencies). Note: the post-activity evaluation will ask learners to identify which core competencies were addressed in the activity.

Desirable Physician Attributes / Core Competencies (select 1 at minimum) (*meets ACCME Criteria C6*) CME activities should be developed in the context of desirable physician attributes. Place an "X" next to all American Board of Medical Specialties (ABMS)/Accreditation Council for Graduate Medical Education (ACGME) or Institute of Medicine (IOM) core competencies that will be addressed in this activity.

<input checked="" type="checkbox"/>	Patient care or patient-centered care	<input type="checkbox"/>	System-based practice
<input checked="" type="checkbox"/>	Medical knowledge	<input type="checkbox"/>	Interdisciplinary teams
<input type="checkbox"/>	Practice-based learning and improvement	<input type="checkbox"/>	Quality improvement
<input type="checkbox"/>	Interpersonal and communication skills	<input type="checkbox"/>	Utilize informatics
<input checked="" type="checkbox"/>	Professionalism	<input type="checkbox"/>	Employ evidence-based practice

ACCME Criteria 2: Activities incorporate the educational needs (knowledge, competence, or performance that underlie the professional practice gaps). Documentation must be provided for any source checked. Note: sources used must clearly demonstrate how the need referenced is connected to the professional practice gap(s) and educational need(s).

Needs Assessment Data and Sources (select 2 at minimum) (*meets ACCME Criteria C2*)

Please indicate how the need for this activity was brought to your attention. Select all that apply and provide supportive documentation for all boxes checked. **If you cannot provide documentation, do NOT check that source.**

<input type="checkbox"/>	Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews. <i>Potential sources of documentation: audit reports, chart reviews</i>
<input type="checkbox"/>	Ongoing census of diagnoses made by physicians on staff. <i>Potential sources of documentation: summary of notes, minutes of meetings</i>
<input type="checkbox"/>	Advice from authorities of the field or relevant medical societies. <i>Potential sources of documentation: list of expert names/medical societies AND summary of recommendation(s)</i>
<input checked="" type="checkbox"/>	Formal or informal requests or surveys of the target audience, faculty or staff. <i>Potential sources of documentation: summary of requests or surveys. Note, must show information related to areas of education need/topics of interest (not logistical summaries – i.e., food, venue, etc) EXAMPLE: The topic(s) chosen were based on previous post-activity evaluation responses. Attach evaluation information used to make your decision with your application.</i>
<input type="checkbox"/>	Discussion in departmental meetings. <i>Potential sources of documentation: summary of meeting minutes showing information discussed was related to areas of education need/topics of interest (not logistical summaries – i.e., food, venue, etc)</i>
<input checked="" type="checkbox"/>	Data from peer-reviewed journals, government sources, consensus reports. <i>Potential sources of documentation: abstracts/full journal articles, government produced documents describing educational need and physician practice gaps EXAMPLE: The attached article supports practice gaps # 1, include article with your application.</i>
<input type="checkbox"/>	Review of board examinations and/or re-certification requirements. <i>Potential sources of documentation: board review/update requirements</i>
<input type="checkbox"/>	New technology, methods of diagnosis/treatment. <i>Potential sources of documentation: description of new procedure, technology, treatment, etc</i>
<input checked="" type="checkbox"/>	Legislative, regulatory or organizational changes affecting patient care. <i>Potential sources of documentation: copy of the measure/change gaps. EXAMPLE: The attached article supports practice gap..</i>
<input type="checkbox"/>	Joint Commission Patient Safety Goal/Competency. <i>Potential sources of documentation: copy of the safety goal and/or competency</i>
<input type="checkbox"/>	Other, please specify: _____

ACCME Criteria 3: *Activities are designed to change competence, performance, or patient outcomes. The below information is designed to assist you with completing the table on the next page. "Identification of Professional Practice Gaps, Educational Needs, Learning Objectives, and Desired Results".*

Identifying Gaps, Needs, Objectives, and Results

What is a practice gap?

A professional practice gap is the difference between **actual** and **ideal** performance. Professional practice gaps are measured in terms of:

- **Knowledge:** being aware of what to do
- **Competence:** being able to apply knowledge, skills, and judgment in practice (knowing how to do something)
- **Performance:** having the ability to implement the strategy or skill (what one actually does)

How are gaps identified?

- A needs assessment looks at the gaps from a variety of angles and perspectives and is a tool for planning the activity.
- The needs assessment helps determine the current situation, state of skills, knowledge, abilities, and/or performance (what should be vs. what is, ideal vs. real, where we are vs. where we want to be).

What is the difference between a gap and a need?

- Gaps are difference between ACTUAL (what is) and IDEAL (what should be) in regards to performance and/or patient outcomes. **Educational needs** are defined as "the need for education on a specific topic identified by a gap in professional practice."

How do I formulate learning objectives?

- After looking at the practice gaps and educational needs, what do you want the learner to be able to accomplish after the activity?
 - o Learning objectives are the take-home messages that bridge the gap between the identified need/gap and the desired result.
 - o Note: learning objectives should be measurable and should begin with a verb that can be measured ("understand" should not be used as one's understanding cannot be readily measured).

What is a desired result?

- Desired results are what you expect the learner to do in his/her practice setting. How will the information presented impact the clinical practice and/or behavior of the learner? Is the activity designed to:
 - o Give participants new abilities/strategies (change competence)?
 - o Help participants modify their practice (change performance)?
 - o Help improved patient outcomes?

Note: It is important for the Planning Committee to be involved with identification of the gaps and needs as well as development of the objectives and results.

Identification of Professional Practice Gaps, Educational Needs, Learning Objectives, and Desired Results (minimum of 3 total must be identified for the overall activity) (meets ACCME Criteria C2, C3)

Professional Practice Gap ^{iv}	Educational Need ^v	This is a gap/need of: (check all that apply)	Learning Objective ^{vi}	Desired Result ^{vii}
<i>HIV providers and patients are faced with a constantly evolving standard of care. This poses a challenge for assuring that HIV treatment is consistent with the most current guidelines.</i>	<i>HIV providers need educational initiatives related to current HIV treatment guidelines.</i>	<input checked="" type="checkbox"/> Knowledge <input checked="" type="checkbox"/> Competence ^{viii} <input type="checkbox"/> Performance ^{ix} <input type="checkbox"/> Patient Outcomes	<i>Identify current guidelines in order to provide optimal care to women with HIV.</i>	<i>Increased knowledge of current HIV treatment guidelines.</i>
<i>Healthcare and service providers of patients with HIV are often reluctant to discuss matters of sexuality with aging patients. Misdiagnosis often occurs in older women due to HIV symptoms being similar to those associated with aging.</i>	<i>HIV providers need educational initiatives to help them better identify HIV risk behaviors and symptoms in women over 50.</i>	<input checked="" type="checkbox"/> Knowledge <input checked="" type="checkbox"/> Competence <input checked="" type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes	<i>Recognize HIV risk behaviors and symptoms of HIV infection in women over age 50.</i>	<i>Increased ability to correctly diagnose older patients with HIV.</i>

Additional needs/gaps, objectives, desired results attached

ACCME Criteria 18: Factors outside the provider's control are identified that impact on patient outcomes. **ACCME Criteria 19:** Educational strategies to remove, overcome or address barriers to physician change are implemented

Identified Barriers (Select 1 at minimum) (meets ACCME Criteria C18, C19)

What potential barriers do you anticipate attendees may have in incorporating new knowledge, competency, and/or performance objectives into practice? Select all that apply by placing an "X" in the appropriate box. Example: If the identified barrier is cost, you would attempt to address the barrier by stating "The agenda will allow for the discussion of cost effectiveness and new billing practices".

<input checked="" type="checkbox"/>	No perceived barriers	<input type="checkbox"/>	Lack of consensus on professional guidelines
<input checked="" type="checkbox"/>	Lack of time to assess or counsel patients	<input type="checkbox"/>	Cost
<input type="checkbox"/>	Lack of administrative support/resources	<input type="checkbox"/>	No perceived barriers
<input type="checkbox"/>	Insurance/reimbursement issues	<input type="checkbox"/>	Other, specify: _____
<input checked="" type="checkbox"/>	Patient compliance issues	<input type="checkbox"/>	

Please describe how you will attempt to address these identified barriers in the educational activity:

Presentations will allow for the discussion of patient compliance issues as well as provide resources related to the assessment and counseling of patients.

ACCME Criteria 5: Educational formats are chosen that are appropriate for the setting, objectives and desired results of the activity.

Educational Design/Methodology (meets ACCME Criteria C5)

Please indicate the educational method(s) that will be used to achieve the stated goals and objectives. Select all that apply by placing an "X" in the appropriate box.

<input checked="" type="checkbox"/>	Didactic lecture	<input type="checkbox"/>	Case presentations
<input checked="" type="checkbox"/>	Panel discussions	<input type="checkbox"/>	Simulation/skills labs
<input checked="" type="checkbox"/>	Roundtable discussions	<input type="checkbox"/>	Other, specify: _____
<input checked="" type="checkbox"/>	Q&A sessions	<input type="checkbox"/>	

ACCME Criteria 17: Other educational strategies are used to enhance change as an adjunct to this activity. This helps reinforce the learning that occurred in the activity. These strategies do not offer CME credit, but are provided to the learners of a CME activity.

Other Educational Strategies (meets ACCME Criteria C17)

Other educational strategies could be used to enhance change in your learners as an adjunct to this activity. Examples include patient surveys, patient information packets, email reminders to the learners (i.e., summary points from the lecture, new information), posters throughout the hospital, department newsletters, etc.

What other educational strategies will you include in order to enhance your learners' change as an adjunct to this activity? **Summary points will be made available to participants approximately 1 month following the RSS.**

ACCME Criteria 11: Changes in learners' competence, performance, or patient outcomes as a result of the activity are measured and analyzed.

Evaluation and Outcomes (*meets ACCME Criteria C3, c11*)

How will you measure if changes in competence, performance or patient outcomes have occurred? Place an "X" next to all that apply; note, you may be asked to provide summary data for the evaluation methods selected.

Evaluation

<input checked="" type="checkbox"/>	Post activity evaluation (required-measures learner satisfaction)	Audience response system (assesses if learners understand content and provides learning reinforcement)
	Pre-Post test (measures immediate learning)	Focus group (qualitative measurement to seek more in-depth information)
	Learning contract (commitment-to-change question)	Case discussion or vignettes (measures application of knowledge to practice or competence)

Outcomes

Knowledge/Competence

<input checked="" type="checkbox"/>	Evaluation form for participants (required)	Other, specify: _____
	Audience response system (ARS)	
	Customized pre and post-test	

Performance

	Adherence to guidelines	Direct observations
<input checked="" type="checkbox"/>	Case-based studies	Other, specify: _____
	Chart audits	

ⁱ **Regularly Scheduled Series** are daily, weekly, monthly or quarterly CME activities that are primarily planned by and presented to the organization's professional staff.

ⁱⁱ The Medical Director, co-director, administrative coordinator (if applicable) and all planning committee members will be required to complete the UMass OCME disclosure form before this application will be reviewed.

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^{iv} **A professional practice gap** is defined as the difference between ACTUAL (what is) and IDEAL (what should be) in regards to performance and/or patient outcomes.

^v **An educational need** is defined as "the need for education on a specific topic identified by a gap in professional practice."

^{vi} **Learning objectives** are the take-home messages; what should the learner be able to accomplish after the activity? Objectives should bridge the gap between the identified need/gap and the desired result.

^{vii} **Desired results** are what you expect the learner to do in his/her practice setting. How will the information presented impact the clinical practice and/or behavior of the learner? Indicate how this change could be reasonably measured.

^{viii} **Competence** is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something).

^{ix} **Performance** is defined as what one actual does, in practice.