

CME ACTIVITY PLANNING WORKSHEET
REGULARLY SCHEDULED SERIES (Grand Rounds)
(Directly Provided)
July 2016 – June 2017

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 (Rutgers Biomedical and Health Sciences - RBHS) professional staff; NJMS or RWJMS 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 Center for Continuing and Outreach Education (CCOE) at Rutgers Biomedical and Health Sciences, 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 in last year's 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 CCOE ninety (90) days prior to the scheduled session for formal submission. For additional details, including specific submission criteria, please contact CCOE.**

This CME Activity Planning Worksheet with all supporting forms and documents must be completed and submitted to CCOE by **FRIDAY, MAY 27, 2016 in order to secure the lowest rate.** See financial form for specific deadline dates.

Incomplete worksheets will be returned.

CME ACTIVITY PLANNING WORKSHEET
 REGULARLY SCHEDULED SERIES (Directly Provided)
 July 2016 - June 2017

ACTIVITY & CONTACT INFORMATION		
ACTIVITY TITLE/SPECIFICATIONS		Activity Code
Series Title		
Type of Activity (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)		
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"/> Thurs <input type="checkbox"/> Fri		
Time of Day (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	Series Location (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>		
School <input type="checkbox"/> NJMS <input type="checkbox"/> RWJMS <input type="checkbox"/> Other	Department	
Activity Director *	Rutgers 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 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):*
- House Officers: *List specialty(ies):*
- 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):*
- House Officers: *List specialty(ies):*
- Medical Students
- Other: *specify:*

If a considerable portion of the learner population includes non-physicians and/or interprofessional team members, would you consider obtaining other CE certifications such as nursing and/or pharmacy CE credit for this activity? RBHS is currently seeking joint accreditation, and if awarded, will be able to certify the series for nurse and/or pharmacy credit. Note – Members of these professions must be involved in the planning of the activity. Further information will be made available in August/September 2016.

- Yes
- No
- Not interested; the series' target audience is physicians

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

Needs Assessment #2

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

Needs Assessment #3

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

Needs Assessment #4

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

LEARNER COMPETENCIES

Indicate the learner-based competencies that will be addressed in this series **SPECIFIC ONLY TO THE NEED ASSESSMENTS DESCRIBED ABOVE.**

(Select all that apply)

American Board of Medical Specialties (ABMS) Maintenance of Certification (MOC) Competencies

- Patient Care:** Provide care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Medical Knowledge:** Demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social behavioral) sciences and their application in patient care
- Practice-Based Improvement and Improvement:** Be able to investigate their patient care practices, appraise and assimilate scientific evidence and improve in the practice of medicine
- 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; uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader)
- Professionalism:** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- 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)

Institute of Medicine Core Competencies

- Provide Patient-Centered Care:** Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health
- Work In Interdisciplinary Teams:** Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable
- Employ Evidence-Based Practice:** Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible
- Apply Quality Improvement:** Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality
- Utilize Informatics:** Communicate, manage knowledge, mitigate error, and support decision making using information technology

TEAM COMPETENCIES

Indicate the competencies that will be addressed in this series **SPECIFIC ONLY TO THE NEED ASSESSMENTS PROVIDED ABOVE AND SPECIFIC TO THE INTERPROFESSIONAL EDUCATION OF THE HEALTHCARE TEAM.**

(Select all that apply)

Core Competencies for Interprofessional Collaborative Practice

Not Applicable

Values/Ethics for Interprofessional Practice: Work with individuals of other professions to maintain a climate of mutual respect and shared values

Roles/Responsibilities: Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served

Interprofessional Communication: Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease

Teams and Teamwork: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable

Professionalism: Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

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)

EDUCATIONAL METHOD/DESIGN AND FORMAT/DESIGN RATIONALE

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

(Select all that apply)

Indicate 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)

- Didactic Lecture
- Case Presentation/Study
- Panel Discussion
- 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)

- 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 interactions among the interprofessional team
- Other (specify)

EVALUATION/OUTCOMES

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

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

(Select all that apply)

- Bi-Annual Evaluation of Learners** (minimum requirement): Measures learner satisfaction and impact on practice, and assesses skills/strategy through intent-to-change inquiry
- Individual Session Evaluation for Participants:** Measures learner satisfaction that the needs were met and assesses skills/strategy; **Required for commercially supported sessions**
- Commitment-to-Change Inquiry/Learning Contract:** Measures skills/strategy 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:** Measures application of knowledge to practice or skills/strategy
- Simulation Demonstration:** Demonstrates skills/strategy
- Focus Group:** Qualitative measurement to seek more in-depth information
- Other** (specify)

PROPOSED FACULTY, DISCLOSURE, AND CONTENT REVIEW

- All **Faculty Presenters** should be notified of the specific needs assessment data and the resulting learning objectives developed prior to activity to assist with the preparation of his/her presentation.
- All **Faculty Presenters and Planners** (activity directors, planners, speakers, moderators, discussants) must disclose relevant financial relationships. Copies of completed disclosure forms must be sent to CCOE during the appropriate quarterly reporting cycle. Individuals will be disqualified from the activity if they fail to complete a disclosure form.
- **Activity Directors or Planners** (without a relevant financial relationship) must review each individual's disclosure and identify and resolve any conflicts of interest.
- All **Faculty Presenters** must submit their content (e.g., slides and handouts) for appropriate content review and validation (and with sufficient time). Faculty who refuse to submit their content for peer review will be disqualified from participating in the activity.
- **Activity Directors or Planners** (without a relevant financial relationship) are required to review and validate all content being presented in the series and document such review through the use of the content review form. If any concerns are noted, 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. Failure of faculty to submit their content for content review or if corrective action is not addressed, the faculty will be disqualified from participating in the series.
- **All individual disclosure declarations** must be reported to the audience prior to the start of the presentation.

❖ These actions must be taken prior to the presentation being delivered to learners. ❖

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

Will they be compensated?

- Individuals with Rutgers appointments
- Individuals from Rutgers affiliated institutions
- Individuals from local community not associated with Rutgers 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, taking into account the 5 items below, 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? *(Check all that apply)*

- Departmental Budget Commercial Support Other (specify):

COMMERCIAL SUPPORT

- Please review the ACCME's Standards for Commercial Support. <http://goo.gl/1bca3y>
- **As mandated by accreditation regulations, all requests for commercial support must be coordinated through CCOE. CCOE will manage the solicitation, receipt and disbursement of industry funds related to the activity. Activity Directors must complete a Grant Solicitation Request Form and submit to CCOE 90 days prior to a scheduled session. Contact CCOE for additional details.**
- Terms of commercial support must be documented in a signed, written agreement (Letter of Agreement) between the commercial supporter and CCOE, with Rutgers (RBHS Chancellor Finance Officer) authorization.
- 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 director of the activity, 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.

BUDGET *(check one)*

- 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 is no monies appropriated other than 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, before the program occurs, to determine whether or not the planner is an ACCME-defined commercial interest, and to secure the necessary agreements in accordance with ACCME regulations.

AUDIENCE GENERATION

All audience generation materials must include the series/session objectives, series providers, 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 checked="" type="checkbox"/> Announcement/Flyer (<i>minimum requirement</i>) | <input type="checkbox"/> Periodical Advertising/Listing |
| <input type="checkbox"/> Print <input type="checkbox"/> Email | <input type="checkbox"/> Website: URL (specify) : |
| <input type="checkbox"/> Monthly Calendar | <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 conferences' financial form

Incomplete worksheets will be returned. Failure to furnish required supporting documents to document compliance with CME regulations will result in disqualification of CME certification.

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 learner skills/strategy and/or performance and/or patient outcomes by incorporating the educational needs that underlie the professional practice gaps of the learners within the CE mission of RBHS, and missions of RBHS and the medical school(s)
 - <http://ccoe.rbhs.rutgers.edu/general/aboutccoegeneral.htm>
 - <http://rbhs.rutgers.edu/about.shtml>
 - http://rwjms.rutgers.edu/about_rwjms/about/mission.html
 - http://njms.rutgers.edu/about_njms/mission_vision.cfm
- Assuring the educational activity is developed consistent with following policies:
 - **RBHS** policies and guidelines pertaining to continuing medical education
 - **ACCME** *Updated Essential Areas and Elements, and Standards for Commercial Support*
<http://goo.gl/qK5RIO>
 - **AMA** *Physician's Recognition Award; Opinion: Continuing Medical Education; and Opinion: Gifts to Physicians from Industry*
<http://goo.gl/jnJTcr>
<http://goo.gl/zbyxAE>
<http://goo.gl/pS2ZYj>
 - **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/downloads/RegulatoryInformation/Guidances/UCM125602.pdf>
 - **PhRMA** *Code on Interactions with Healthcare Professional*
<http://www.phrma.org/principles-guidelines/code-on-interactions-with-health-care-professionals>
 - **Advamed** *Code of Ethics on Interactions with Health Care Professionals*
<http://advamed.org/issues/1/code-of-ethics>
- 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**
- Assuring that faculty and planners' 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 commercial 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, development, implementation, and evaluation including but not limited to: (a) identification of CME needs; (b) determination of educational objectives; (c) selection and presentation of content; (d) selection of all persons and organizations including planners and faculty that will be in a position to control the content; (e) selection of educational methods; and (f) evaluation of the activity
- Assuring all payments and reimbursement from a commercial support are not given directly to the director of the activity, planning committee members, faculty, or any others involved with the series
- Assuring that all budget assumptions and honoraria payments are reasonable and comply with all organizational policies

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 Presenters and Planners submit a completed disclosure form**
- **Faculty provides their content (e.g., slide presentation) for content validation peer review**
- **Activity Director or qualified 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.**
- **Faculty Presenters and Planners disclosure declarations are reported to the audience prior to the start of the presentation**

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 Rutgers, CCOE, and the agencies that regulate continuing medical education. • I understand that CCOE reserves the right to withdraw approval for <i>AMA PRA Category 1 Credit</i>TM 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 electronically to:

**Sandie Gallt, Continuing Education Assistant
Center for Continuing & Outreach Education
30 Bergen Street, ADMC 710, Newark, NJ 07107
Phone: 973-972-0076 sandie.gallt@rutgers.edu**



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

As a CME provider accredited by the ACCME, Center for Continuing and Outreach Education (CCOE) at Rutgers Biomedical and Health Sciences must ensure 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)

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



**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 **RBHS** 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 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.
 - Check this box if you are unable to perform task due to a conflict of interest as indicated on your disclosure form but will delegate this function to the qualified planner or designee.
- 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.
 - Check this box if you are unable to perform task due to a conflict of interest as indicated on your disclosure form but will delegate this function to the qualified planner or designee.

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



**Center for Continuing and Outreach Education
at Rutgers Biomedical and Health Sciences
Regularly Scheduled Series (Grand Rounds) – Directly Provided
Financial Form – FY 2016-2017**

Series Title: _____ CCOE#: _____

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

Accreditation and Compliance Management Fee Assessed upon approval of the CME Activity Planning Worksheet (~June - August 2016)	
Deadline #1: Worksheet received by 5pm on May 27, 2016	\$1,315.00 *
Deadline #2: Worksheet received May 27, 2016 after 5pm to June 10, 2016 at 5pm	\$1,340.00 *
Deadline #3: Worksheet received after 5pm on June 10, 2016	\$1,365.00 *
Registration Processing & Recording Fees Assessed upon receipt of attendance roster at the conclusion of the series (~ July 2017)	\$13 per person *
Industry Grant Management Fees Assessed upon receipt of funds from each approved grant.	5% of grant total

*** Departments offering five (5) or more series per year will be eligible for reduced rates. Contact CCOE for additional information.**

Please provide the appropriate account numbers below. This form authorizes CCOE to process an interdepartmental transfer of a maximum of \$3,815.00 [\$1,365.00 Management Fee; up to \$1,950.00 Registration Processing & Recording Fees (150 participants @ \$13.00 per participant), and up to \$500.00 Industry Grant Management Fees (5% of \$10,000.00)]. If the total amount exceeds \$3,815.00, CCOE will obtain additional authorization for the sponsoring department.

If sponsoring department does not have access to an active Rutgers fund, a check for the Accreditation and Compliance Management Fee **MUST BE INCLUDED** with the complete planning worksheet to cover the accreditation and compliance 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 Rutgers, The State University of New Jersey and mail to the address listed below.

Department Fund #		Index #
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:
Sandie Gallt, Center for Continuing & Outreach Education
30 Bergen Street, ADMC 710, Newark, NJ 07107
Phone: 973-972-0076 sandie.gallt@rutgers.edu**