Introduction/Basic Description

RSS Planning Document - Renewal/Recognition of CME Series for 2021-2022 cycle
Office of Continuing Medical Education

Introduction:
The purpose of this planning document is to provide a fast, easy method by which you can design and document your Regularly Scheduling Series (RSS) to meet the identified improvement needs of your learners in terms of their medical knowledge, competency, and performance. **Full instructions and guidance for this process may be downloaded here.**

Before you begin, please gather the following materials:

If renewing an existing series, collate **all your Session flyers for the past recognition period** into a single folder on ONE-DRIVE, and **use the "Share" this folder function to copy the folder link**. You will paste this link below.

We will check your series dates to be sure the compliance checklist is completed at the session level and that all documentation is present in your ONE-DRIVE renewal folder. You may be required to provide missing documentation before your series can be issued a renewal decision to take effect with any session occurring January 1, 2021 or later. CME recognition of current RSS series **will expire on December 31, 2020,** unless your most recent Recognition Letter reflects otherwise.

You must complete this Renewal/REcognition survey document online. Paper submissions are not accepted.

[New Series Recognitions are are accepted on an ongoing basis.]

If you need assistance or advice in completing this form, please contact Peter Sandre, Manager of CME Events and Compliance at 516-663-8459 or peter.sandre@nyulangone.org .

  1. Type of Application

  ◯   I am renewing an existing CME series that was recognized in 2020

  ◯   I am applying to recognize a CME series that was not recognized in 2020

  If renewing, please paste the link from your ONE-DRIVE shared folder that contains your series entire curriculum documentation (as described above)

* 2. Series Title

* 3. Series Type

* 4. Size & Scope of your series

Please list any holidays or vacations on which your series is NOT held, if they coincide with pattern described above.

How many learners will typically attend each session of your series

* 5. How Many Hours of CME/CE credit are desired per session date? (credit hours are equivalent to time spent. 1.0 clock hour= 1.0 credit hour)

Scheduling

* 6. What is the date of the first session in your series (Start Date)

Date

Date

| MM/DD/YYYY |

* 7. Which week(s) of the month will it meet?

☐ 1st ☐ 2nd ☐ 3rd

☐ 4th

* 8. On which day(s) of the week will this RSS series meet?

☐ Mon ☐ Thu ☐ Sun

☐ Tue ☐ Fri

☐ Wed ☐ Sat

☐ Other (please specify if some timeslots are different on different days)

* 9. Meeting Time(s):

StartTime

Time   AM/PM

[hh] [mm]   [- ▲▼]

EndTime

Time   AM/PM

[hh] [mm]   [- ▲▼]

StartTime (if different on a different day of week)

Time   AM/PM

[hh] [mm]   [- ▲▼]

EndTime (if different on a different day of week)

Time   AM/PM

[hh] [mm]   [- ▲▼]

Learner Composition

10. Please list the Specialties of the clinician learners you are targeting:

* 11. What credit types are you requesting to offer to your learners

- [ ] AMA PRA Category 1™
- [ ] CME - Non-Physician (Attendance)
- [ ] Adult Trauma CME Credit
- [ ] ANCC Contact Hours
- [ ] BOCATC Credits
- [ ] CST Credit
- [ ] Dietitian CPEUs
- [ ] Pediatric Trauma CME Credits
- [ ] Physical Therapy Credit
- [ ] Respiratory Therapy Credit
- [ ] Social Work CEUs
- [ ] Pharmacist (ACPE) credits
- [ ] ABIM-MOC Part II
- [ ] ABA MOCA 2.0
- [ ] ABP MOC Part 2
- [ ] ABMS MOC Part IV for QI/PI
- [ ] General Attendance
- [ ] AMA PRA Category 1 ™ with Scored Assessment(Surgery)
- [ ] Other (please specify)

Learner Needs, Gaps, Objectives

* 12. LEARNER NEEDS ASSESSMENT: What specific sources of evidence did you use to identify the educational needs of your target audience for the coming year?(select three below and provide a specific practice metric or published citation for each)

- ☐ Audit or patient care review

- ☐ Current medical literature (please attach a list of references)

- ☐ Evaluation data from previous education activities

- ☐ Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement

- ☐ Expert advice from recognized authorities in the field, e.g., faculty, activity director, chair

- ☐ Formal or informal requests from learners

- ☐ Input from stakeholders such as learners, managers, or subject matter experts Institutional QI data, admission/discharge, core measures

- ☐ Local or regional practice-based statistics

- ☐ National data (NCQA, CMS, AHQR) association reports, etc) National Task force reports

- ☐ Specialty Board's published practice guidelines

- ☐ Survey data from stakeholders, target audience members, subject matter Trends in literature, law and health care

- ☐ Direct observation

- ☐ Other (please specify)

  [   ]

* 13. Provide one example of a professional practice gap in your learners that this series will address.

A gap may be expressed in terms of learner knowledge, competence and/or performance in actual practice compared to a desired state

Gap in Knowledge (knows) [   ]

Gap in Skills (knows how) [   ]

Gap in Practice (does) [   ]

* 14. LEARNING OBJECTIVES: Select three OVERALL annual learning objectives for this series for the year. On the next page, you will need to provide at least one literature citation supporting the need for each learning objective in your specialty. Citations must be peer-reviewed, Pub-Med indexed literature that include a PubMedID/PMID)

☐ Explain the pathophysiology of the disease or disorder presented

☐ Describe current approaches to diagnosis, evaluation, and management

☐ Use evidence-based treatment algorithms and clinical guidelines to improve patient outcomes

☐ Apply the latest therapeutic advances to clinical practice

☐ Discuss ethical, communications and professionalism challenges in daily practice

☐ Serve as an educator for patients, the inter-professional team, residents and students

☐ Utilize available professional resources in the delivery of patient care services

☐ Synthesize case data using the Healthcare Matrix to identify performance

☐ Discuss the case presented, including the patient's medical history, co-morbid conditions, physical exam, diagnostic tests and treatment options

☐ Apply current medical literature, best practices and new treatment strategies to the case to improve outcomes

☐ Describe any adverse events that occurred and how these may be avoided in future cases

☐ Identify improvements needed in any of the ACGME six competencies and/or IOM Aims for Care Delivery

* 15. Provide at least TWO peer-reviewed PubMed Indexed Literature Citations to justify the Learning OBjectives and Needs Assessment you referenced above. Please include the PubMEdID/PMID number to verify that the sources you cite are PubMed indexed

Pub Med FULL CITATION (FIRST reference)	
PMID number (FIRST reference)	
Pub Med FULL CITATION (SECOND reference)	
PMID number (SECOND reference)	

Learner Competencies addresses

* 16. How often in the past year did/will your series address each of the following ABMS/ACGME competencies? (Your series must address at least one ABMS/ACGME competency to receive CME recognition)

	How often in the past year DID you use this method?	How often in the coming year WILL you use this method?
Patient care/Procedural skills	⬍	⬍
Medical knowledge	⬍	⬍
Practice-based learning and improvement	⬍	⬍
Interpersonal & communication skills	⬍	⬍
Professionalism	⬍	⬍
Systems-based practice	⬍	⬍

Other (please specify)

[   ]

* 17. How often in the past year did/will your series address each of the following Institute of Medicine (IOM) and Interprofessional Education Collaborative (IPEC) competencies?

	How often in the past year DID you use this method?	How often in the coming year WILL you use this method?
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(IPEC)	⬍	⬍
Roles/Responsibilities(IPEC)	⬍	⬍
Interprofessional Communication (IPEC)	⬍	⬍
Teams and Teamwork (IPEC)	⬍	⬍

Other (please specify)

Educational Methods

* 18. How often in the past year did/will your series use each of these tools and formats?

	How often in the past year DID you use this method?	How often in the coming year WILL you use this method?
Didactic lectures	⬍	⬍
Skill-Based Training Simulation	⬍	⬍
Panel Q&A discussion	⬍	⬍
Root cause analysis	⬍	⬍
Small Group discussion	⬍	⬍
Case-based presentations	⬍	⬍
Interactive/Socratic method/cold-calling	⬍	⬍
Self-learning/self-reflection	⬍	⬍
Healthcare Matrix	⬍	⬍
Team Problem-Solving	⬍	⬍
Polling/Audience Response	⬍	⬍

Other (please specify)

[   ]

* 19. How often in the past year did/will your series use these formative and summative evaluation methods assess the changes and improvements made and/or expressed by learners

	How often in the past year DID you use this method?	How often in the coming year WILL you use this method?
Audience Response System	⬍	⬍
Pre session knowledge tests	⬍	⬍
Post session knowledge tests	⬍	⬍
Standardized training exam	⬍	⬍
CME Office standardized surveys	⬍	⬍
Direct observation	⬍	⬍
Chart audits	⬍	⬍

Other (please specify)

Curriculum Planning Committee: Each member must complete a Financial Disclosure Form

Division of Duties

Management of an RSS includes various tasks, some of which must be completed by the series Course Director and others of which can be completed or overseen by the Administrative Contact. Refer to the table below.

Course/Activity Director (Physician) Responsibilities
1. **Educational planning** (along with Planning Committee members) (to include completion of RSS Application)
2. **Selection and oversight of an administrative contact** to maintain essential documentation and communicate with the CME Office
3. **Resolution of conflicts of interest** of speakers and planners before the educational activity
4. **Oversight of series evaluation process** and completion of a brief summary of all findings by July 1 each year
5. **Completion of Disclosure Review** and Verification Form in July of each year

CME Field Agent (Academic Coordinator) Responsibilities
6. Maintain series documentation:
-"Disclosure and Conflict of Interest Review" reports for all speakers
-Session announcements
-Attendance data by session
-Letters of Agreement for commercial support
-Record of all expenses
-Series evaluations

7. Forward session documentation to CME Office
-Announcement
-Speaker Disclosures
-Attendance

Nurse Planner Responsibilities
a)   Must be a BSN degree Nurse or higher
b)   Must complete a Nurse Planning Table for each activity and submit to Primary Nurse Planner for approval

* 20. Activity Director(Physician)

Name	
Email Address	
Phone Number	

* 21. Activity Coordinator/Administrator

Name	
Email Address	
Phone Number	

22. Name of Nurse Planner/Educator (this person must complete an Education Planning Table if Nursing CE Credit will be offered)

Name

Email Address

Phone Number

* 23. Is there a currently a known staffing interruption planned during the series recognition's term for either the CME Field Agent (coordinator) or Activity Director of this series (due to leave of absence, FMLA, or other unavailability)?

◯ Yes

◯ No

If YES, identify the dates of absence, and describe your plan for replacement staffing of the role during this period.

Other Planning Committee Members

(All Planning Committee members must file an annual Disclosure.

You may direct them to complete an electronic disclosure online at:

https://winthrop.cloud-cme.com/default.aspx?
P=900&FormID=30&FormSubmissionID=0&esid=3256

By submitting this application, you are taking responsibility that each disclosure will be completed before your series planning starts. Missing disclosures will delay your series being Recognized/Renewed.)

24. Quality Officer

Name

Email Address

Phone Number

25. NP/PA Planner

Name

Email Address

Phone Number

26. Physician Faculty Member(s)

27. Physician Faculty Members' E-mails:

Thank you for completing the RSS Renewal/Recognition for 2021-2022 Cycle.

Please remember that in addition to this application, recognition/renewal of your RSS series also requires:

- Annual Disclosure Forms for all Planning Committee members you listed above members, including Coordinator and Activity Director
- Please direct all Planners, speakers and Directors to complete their disclosure online at
- **https://winthrop.cloud-cme.com/default.aspx?P=900&FormID=30&FormSubmissionID=0&esid=3256**
- **All Planners who disclose must re-disclose every 12 months**

- By Submitting this application, you are assuming responsibility for all disclosures being submitted. Missing disclosures will delay your series Renewal/Recognition.

- Retrospective Curriculum form listing the topics, dates, and speakers for the entire year is required to be uploaded into the ONE-DRIVE folder you are sharing with us. OR if you have documented EACH meeting with a Flyer, you may upload these instead.

* 28. By signing our name(S) below, we agree to the assume the compliance and planning responsibilities of the Course Director and CME FIELD AGENT (Academic Coordinator) for our series

Activity Director Name	
Academic Coordinator Name	