CME Series Recognition: Walk-thru of the RSS Certification process for 2021

REQUIREMENTS TO RENEW OR START YOUR SERIES' CME RECOGNITION

NYU LONG ISLAND SCHOOL OF MEDICINE

DIVISION OF CONTINUING PROFESSIONAL DEVELOPMENT

NOVEMBER 1, 2020

CME Series Recognition requires Four Steps

1. **(Faculty) Activity Director submits the Activity Proposal Form (one per series)** in CloudCME, ~~not later than Dec 15, 2020~~ at **https://bit.ly/34Iqyi0**

    a) All planning team members must complete annual disclosures

    b) If your Faculty Activity Director or other series Planners disclose relationships with Commercial Entities in health care, we will require you to identify a willing **Peer Reviewer** with no commercial relationships, before recognizing your series.

2. **Department's CME coordinator completes CME Field Agent technical training** for CloudCME skills and submits proof of certificate ~~by Dec 15, 2020~~. For any Department to receive CME series recognition in 2021, a dept staff member must attain **Level I CME Field Agent Certification** [3 hours training] **and** complete the **Scored Cloud CME Skills Competency Module** [2 hours training] before signing recognition letter accepting the compliance duties to manage the series CME compliance.

    ❑ If you **did not** attain Level 1 CME Field Agent Certification previously, you must **first** pass the **Level I CMEFA Certification Test,** **then** complete the **Scored CloudCME Skills Competency Module.**

    ❑ If you previously attained Level 1 CMEFA Certification, you need to complete **only** the **Scored CloudCME Skills Competency Module.**

    ▶ The **Level I CME Field Agent Certification** requires 80% to pass.   **Start HERE**

    ▶ The **Scored CloudCME Skills Competency Module** requires 100%. **Start HERE** The Scored Skills Module is hand graded by CME office, taking 48-72 hours.

    ▶ **If your department reassigns staff who coordinate CME**, or if your CME Field Agent leaves (or has left) the institution, please alert the CME Office via the **Substitute Designation Form**

3. **Department's CME coordinator closes out ~~2020~~ data for their CME series,** including compliance items for all CME sessions of the 2020 calendar year, ~~by December 15, 2020,~~ including:

    i.   All sessions on your CloudCME calendar must have **attendance** electronically recorded, or if a session was cancelled, you must **de-activate that session.**

    ii. All Disclosures, COIR forms, Planning forms, and Peer Reviews ~~must be filed by Dec 31, 2020~~. **Compliance deficits can bar your series 2021 recognition. Organize your F:/ drive** using folder structure described on page 4 below.

4. **The CME office will process the recognition request after receiving all of:**

    a) Faculty's submitted online Activity Proposal, AND

    b) Complete documentation of coordinator's CME Field Agent training, AND

    c) Complete disclosures for all planning team members, AND

    d) Department's assigning a qualified Peer Reviewer name to the CME office.

Applying for recognition of planned CME Series curricula

▶ Please see the **four steps required for recognition** (prior page)

▶ Applications for CME Series to **begin or continue** a 12-month term in January 2021 must be submitted ~~no later than Tuesday, December 15, 2020 at 4:00pm ET~~.

  ▶ **The Faculty Activity Director should begin the application here:** https://bit.ly/34Iqyi0

  (Sign-in with KerberosID is required)

▶ Thereafter, **series applications will be accepted on a rolling basis** for 12-month CME series recognitions. After we receive your complete submission, expect a review period of 2-3 weeks before decision letters can be sent to you.

▶ The following pages provide a **visual guide** to illustrate the data we collect about your series curriculum in order to recognize physician CME, Nursing Contact Hours, and other professional development credits.

▶ Series applications received by Tuesday December 15, 2020 will receive a decision on (or about) Monday January 4, 2021. Series received after December 15, 2020 will receive a decision in 14-21 business days. Decisions will either **recognize** your series for 12-months, or **request additional materials** to reach approval.

Your Dept.'s CME Coordinator is required to organize your CME compliance documents

▶ **When a Series is approved, your department agrees to maintain the compliance evidence documents in a specific folder structure to enable periodic audits by the CME office, and if called upon, by the ACCME site surveyors during LISOM reaccreditation.**

Before submitting **request to renew** a CME series recognition, your department must organize the ending year using the following folder structure on the F:/ drive.

1. **Download** the ZIP file SERIES_ABBREV_CODENAME.zip from https://bit.ly/3looW2U

2. **Paste** it into your department's sub-folder at the purple level,

3. **Extract** The folder (Right-click: Extract All)

4. **Modify** the purple folder names. **Do not modify the red folder** names.
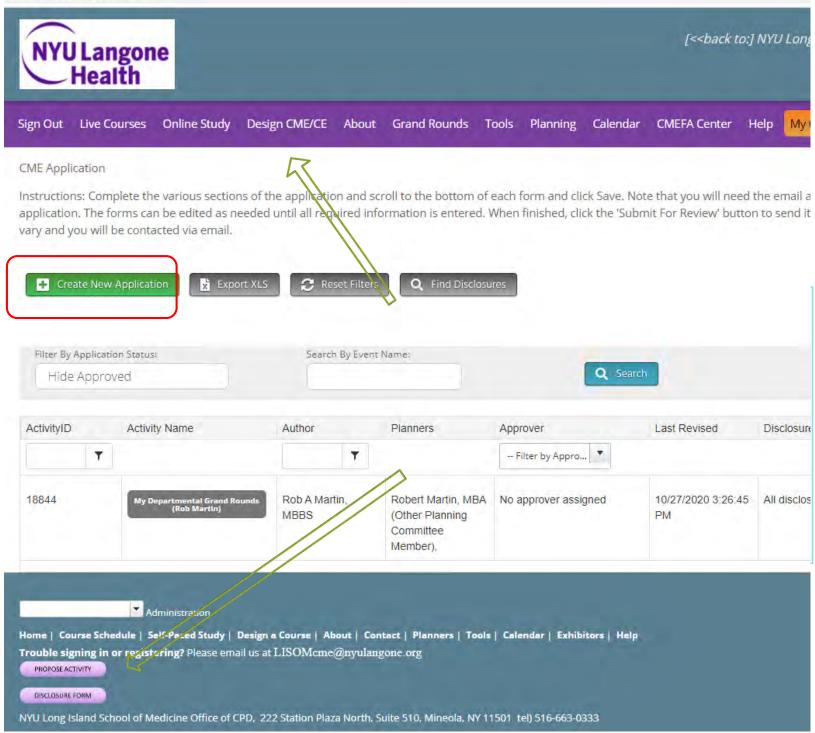
F:
  SHARING
    CME-Personnel
      RSS FORMS & RSS DOCUMENTATION FOLDERS
        MONTHLY CME ACCREDITATION
          DOCUMENTS
            SERIES_ABBREV_CODENAME
              YEAR

❑ **CME Communication Flyers**

❑ **Conflict of Interest Forms**

❑ **Credit Export Reports**

❑ **Disclosures**

❑ **Internet Consent Forms**

❑ **Peer Review Forms**

❑ **Quarterly Documentation Reports**

❑ **Sign-In Sheets**

❑ **Speaker Presentation**

Guide to Applying for Recognition of CME Series: **Starting your Application**

cloud-cme.com/application.aspx

NYU Langone Health
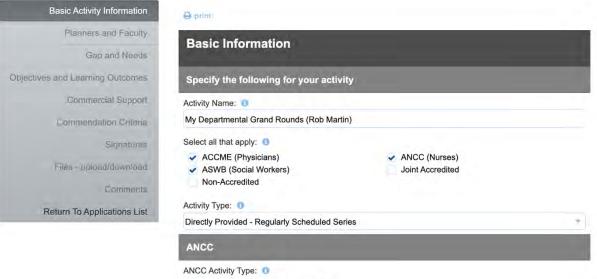
[<<back to:] NYU Long

Sign Out   Live Courses   Online Study   Design CME/CE   About   Grand Rounds   Tools   Planning   Calendar   CMEFA Center   Help   My

CME Application

Instructions: Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email a application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it vary and you will be contacted via email.

[+ Create New Application]   [Export XLS]   [Reset Filters]   [Q Find Disclosures]

Filter By Application Status: Search By Event Name:

Hide Approved   [Q Search]

ActivityID	Activity Name	Author	Planners	Approver	Last Revised	Disclosure
				-- Filter by Appro...		
18844	My Departmental Grand Rounds (Rob Martin)	Rob A Martin, MBBS	Robert Martin, MBA (Other Planning Committee Member),	No approver assigned	10/27/2020 3:26:45 PM	All disclos

[   ] Administration

Home | Course Schedule | Self-Paced Study | Design a Course | About | Contact | Planners | Tools | Calendar | Exhibitors | Help
Trouble signing in or registering? Please email us at LISOMcme@nyulangone.org

PROPOSE ACTIVITY

DISCLOSURE FORM

NYU Long Island School of Medicine Office of CPD, 222 Station Plaza North, Suite 510, Mineola, NY 11501 tel) 516-663-0333

Guide to Applying for Recognition of CME Series: Basic Information

Sign Out   Live Courses   Online Study   Design CME/CE   About   Grand Rounds   Tools   Planning   Calendar   CMEFA Center   Help   **My CME**

CME Application

Instructions: Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/faculty you identify in the application. The forms can be edited as needed until all required information is entered. When finished, click the 'Submit For Review' button to send it for peer review and possible approval. Review times vary and you will be contacted via email.

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Gap and Needs
Objectives and Learning Outcomes
Commercial Support
Commendation Criteria
Signatures
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🖨 print

Basic Information

Specify the following for your activity

Activity Name: ℹ

My Departmental Grand Rounds (Rob Martin)

Select all that apply: ℹ

- ✔ ACCME (Physicians)
- ✔ ASWB (Social Workers)
- ☐ Non-Accredited
- ✔ ANCC (Nurses)
- ☐ Joint Accredited

Activity Type: ℹ

Directly Provided - Regularly Scheduled Series ▾

ANCC

ANCC Activity Type: ℹ

- ☐ Learner Directed, Learner Paced
- ☐ Provider Directed, Learner Paced
- ✔ Provider Directed, Provider Paced

Activity Format: ℹ

- ✔ Live Activity
- ☐ Journal-based CME activity
- ☐ Manuscript review activity
- ☐ Internet point-of-care activity
- ☐ Other
- ☐ Enduring Material
- ☐ Test-item writing activity
- ☐ PI CME activity
- ☐ Leaning from Teaching

If other format, please specify:

[   ]

Department ℹ

☰ LISOM FAC.AA-J.NONAILLADA ▾

Synopsis (short description shown on listing pages - 300 character max):

[please copy from the Synopsis in the "CME Curriculum Abstract" submitted by your Activity Director Faculty member, and paste into this field]

Activity Description (shown on detailed course page and marketing materials): ℹ

[please provide an intro to this activity to enable learners to decide whether this activity is relevant to their needs]

Type of Credit Requested: ℹ

- ✔ AMA PRA Category 1 Credits™
- ☐ AARC CE Credits
- ✔ ANCC Contact Hours
- ☐ BOC Credits
- ☐ CST Credit
- ☐ MCHES Contact Hours
- ☐ Pediatric Trauma CME Credits
- ☐ Physical Therapy Credit
- ☐ Respiratory Therapy Credit
- ☐ Pharmacist (ACPE) credits
- ☐ ABA MOCA 2.0
- ☐ CME - Non-Physician (Attendance)
- ☐ Adult Trauma CME Credit
- ☐ BC-ADM Credits
- ☐ CEU
- ☐ Dietitian CPEUs
- ☐ Nursing Credit
- ☐ Pharmacy Credits
- ☐ Resident/Fellow Credit
- ☐ Social Work CEUs
- ✔ ABIM-MOC Part II
- ☐ ABP MOC Part 2

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Enter the number of credits or contact hours that you are requesting to be awarded to the activity (enter 0 if none): ℹ️

☰ 1.0

MOC

Provides MOC? ℹ️

🔘 Yes   ⚪ No

Select the applicable MOC credit type(s): ℹ️

☑️ ABIM MOC   ☐ ABA MOCA 2.0   ☑️ ABP MOC
☐ ABPath MOC   ☐ ABO   ☐ ABOHNS

MOC Credit Type(s): ℹ️

☐ Medical Knowledge Only   ☐ Medical Knowledge + Patient Safety
☑️ Medical Knowledge + Practice Assessment   ☐ Medical Knowledge + Practice Assessment +
                                              Patient Safety

☐ Practice Assessment Only   ☐ Practice Assessment + Patient Safety

Points Awarded: ℹ️   **Registration:** ℹ️   **Patient Safety Training?** ℹ️

✏️ 1   🔘 Open to All ⚪ Limited   ⚪ Yes   🔘 No

Location and Dates/Times of Activity

Please complete the fields below based on where your meeting/activity will be held.

Location (building/facility/hotel/conference room/online) *select Online for Enduring Materials*: ℹ️

☰ Winthrop Research & Academic Conference Center   ▾

City: ℹ️   State: Country:

Mineola   NY   ▾   ☰ UNITED STATES   ▾

Activity Start and End Dates

For Regularly Scheduled Series, the Start and End date should be the same date. You will set a recurrence pattern below to indicate the frequency the RSS will occur.

Start Date: ℹ️   End Date: ℹ️

01/06/2021   📅   01/06/2021   📅

Activity Start and End Times

Start Time: ℹ️   End Time: ℹ️

🕐 06:30 AM   🕐 07:30 AM

Time Zone: ℹ️

☰ (GMT -5:00) Eastern Time (US & Canada), Bogota, Lima   ▾

▶ Specify the Type of Activity and the Credit Types you will offer

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RSS Details

Series Type: ⓘ
- ○ Grand Rounds
- ● Tumor Board
- ○ Case Conference
- ○ Other
- ○ Journal Club

If other series type, please specify:

RSS Frequency: ⓘ
- ○ Weekly
- ● Monthly

How will this recur?
- ○ On day of the month (i.e. the 16th of every month)
- ● On day of the week (i.e. the third day/week/weekday/Sunday of every month)

On the (first, second, third, etc.):   fourth

Every (day, week, Sunday, etc.):   Friday

Every (1, 2, 3, etc.) months: 1

If other frequency, please specify:

Target Audience

Specialties Section ⊕

Specialties ⓘ

   Gynecology/Obstetrics

List other specialties here:

Family Practice

⇥ Save and Continue

▶ Specify your series' Schedule and the Target Audience of learners you intend to reach

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Planners and Faculty

Planning Committee and Faculty/Speakers

Complete the table below for each person on the planning committee and for each faculty/speaker. Include email, full name, degree, profession and their role on the planning committee.

Instructions: The fields in red are required. Enter a valid email address, if the user has a disclosure on file the name and degree will be automatically populated for you. If the user does not have a disclosure, the Disclosure form will automatically be emailed to them as long as a valid email address is provided for them below.

To add more planners or faculty, click the green plus (+) sign. To remove a planner or faculty, click the red minus (-) sign.

▾ Qualified Planner ⊕

Email
Robert.Martin2@nyulangone.org

First and Last Name
Robert Martin

Degree
MBA

Profession
Non-Physician

Title
Assistant Dean, Continuing Prof Dev

Department or Affiliation
NYU Long Island School of Medicine

Role in Planning Content
Other Planning Committee Member

ℹ The disclosure field below is for use by the system and is not editable, please do not attempt to enter information into the field.

Disclosure Information
Ownership Interest-Alpine, Alperion, GestVision, Oragenics, Sientra - 07/02/2020

↪ Save and Continue

▶ Specify one or more planners for the activity, including faculty/speakers, and coordinators. All involved will be sent Disclosures to complete.

▶ Note: To offer credits for multiple professions (Nurse, Social Worker, Therapist), recruit a **member of that profession** onto your planning team

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Gap and Needs

Gap Analysis

State the professional practice gap(s) of your learners on which the activity was based (100 words max)

[please copy the "observed learning or performance gap" included in the "CME Curriculum Abstract" submitted by your Activity Director Faculty member, and paste that information into this field]

Word Count: 28

State the educational need(s) that you determined to be the cause of the professional practice gap(s)

☐ Knowledge Need   ☐ Competence Need   ✔ Performance Need

Add more detail based on the Performance need (50 words max):

Over 50% of unit staff were found to lack confidence in placing a central line or cannula

Word Count: 17

State what this CME activity was designed to change in terms of competence, performance or patient outcomes (maximum 50 words).

State what this activity was designed to change, for example:]Central Line insertion technique

Word Count: 14

Explain why this educational format is appropriate for this activity (maximum 25 words).

Simulation on a patient mannikin helps learner to orient to cannula placement and physical tissue resistance

Word Count: 16

Will you be providing non-educational intervention(s) with this activity?

○ Yes   ● No

Needs Assessment

Type of needs assessment method used to plan this event; check all that apply: ⓘ

✔ Evidence-based, peer-reviewed literature
☐ Outcomes data that supports team-based education
☐ Quality care data
☐ Issues identified by colleagues
☐ Problematic/uncommon cases
☐ Ongoing consensus of diagnosis made by physician on staff
☐ Advice from authorities of the field or societies
☐ Formal or informal survey results of target audience, faculty or staff
☐ Discussions in departmental meetings
☐ Government sources or consensus reports
☐ Board examinations and/or re-certifications requirements
☐ New technology, methods or diagnosis/treatment
☐ Legislative, regulatory, or organizational changes impacting patient care
☐ Joint Commission Patient Safety Goal/Competency

Upload Needs Assessment Documentation (Accepted file types: Word, Excel, PowerPoint, PDF)

⬇ Add Files

You must develop a needs assessment:

▶ **Describe** what gap in performance, knowledge or competence exists and needs to be improved,

▶ **Cite** your evidence for the gap's existence,

and,

▶ **Explain** how your choice of session format aligns with changing that clinical behavior.

Consider: A passive didactic lecture produces knowledge that may be soon forgotten. There may be more effective and lasting ways to engage your audience in action-based learning.

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Barriers

ⓘ

No Barriers

Provider Barriers ⓘ
- ☑ Clinical Knowledge/Skill/Expertise
- ☐ Recall/Confidence/Clinical Inertia
- ☑ Peer Influence
- ☑ Motivation
- ☐ Cultural Competence
- ☐ Fear/Legal Concerns

Team Barriers ⓘ
- ☐ Roles and Responsibilities
- ☐ Shared Values and Trust
- ☐ Communication
- ☐ Team Structure
- ☐ Competence
- ☐ Consensus

Patient Barriers ⓘ
- ☑ Patient Characteristics
- ☐ Patient Adherence

System/Organization Barriers ⓘ
- ☐ Work Overload
- ☐ Practice Process
- ☐ Referral Process
- ☐ Cost/Funding
- ☐ Insurance Reimbursement
- ☑ Culture of Safety

Other Barriers ⓘ
- ☐ Lack of Opportunity
- ☐ Not Enough Time

Please explain how the identified barriers will be addressed?

[Save and Continue]

▶ Identify any barriers relevant to (or barring) improved practice that may contribute to the gap.

E.g. "Work overload my be a barrier to identifying heritable risk factors within family history. We will provide the learner with specific phrases for asking these questions."

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Objectives, Learning Outcomes and Competencies

Objectives/Learning Outcomes

What do you expect your participants to be able to do as a result of participating in this activity? *List up to 20 objectives/learning outcomes appropriate to your activity.*

To enter your objectives/learning outcomes, type an objective/learning outcome into the table below. At least one Objective/Learning Outcome is required. To add additional objectives/learning outcomes click the plus icon. To remove objectives click the minus icon.

At the conclusion of this activity, participants will be able to:

Objectives

	Number	Objective	
⊕	1	Describe correct placement of central line	ⓘ

ANCC Learning Outcome(s)

	Number	Learning Outcomes	
⊕	1	Evaluate peers placement of central line in a simulated mannikin	ⓘ

ASWB Objectives

	Number	Objective	
⊕	1	Analyze patient's communication to determine discomfort with insertion	ⓘ

NOTE: These objectives will be stated in the promotional brochure and activity's syllabus.

Outcomes

▶ **Specify one or more measureable learning objectives for the activity.** Use measurable verbs from [Bloom's Taxonomy](). "Understand" is not a measurable verb, because it cannot be objectively or directly witnessed as a learner behavior. "Discuss/Describe/Enumerate" are examples of objectively measurable learner behaviors.

▶ Note: When offering credits for multiple professions (Nurse, Social Worker, Therapist), be sure that your objectives fall within their scope of license. "Order/Prescribe" is typically not found within Nursing scope of practice. "Describe," and other cognitive activity related to prescribing, could be.

▶ Objectives can be used for multiple professions if each of the professions engages in that action in practice, for example "Monitor patient for signs of thrombosis".

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Outcomes

How do you intend to measure if competence, performance and/or patient outcomes have occurred?

Knowledge/Competence:

- ☑ Evaluation/Self-Assessment
- ☐ Audience Response System
- ☑ Customized pre/post test
- ☐ Embedded evaluation in online activity
- ☑ Physician or patient surveys and evaluations
- ☐ Other (please specify)

If Other, please specify

Performance in Practice:

- ☐ Adherence to guidelines
- ☑ Case-based studies
- ☐ Chart audits
- ☑ Customized follow-up survey/interview/focus group about actual change in practice at specified intervals
- ☐ Physician or patient feedback, surveys and evaluations
- ☑ Reminders and feedback
- ☐ Other (please specify)

If Other, please specify

Patient/Population Health

- ☑ Change in health status measure
- ☐ Change in quality/cost of care
- ☑ Measure mortality and morbidity rates
- ☐ Patient feedback and surveys
- ☐ Other (please specify)

▶ Identify the **Learning Outcomes** that your objectives can be expected to produce or improve

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Competencies

A CME activity must be developed in the context of desirable physician attributes. Indicate which of the Accreditation Council for Graduate Medical Education (ACGME), and/or American Board of Medical Specialties (ABMS), Institute of Medicine (IOM), and Interprofessional Education Collaborative (IEC) core competencies will be addressed by this CME activity. Please only select the core competencies that most **closely** reflect the educational agenda of your activity.

ACGME/ABMS

- ✔ Patient Care or Procedural Skills
- ✔ Medical Knowledge
- ☐ Practice-Based Learning and Improvement
- ✔ Interpersonal & Communication Skills
- ☐ Professionalisms
- ☐ System-Based Practice

Institute of Medicine

- ✔ Provide Patient-Centered Care
- ☐ Work in Interdisciplinary Teams
- ✔ Employ Evidence-Based Practice
- ✔ Apply Quality Improvement
- ☐ Utilize Informatics

Interprofessional Education Collaborative

- ✔ Values / Ethics for Interprofessional Practice
- ☐ Roles / Responsibilities
- ☐ Interprofessional Communication
- ☑ Teams & Teamwork

Other Competencies

Nursing Quality Outcome Measures

Nursing Quality Outcome Measures

- ✔ Professional Practice Behaviors
- ☐ Leadership Skills
- ☐ Critical Thinking Skills
- ☐ Nurse Competence
- ✔ High Quality Care Based on Best Available Evidence
- ✔ Improvement in Nursing Practice
- ☐ Improvement in Patient Outcomes
- ☐ Improvement in Nursing Care Delivery

→ Save and Continue

▶ Identify the professional **Competencies and Quality Outcome Measures** that your activity can be expected to improve

Guide to Applying for Recognition of CME Series: **Commercial Support**

Commercial Support

All commercial supporters must comply with the **ACCME Standards for Commercial Support of CME Activities.**

Is this activity receiving commercial support?
◉ Yes   ○ No

A Commercial Support Agreement will be sent to the contact person's email listed below. Please ensure the contact person's name and e-mail are correct.

To add additional Commercial Supporters click the plus (+) icon at the beginning of the preceding row. To remove a Commercial Supporter click the minus (-) icon on that row.

	Name of Commercial Supporter	Contact Person's Full Name	Contact Person's E-Mail	Funding or In-Kind Donation
⊕	Cooper Surgical	Wendy Davis	coopersurgical@gmail.cc	In-Kind cannulae donated

Sidebar navigation:
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- Objectives and Learning Outcomes
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▶ Indicate if you be seeking or receiving **commercial support**

▶ Commercial support will require that you receive additional guidance on compliance, and involve the CME office as the payee of all transactions, to neutralize any Sunshine Act reporting attributed to your faculty speakers.

▶ Commercial support rarely applies to regularly scheduled CME series such as Tumor Boards, Journal Clubs, M&M and Case Conferences, and only occasionally applies to Lecture-based Grand Rounds.

Guide to Applying for Recognition of CME Series: **Commendation Criteria**

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Commendation Criteria

ACCME Commendation Criteria

The Accreditation Council for Continuing Medical Education (ACCME) encourages and rewards accredited CME providers for implementing best practices in educational methods, engagement, evaluation, assessment of change, and generating meaningful outcomes.

With regard to your activity, please consider whether any of the following criteria may apply. If you are uncertain, please contact the OCME.

Promotes Team-Based Education

☐ C23 Members of interprofessional teams are engaged in the planning and delivery of Interprofessional continuing education (ICPE).

☐ C24 Patient/public representatives are engaged in the planning and delivery of CME.

☐ C25 Students of the health professions are engaged in the planning and delivery of CME.

Addresses Public Health Priorities

☐ C26 The provider advances the use of health and practice data for healthcare improvement.

☐ C27 The provider addresses factors beyond clinical care that affect the health populations.

☐ C28 The provider collaborates with other organizations to more effectively address population health issues.

Enhances Skills

☐ C29 The provider designs CME to optimize communication skills of learners.

☑ C30 The provider designs CME to optimize technical and procedural skills of learners.

☐ C31 The provider creates individualized learning plans for learners.

☐ C32 The provider utilizes support strategies to enhance change as an adjunct to its CME.

Demonstrates Educational Leadership

☐ C33 The provider engages in CME research and scholarship.

☐ C34 The provider supports the continuous professional development of its CME team.

☑ C35 The provider demonstrates creativity and innovation in the evolution of its CME program.

Achieves Outcomes

☑ C36 The provider demonstrates improvement in the performance of learners.

☐ C37 The provider demonstrates healthcare quality improvement.

☐ C38 The provider demonstrates the impact of the CME program on patients or their communities.

＋Ɪ Save and Continue

▶ Identify **any innovative curricular approaches** that you intend to utilize for this activity.

▶ These approaches can often provide you as Activity Director with an opportunity for publishing as Scholarly Activity.

Guide to Applying for Recognition
of CME Series: **Signature**

▶ Sign off on the curriculum plan and save it. You will be able to revise it as needed.

▶ Additional tabs for attaching files and comments are at left.

Guide to Applying for Recognition of CME Series: **Final Submission**

- ▶ When you are satisfied with your Activity Application, use the Submit for Review button to submit it to the CME Office.
- ▶ Use the Copy and Delete buttons as needed.