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| **Activity Development Worksheet**  ***Please include the completed worksheet in your Grand Rounds binder/files at the end of the fiscal year (June). This form only needs to be completed for one lecture during the year*** |  |  |

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| **Question** |  |
| **1. What is the professional practice gap? A practice gap is defined as the difference between actual and ideal performance and/or patient outcomes. Your response should answer two questions:**  **1. Where are we now?**  **2. Where should we be?**  **Where did you get the answers to these questions? i.e. for question 1- past CME conference evaluations, survey, committee meeting. i.e for question 2- journal articles, national initiatives, quality improvement Please provide the documentation when available to the answers of the first two questions. C2** | |
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| **2. Based on the practice gap is the activity designed to change physician knowledge, competency, and/or performance? C3** | |
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| **3. Based on the desired result name 1-3 changes you would like to see attendees make in the way they deliver patient care as a result of this program i.e. objectives. C3** | | |
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| **4. What is the physician target audience? What are the potential or real barriers facing these physicians if this practice gap is to be addressed? Examples- lack of time to assess or counsel patients, insurance and reimbursement issues, patient compliance issues, cost, lack of consensus on professional guidelines, lack of administrative support/resources. C18. C19** | | |
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| **5. Are there other initiatives within my institution working on this issue? Are there other organizations we could partner with that are working on this issue? C18, C20** | | |
|  | | |
| **6. In what ways could we include these internal or external groups in our CME activity to help us address or remove barriers as identified in question 4? C19** | | |
|  | | |
| **7. Are there non-educational strategies that are currently being used that address this issue? If no, what kinds of non-educational strategies could be used to address this issue? Examples:** 1) implementing a mechanism to send reminders to participants following CME activities (e.g., “Don’t forget to…” or “Have you incorporated…?”), or 2) working with others to facilitate a peer to peer feedback system to reinforce new practices, or 3) incorporating new questions about the new practices into patient satisfaction questionnaires. Handouts, SWOT analysis. C17 | | |
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| **8. How will you make this activity interactive and learner centered (i.e. involved participation from the audience)? Examples- Audience Response System, Q & A, simulation, skills training, small group and case based discussions.** | | |
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| **9. What type(s) of evaluation method(s) will you use to know if the activity was effective at meeting the need and creating change in competence, performance or patient outcomes?**  **What will you measure to document this change in competence, performance or patient outcomes? C11** | | |
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**Desirable Physician Attributes**

Please “X” all competencies that apply to your conference/meeting.

**Institute of Medicine Core** **ABMS(MOC)/ACGME** **AAMC**

1. **Provide patient-centered care** 6. **Patient care that is** 12. **Evidence of professional**

identify, respect, and care about compassionate, appropriate, and **standing** such as unrestricted

patient’s differences, values, effective for the treatment of license, a license that has no

preferences, and expressed needs; health problems and the limitations on the practice of

relieve pain and suffering; promotions of health. medicine and surgery in that

coordinate continuous care; listen jurisdiction.

to, clearly inform, communicate 7. **Medical knowledge about**

with, and educate patients; share established and evolving 13. **Evidence of a commitment**

decision making and biomedical, clinical, and **to lifelong learning** and

management; and continuously cognate(e.g., epidemiological and involvement in a periodic self-

advocate disease prevention, social behavioral) sciences and assessment process to guide

wellness, and promotion of the application of this knowledge continuing learning.

healthy lifestyles, including a to patient care.

focus on population health. 14. **Evidence of cognitive**

8. **Practice-based learning and** **expertise** based on performance

2. **Work in interdisciplinary** **improvement** that involves on an examination. That exam

**teams** cooperate, collaborate, their own patient care, appraisal should be secure, reliable and

communicate, and integrate care and assimilation of scientific valid. It must contain questions on

in teams to ensure that care is evidence, and improvements fundamental knowledge, up-to

continuous and reliable. inpatient care. date practice-related knowledge,

and other issues such as ethics

3**. Employ evidence-based** 9. **Interpersonal and** and professionalism.

**practice** integrate best research **communication skills**

with clinical expertise and patient that result in effective information 15. **Evidence of evaluation of**

values for optimum care, and exchange and teaming with **performance in practice**

participate in learning and patients, their families, and other including the medical care

research activities to the extent health professionals. Provided for common/major

feasible. health problems (e.g., asthma,

10. **Professionalism** diabetes, heart disease, hernia, hip

4. **Apply quality improvements** as manifested through a surgery) and physicians

identify errors and hazards in commitment to carrying out behaviors, such as communication

care; understand and implement professional responsibilities, and professionalism, as they

basic safety design principles, adherence to ethical principles, relate to patient care.

such as standardization and and sensitivity to a diverse patient

simplification; continually population.

understand and measure quality of 16. Other

care in terms of structure, process 11. **Systems-based practice**

and outcomes in relation to patient as manifested by actions that

patient and community needs; and demonstrate an awareness of and

design and test interventions to responsiveness to the larger

change processes and systems of context and system for healthcare

care, with the objective of and the ability to effectively call

improving quality. on system resources to provide

care that is of optimal value.

5. **Utilize informatics**

communicate, manage,

knowledge, mitigate error, and

support decision making using

information technology.

**Disclosures and Commercial Support Standards Policy**

As the physician coordinator for this activity, I certify that the following requirements have been or will be met **for every speaker and program planner including myself** in order to comply with the Loma Linda University School of Medicine Continuing Medical Education Policy Regarding Implementation of the ACCME’s Standards for Commercial Support.

❒ Each speaker and program planner has completed a Disclosure and Verification Form notifying them that their presentation must maintain quality and integrity including the use of generic/trade names and reporting industry-based scientific research. The ACCME Standards for Commercial Support state, “An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CME, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CME activity.”

❒ Disclosures of speakers and program planners’ relationships with commercial supporters and/or products has been disclosed in written form to the participants at all CME Activities.

❒ Written acknowledgment of commercial support, if any has been provided prior to the start of the activity.

❒ Any potential conflict(s) of interest have been resolved. The program planner completed the Peer Review form for speaker(s) with a conflict. Each speaker was monitored for any commercial bias and the presentations were evidence-based.

❒ Commercial exhibits/messages were NOT allowed in the meeting room of the educational activity.

**This program must be presented in accordance with the Conflict of Interest Policy and Commercial Support Standards as required by the Accreditation Council for Continuing Medical Education (ACCME).**

I acknowledge that I have reviewed and concur with the needs assessment, statement of purpose and objectives. I agree I have conducted this conference in accordance with the guidelines required by ACCME. I understand that if these guidelines are not followed, the program will no longer be eligible for CME.

**By signing below I agree to follow all of the above requirements and requests.**

***\*\*Required by the end of the fiscal year (June)\*\****

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| **Signature of Physician Coordinator⏵** |  | **Date:** |  |
| **CME Office Use Only**  \_\_\_Approved \_\_ Disapproved Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Approved\_\_\_\_\_\_\_\_\_\_  CME Director/Associate Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of Activity: \_\_\_\_\_ Live \_\_\_\_\_ Enduring Material \_\_\_\_\_Internet \_\_\_\_ Other | | | |