

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.

List your best example of a lecture that occurred during the past year the best fits each category listed below:

Competency:

- Lecture Title:
- Date:
- Speaker:

Performance:

- Lecture Title:
- Date:
- Speaker:

Patient Outcomes:

- Lecture Title:
- Date:
- Speaker:

Based on one of the lectures listed above, what is the professional practice gap being addressed? A practice gap is defined as the difference between actual and ideal performance and/or patient outcomes. C2

1. Where are physicians now? (i.e. what is currently taking place or being practiced?)

2. Where should they be? (i.e. how or what should physicians be practicing instead?)

3. Where did you get the answers to these questions? (i.e. journal articles, national initiatives, quality improvement data) *Please attach documentation for where these answers come from. i.e. website, journal, QI data, etc.

Based on the practice gap is the activity designed to change physician knowledge, competency, and/or performance? C3
Please also indicate the method by which you will measure and document the change in competence, performance or patient outcomes. The CME Office will require data demonstrating your findings THREE MONTHS POST CONFERENCE. C11

☐ **Physician Knowledge and or Competency**

- ☐ Pre/Post test as part of the CME Activity
- ☐ Post Activity survey question requesting self-report of changes in knowledge and or competence
- ☐ Other (please describe) _____

<input type="checkbox"/> Performance	<input type="checkbox"/> Post-activity survey question requesting self-report of intent to change behavior/practice <input type="checkbox"/> Follow-up survey sent weeks/months after completion of the activity requesting self-report of actual changes to behavior/practice <input type="checkbox"/> Physical observation of behavior change (e.g. tracking/identifying new practices/policies) <input type="checkbox"/> Other (please describe) _____
<input type="checkbox"/> Patient Outcomes	<input type="checkbox"/> Quality assurance data review <input type="checkbox"/> Chart review, claims review, morbidity/mortality data <input type="checkbox"/> Other (please describe) _____
Based on the desired result <u>name 1-3 changes</u> you would like to see attendees make in the way they deliver patient care as a result of this program i.e. objectives. C3	
1) 2) 3)	
What is the <u>physician target audience</u> ? C18. C19	
What are the <u>potential or real barriers</u> facing these physicians if this practice gap is to be addressed? i.e. 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	
Are there <u>other initiatives</u> within my institution working on this issue? C18, C20	
<input type="checkbox"/> Yes – explain: _____ _____ <input type="checkbox"/> No	

Are there other organizations we could partner with that are working on this issue? C18, C20

☐ Yes – explain: _____

☐ No

In what ways could we include these internal or external groups in our CME activity to help us address or remove barriers as identified? C19

Are there non-educational strategies that are currently being used that address this issue

☐ Yes – what are they?

- ☐ Implementing a mechanism to send reminders to participants following CME activities
- ☐ Working with others to facilitate a peer to peer feedback system to reinforce new practices
- ☐ Incorporating new questions about the new practices into patient satisfaction questionnaires
- ☐ Handouts
- ☐ SWOT analysis
- ☐ Other _____

☐ No – what could they be? _____

How will you make this activity interactive and learner centered?

- ☐ Audience Response System
- ☐ Q & A
- ☐ Simulation
- ☐ Skills Training
- ☐ Small Groups
- ☐ Case Based discussions
- ☐ Other _____

Desirable Physician Attributes

Please "X" all competencies that apply to your conference/meeting

ABMS/ACGME

- ☐ **Patient Care and Procedural Skill** that is compassionate, appropriate, and effective for the treatment of health problems and the promotions of health.
- ☐ **Medical Knowledge:** established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of this knowledge to patient care.
- ☐ **Practice Based Learning and Improvement** that involves their own patient care, appraisal and assimilation of scientific evidence, and improvements inpatient care.
- ☐ **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
- ☐ **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- ☐ **Systems-based Practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for healthcare and the ability to effectively call on system resources to provide care that is of optimal value.

Institute of Medicine

- ☐ **Provide Patient-centered Care:** identify, respect, and care about patients differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; 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.

Interprofessional Education Collaborative

- ☐ **Values/Ethics for Interprofessional Practice**
- ☐ **Roles/Responsibilities**
- ☐ **Interprofessional Communication**
- ☐ **Teams and Teamwork**

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 each 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 will be **disclosed in written form** to the participants or verbally stated before the start of the activity. If verbal, documentation of the disclosure (including what was said and by whom) will be sent to the CME office following the activity, signed and dated by me.
- ☐ **Written or verbal acknowledgment of commercial support**, if any will be provided prior to the start of the activity. If verbal, documentation of the acknowledgment will be sent to the CME office following the activity, signed and dated by me.
- ☐ Any potential **conflict(s) of interest has been resolved**. The program planner has completed the Peer Review form for speaker(s) with a conflict. Each speaker will be monitored for any commercial bias and the presentation will be evidence-based.
- ☐ Commercial exhibits/messages will NOT be 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 to conduct 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.

I agree to send the post event analysis three months after the course to the CME Office. Otherwise I understand that CME may not be granted next time I request it for this conference.

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

Signature of Physician Planner ►		Date	
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