

Speaker and Regularly Scheduled Series (RSS) Checklist

RSS or Event: _____

Date of Event _____ CME Form 6/21/2005; Revised 10/26/2011

Global Need identified by RSS Application. ON File in CME

All items touching Red = Chair; Green = CME	Who does?	Date Completed	Notes	Funds Column
Faculty Host/Chair/Moderator				
Activity Coordinator				
Financial SUPPORT				
Pharmaceutical Company				
Local Representative			Needs to Call CME	
Educational Grant			Check No.	
Letter of Agreement			Needs to be completed and signed by all parties	
Grant Request Letter				
BUDGET				\$
The LECTURE				
Presentation Title:			List topic to the right:	
Clinical Need for this lecture?				Need? <i>What is your clinical need?</i>
Identified GAP in what area? physician knowledge? physician Competence? physician Performance? patient outcomes?			List GAP in the right column.	How does this Attainable Outcome link to the identified Clinical Need? Performance gap = Best Practice – Current Practice
Physician Attributes linked to the clinical need? Choose from list below			List Physician Attribute Numbers here:	Explain content to be addressed on Physician Attributes Form below
PEER REVIEW PROCESS of lecture content (after receipt of slides)				Event Chairperson needs to preview Presentation. Also verified by Event Evaluation.
Learning Objectives – Need to be specific			List here or on an attachment	See CME Website http://www.musom.marshall.edu/cme
Expected Outcome for participants In physician competence, performance or patient outcomes			List expected Outcome to the Right:	
Identify any Barriers to achievement of this expected outcome:			Choose here: Administrative Technological Patient interaction time None Organizational Other	Be specific here:
SPEAKER				
Speaker Name and Title				
Address				
Phone, Fax				
Email				
Speaker: AV Needs				
Speaker: Confirmation (ltr or email)				Copy to CME

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Speaker: CV received & reviewed			Copy to CME	
Speaker: Disclosure Speaker: Conflict of Interest __YES __NO If yes, utilize the CME Conflict Resolution steps. http://www.musom.marshall.edu/cme			Original to CME See CME Website for form: http://www.musom.marshall.edu/cme	
Speaker Honorarium – confirmed by email or letter		Confirm by email to speaker – copy to CME	See Honorarium Policy http://musom.marshall.edu/cme/speakers.asp	\$
Speaker: Independent Contract for payment of honorarium/stipend			http://musom.marshall.edu/cme/speakers.asp	
Speaker: Lodging			Ramada <input type="checkbox"/> PullmanPlaza <input type="checkbox"/> Confirmation No.	\$
Speaker Slide Presentation			Need copy to CME by email for Peer Review Process and handout at lecture	
Speaker Travel Expenses			Use Travel Form	\$
Speaker Travel Itinerary			Copy to CME	
Speaker Travel Map				
Speaker Thank you				
ACTIVITY EVALUATION				
Evaluation development			CME Provides format per event or annually after receipt of this form, Disclosure and learning objectives	
Evaluation Received			Return completed forms	
Evaluation summary to dept and speaker				
Activity Location				
Room Assignment				
AV provided __ YES __ NO			Harless Only – AV equipment provided	
FOOD Service				\$
CME Fees				
CME Admin/Recording Fee per event			\$400 RSS \$800 Special	\$
CME Policy 9/2002, Validation of Clinical Content See policy below		Validation of Content __Yes __No	This activity is planned in accordance with the Validation of Clinical Content Policy	
TOTAL EXPENSES				\$
FUNDING OVER OR SHORT				

CME Policy 9/2002, Validation of Clinical Content

Statement 1: All the recommendations involving clinical medicine in a CME activity must be based on the evidence that is accepted within the profession of medicine as adequate justification for their indication and contraindications in the care of patients.

Statement 2: All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

Statement 3: The CME activities do not promote recommendations, treatments or manners of practicing medicine that are not within the definition of CME, or known to have risks or dangers that outweigh the benefits or known to be ineffective in the treatment of patients.

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CME Activity Development – Physician Attributes – Criterion #6
Choose the attribute that you plan to address – support your choice by describing the content of the education.

Desirable Physician Attributes.

Educational interventions must be developed in the context of desirable physician attributes as measures of quality and success in educational programming. Please check the appropriate attributes below that apply to the development of the desired results from this educational activity.

X	Institute of Medicine Core Competencies	Content you plan to address
1	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.	
2	Work in interdisciplinary Teams. Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.	
3	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.	
4	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.	
5	Utilize Informatics. Communicate, manage knowledge, mitigate error, and support decision making using information technology.	
	Accreditation Council for Graduate Medical Education Competencies:	
6	Patient Care: Ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	
7	Medical Knowledge. Knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.	
8	Practice Based Learning and Improvement. The ability to investigate and evaluate care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning.	
9	Interpersonal and Communication Skills. Demonstrating interpersonal and communication skills that result in the effect exchange of information and collaboration with patients, their families, and health professionals.	

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	10	Professionalism. Demonstrating a commitment to carrying out professional responsibilities, an adherence to ethical principles and sensitivity to a diverse patient population.	
	11	Systems Based Practice. Demonstrating an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.	
		ABMS Maintenance of Certification	
	12	Evidence of professional standing. Maintaining an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.	
	13	Evidence of a commitment of lifelong learning. Involvement in a periodic self-assessment process to guide continuing learning.	
	14	Evidence of cognitive expertise based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-relate knowledge and other issues such as ethics and professionalism.	
	15	Evidence of evaluation of performance in practice including the medical care provided for common/major health problems (e.g. asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.	