Keck School of Medicine of the University of Southern California
Office of Continuing Medical Education

Regularly Scheduled Series (RSS) (Grand Rounds, Clinical Conferences and Journal Clubs)

New/Annual Renewal Application
7/1/2014 – 6/30/2015

The Keck School of Medicine of the University of Southern California (KSOM) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The Office of Continuing Medical Education (OCME) is the administrative unit responsible for ensuring compliance with the ACCME Essential Areas, Elements, Criteria, Policies and Standards. The OCME is responsible for establishing CME policies for the KSOM and accrediting and monitoring CME activities. The KSOM recognizes that regularly scheduled series (RSS) such as grand rounds, are a valuable part of CME for an academic institution. KSOM will accredit RSSs that comply with all ACCME requirements and meet the definition of continuing medical education promulgated by the ACCME and the AMA: “Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.” Indicate below that you have read the Definition of CME and that the proposed activity meets the Definition.

___ I attest that this activity meets the Definition of CME.

RSS Activity Title ____________________________________________________________ RSS# (if renewal) __________

Type of Activity:
___ Grand Rounds – are lecture based conferences where internal or external speakers present a didactic session followed by a question and answer session.
___ Clinical Conferences – are case-based presentations including clinical findings and discussion of appropriateness of diagnosis and treatment (e.g. M&M, tumor board, etc.)
___ Journal Clubs – are sessions where important recent articles are selected for discussion and analysis.
___ Other - Explain____________________________________________________________________________________

Activity Occurs (check one): ___ Weekly ___ Bi-Weekly ___ Monthly ___ Other______________________________

Number of Days per fiscal year (July 1 – June 30): ____________________________ Number of Hours per fiscal year (July 1 – June 30): __________________

Day of Activity: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday

Activity Location: Hospital__________________________Building___________________Room___________

Activity Time: Beginning Time________________________________________Ending Time________________________________

Activity Anticipated Attendance _____________________________

Activity Director _____________________________ Signature _____________________________

Phone__________________________ Fax__________________________ E-mail__________________________

Activity Coordinator/Administrative Staff/Contact _____________________________

Phone__________________________ Fax__________________________ E-mail__________________________

Department Chairman _____________________________ Signature _____________________________

Phone__________________________ Fax__________________________ E-mail__________________________

Planning Committee (If applicable)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email Address</th>
<th>Disclosure Attached (Y/N)</th>
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<tbody>
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</tbody>
</table>
Dear Activity Director:
In preparing your application it is important that you are aware of, and follow, the ACCME requirements. The ACCME requirements can be reviewed at www.accme.org. Every four years the Keck School of Medicine is surveyed by the ACCME. As part of the survey, the Documentation Review is an opportunity for ACCME surveyors to assess our performance with respect to planning and presentation of CME activities. As you prepare your application, please keep in mind that in order for the Keck School of Medicine to maintain its ACCME accreditation, your activity must meet or exceed the requirements.

The documentation for your activity must show adherence to the following principles set forth by national accrediting bodies:

- A planning process was used that linked identified educational needs with desired results;
- Needs assessment data was used to plan the activity;
- The purpose/objectives of the activity were communicated to the learners prior to the activity;
- The activity is in compliance with ACCME policies for disclosure and commercial support;
- The activity was evaluated in terms of effectiveness in meeting the identified needs and accomplishing the desired results;
- Printed materials carry appropriate accreditation statements.

___ I attest that no employees or representatives of pharmaceutical companies, medical device manufacturers or other ACCME defined commercial interests were involved in the identification of planners, speakers or topics.

### ACTIVITY PLANNING

This educational activity must address educational needs defined by a professional practice gap. A professional practice gap (see attached “Needs Assess Guide”) is the difference between health care processes or outcomes observed in practice, and those potentially achievable on the basis of current professional knowledge. This educational activity must be designed to change physician competence, performance and/or patient outcomes as described in the CME mission statement (see attached).

1. How does this activity align with the KSOM CME mission?
   ___ designed to assist physicians and healthcare professionals gain competency and improve performance in order to become better able to provide higher quality care in order to improve patient care
   ___ designed to assist in the dissemination of new medical knowledge
   ___ designed to optimize appropriate prescribing behaviors
   ___ promotes the practice of evidence-based medicine
   ___ other (please explain) __________________________

### TARGET AUDIENCE

2. Define the physicians and other health professionals for whom the activity is being planned.

   Attending Physicians/Faculty _____ % 
   Residents/Fellows _____ %
   Other Healthcare Professionals _____ %
   100%

   At whose level will this activity be directed?
   ___ Attending Physicians/Faculty
   ___ Residents/Fellows
   ___ Other

   Please note: Only USC full or part-time physician faculty and attending faculty attendance records will be maintained by the KSOM. Other physician attendees or allied health professional will need to keep their own records in addition to signing in at each meeting. (Departments should keep a copy of the attendance sign-in for verification of those not in the database.)

### PLANNING PROCESS

3. Please list the faculty with primary responsibility for content development and carrying out the CME policies. Please list all other planning members and their department/specialties/affiliations.

   A.
   B.
   C.

   [Attach with this application, completed Faculty Financial Disclosure Forms and Attestation Forms for all individual involved in]
control over content (activity directors, administrative personnel, planning committee members) for the activity.

PROFESSIONAL PRACTICE GAPS

4. What is (are) the educational gaps(s) of the target audience that will be addressed with this activity? An educational gap is the difference between current practice and ideal practice. This information may be culled from previous attendee evaluations or from a number of other resources as in the example below.

For example: Patient outcomes are addressed in this activity reviewing the preventable and incidental complications in practice that occurred in the week prior to the conference. The cases discussed vary depending on the nature of the complication(s) that occurred in the week before. Gaps in what was done versus what should or could have been done are addressed during this conference and the events are discussed in depth. The possible causes and methods of prevention and management are also discussed. A focused review of the relevant literature is presented.

A.
B.
C.

5. Are the above mentioned gaps ones of knowledge, competence or performance?
   ___ physician knowledge (awareness and understanding)
   ___ physician competence (ability to apply knowledge, skills and judgment)
   ___ physician performance (what is actually being done in professional practice)

6. Based on the need/gap the activity is addressing, what is the activity designed to change?
   ___ competence  ___ performance  ___ patient outcomes

NEEDS ASSESSMENT DATA AND SOURCES

7. A needs assessment is the process of identifying and analyzing data that reveals the educational needs for an activity and drives the planning process. Please indicate the data sources used to identify the NEEDS—Professional practice gaps in (knowledge, competence and/or performance) that underlie the clinical practice or knowledge gaps—the gap between current and best practices—of the target audience that your activity will address. Select 2 or more sources of needs from the list below.

SUPPORTING DOCUMENTATION must be attached to this application for each source identified. If you cannot provide documentation for the source, please do not mark that source. (Check all that apply.)

<table>
<thead>
<tr>
<th>Source</th>
<th>Potential sources of documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews (competence, performance)</td>
<td>audit reports, chart reviews</td>
</tr>
<tr>
<td>Ongoing census of diagnoses made by physicians on staff</td>
<td>summary of notes, minutes of meetings</td>
</tr>
<tr>
<td>Advice from authorities of the field or relevant medical societies (knowledge)</td>
<td>list of expert names/medical societies AND summary of recommendation(s)</td>
</tr>
<tr>
<td>Formal or informal requests or surveys of the target audience, faculty or staff (knowledge)</td>
<td>summary of requests or surveys. NOTE, must show information related to areas of education need/topics of interest (not logistical summaries -- i.e., food, venue, etc.)</td>
</tr>
<tr>
<td>Discussion in departmental meetings</td>
<td>summary of meeting minutes showing information discussed was related to areas of education need/topics of interest (not logistical summaries -- i.e., food, venue, etc.)</td>
</tr>
<tr>
<td>Data from peer-reviewed journals, government sources, consensus reports (knowledge)</td>
<td>abstract/full journal articles, government produced documents describing educational need and physician practice gaps</td>
</tr>
<tr>
<td>Review of board examinations and/or re-certification requirements</td>
<td>board review/update requirements</td>
</tr>
<tr>
<td>New technology, methods of diagnosis/treatment (knowledge)</td>
<td>description of new procedure, technology, treatment, etc.</td>
</tr>
<tr>
<td>Legislative, regulatory or organizational changes affecting patient care (knowledge, competence, performance)</td>
<td>copy of the measure/change</td>
</tr>
<tr>
<td>Joint Commission Patient Safety Goal/Competency</td>
<td>copy of the safety goal and/or competency</td>
</tr>
</tbody>
</table>
8. After analyzing the needs assessment data (gap analysis), list 3 specific, key statements summarizing the educational needs of the target audience.

<table>
<thead>
<tr>
<th>Professional practice gap</th>
<th>Educational need</th>
<th>This is a gap/need of: (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>___ Knowledge</td>
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<td></td>
<td></td>
<td>___ Competence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>___ Performance</td>
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<td></td>
<td>___ Patient Outcomes</td>
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<td>___ Knowledge</td>
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<td>___ Patient Outcomes</td>
</tr>
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</table>

A professional practice gap is defined as the difference between ACTUAL (what is) and IDEAL (what should be) in regards to performance and/or patient outcomes.

An educational need is defined as “the need for education on a specific topic identified by a gap in professional practice.”

Learning objectives are the take-home messages; what should the learner be able to accomplish after the activity? Objectives should bridge the gap between the identified need/gap and the desired result.

Desired results are what you expect the learner to do in his/her practice setting. How will the information presented impact the clinical practice and/or behavior of the learner? Indicate how this change could be reasonably measured.

Competence is defined as the ability to apply knowledge, skills, and judgment in practice (knowing how to do something.)

Performance is defined as what one actually does, in practice

**DESIRED RESULTS**

9. List 3-5 desired educational outcomes of this series linked to the specific needs listed above in terms of changed physician competence (what the physician will be able to do), performance (what the physician implements) in practice and/or patient outcomes? What is the series designed to change? What improvements in healthcare should result from this series?

A.

B.

C.

**GLOBAL LEARNING OBJECTIVES**

10. A global learning objective is the overall objective for your activity. Sample global objectives: At the completion of the grand rounds lecture series, the attendee will be able to: 1) properly diagnose and treat pathologic conditions of the ear, nose and throat, applying the current standard of care in the field of otolaryngology; 2) use an interactive multidisciplinary case-based discussion to incorporate evidence based data to improve diagnostic and therapeutic management of patients with pulmonary and esophageal disorders.

What are the learning objectives you hope to achieve through this activity? Objectives are the link or steps between your identified needs and desired results. They demonstrate what the learner will be able to do in the practice setting as a result of this activity. Learning objectives should be measurable and begin with verbs that can be measured (i.e., describe, identify, summarize, compare, prioritize, outline, choose, apply, employ, utilize, evaluate, interpret, prescribe).

**Verbs for writing learning objectives**

<table>
<thead>
<tr>
<th>Application</th>
<th>Analysis</th>
<th>Synthesis</th>
<th>Evaluation</th>
</tr>
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<td>diagnose</td>
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<tr>
<td>apply</td>
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<td>propose</td>
<td>rate</td>
</tr>
<tr>
<td>perform</td>
<td>compare</td>
<td>manage</td>
<td>compare</td>
</tr>
<tr>
<td>interpret</td>
<td>contrast</td>
<td>hypothesize</td>
<td>assess</td>
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<tr>
<td>practice</td>
<td>categorize</td>
<td>formulate</td>
<td>choose</td>
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<tr>
<td></td>
<td>analyze</td>
<td>organize</td>
<td>justify</td>
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<td></td>
<td>differentiate</td>
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<tr>
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<td></td>
<td>appraise</td>
<td>plan</td>
<td>judge</td>
</tr>
</tbody>
</table>
Unsuitable verbs that should NOT be used for writing learning objectives

| know          | really know   | understand | approach | expand horizons | appreciate | grasp the significance of | thinks critically | grow | become | learn |

Please list your global learning objectives.
Following participation in this activity, participants should be able to:

A.
B.
C.

**Clinical Conferences and Journal Clubs** where case-based presentations, including clinical findings and discussion of appropriateness of diagnosis and treatment (e.g. M&M, tumor board, etc.), **MAY UTILIZE THE GLOBAL LEARNING OBJECTIVE AS ITS SESSION OBJECTIVE.**

**Grand Rounds** where internal or external speakers present a didactic session followed by a question and answer session **MUST HAVE 2-3 SPECIFIC LECTURE OBJECTIVES FOR EACH PRESENTATION.**

OBJECTIVES AND DESIRED RESULTS MUST BE MADE KNOWN TO THE PROSPECTIVE LEARNER PRIOR TO THE ACTIVITY. THIS MUST BE INCLUDED ON THE ATTENDANCE SIGN-IN SHEET AND ALL ANNOUNCEMENTS AND/OR FLYERS FOR THE ACTIVITY. (See sample announcement/flyer.)

**BARRIERS TO CHANGE**

11. Often times, factors exist outside the control of the learner that can impact patient outcomes. Indicate **at least one** potential or real **non-educational** barrier facing the department/section and its faculty/staff for this gap/need to be addressed.

___ Lack of time to assess/counsel patients
___ Too few resources or administrative support
___ Insurance/reimbursement issues
___ Lack of consensus on practice guidelines
___ Larger, healthcare system-type issues
___ Patient compliance
___ Costs
___ Other

Please describe how you will attempt to address these barriers in the educational activity.
A.
B.
C.

12. CME activities should be developed in the context of desirable physician attributes. Please indicate which core competencies will be addressed in this activity:

___ **Patient Care or 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.

___ **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:** involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

___ **Interpersonal and Communication Skills:** that result in effective information exchange and teaming with patients, their families and other health professionals.

___ **Professionalism:** commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

___ **Systems-Based Practice:** actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

___ **Interdisciplinary Teams:** cooperate, collaborate, communicate and integrate care teams to ensure that care is continuous and reliable.

___ **Quality Improvement:** identify errors and hazards in care; understand and implement basic safety design principles such as standardization and implications; continually understand and measure quality of care in terms of structure, process and outcomes in needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.
12. continued

___ Utilize Informatics: communicate, manage knowledge, mitigate error, and support decisions making using information technology.

___ 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.

13. What methods (formats) have been chosen to achieve the overall objectives? (Check all that apply.)

___ Lecture(s): Oral didactic presentations by internal or external speakers followed by a question and answer session.

___ Clinical Conferences: Case-based presentations including clinical findings and discussion of appropriateness of diagnosis and treatment (i.e. M&M, tumor board, etc.)

___ Journal Club: Sessions where important recent articles are selected for discussion and analysis.

___ Panel Discussion: Faculty members engaged in an interactive dialogue on a topic, followed by Q & A

___ Demonstration: Presentation showing how to perform or conduct a procedure (Hands-on training)

___ Workshops/small group discussions

___ Literature review

___ Pre and post testing (ARS)

___ Abstracts/Posters

___ Other

14. Indicate internal or external stakeholders with whom collaboration or cooperation is possible in order to build bridge to quality and that could help address any of the potential or real barriers listed.

___ Other clinical departments/sections ___ Legal department ___ Risk & insurance management

___ Community health/best health ___ Nursing ___ Pharmacy/P&T Committee

___ Church & community relations ___ Public health sciences ___ Office of Global Health

___ Medical coding ___ Compliance office ___ Infection control

___ Information services/academic computing ___ Local or national societies ___ Community organizations

___ Government agencies ___ Patient organizations ___ Other

___ Regional/affiliated health care organizations

15. Indicate any non-educational strategies to be used to enhance/reinforce change.

___ Post RSS reminders to attendees ___ Patient feedback or surveys ___ Protocols

___ Patient education materials ___ Algorithms ___ Newsletters

___ Flow sheets ___ Personal patient outcomes data ___ Handouts

___ Display posters ___ Forms ___ Other

16. Please describe how you can incorporate opportunities for addressing patient safety, quality, implementation of best practices and overall professional practice improvement into this CME activity (i.e., Are there any QI projects that you or your department are engaged in? Does the Risk Management Department encounter some issues that your content could address? Are there billing/coding practices that can be improved related to this activity?)

A.
B.
C.

17. Evaluating the effectiveness of CME activities in meeting identified educational needs is an essential component of educational planning and ongoing quality improvement. Evaluation provides an opportunity to analyze changes in learners (competence, performance, or patient outcomes) achieved as a result of the CME activity.
17. continued

<table>
<thead>
<tr>
<th>Competence/Knowledge</th>
<th>Performance</th>
<th>Patient Outcomes/Population Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give physicians new abilities/strategies/knowledge</td>
<td>Help physicians modify their practice</td>
<td>Help improve patient outcomes</td>
</tr>
<tr>
<td>Evaluation form (attaching a copy is REQUIRED)</td>
<td>Adherence to various guidelines</td>
<td>Patient chart audits</td>
</tr>
<tr>
<td>(HIPPA, Standard of Care, etc.)</td>
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<td></td>
</tr>
<tr>
<td>Customized pre- and post-test</td>
<td>Case based studies</td>
<td>Hospital QI data</td>
</tr>
<tr>
<td>Audience Response System (ARS)</td>
<td>Peer review/direct observation</td>
<td>Patient feedback</td>
</tr>
<tr>
<td>Physician/patient surveys and evaluation</td>
<td>Follow-up survey/interview/focus group about actual change in practice</td>
<td>Mortality/morbidity data</td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
<td></td>
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</tbody>
</table>

Please use the attached template for each of your RSS sessions. In addition to the regular session evaluations, annual and semi-annual evaluations completed by all activity participants will be required. The originals and a tallied summary will need to be submitted. In addition, an annual director’s report is required. [See Sample Evaluation Templates for items to be included (session evaluation, semi-annual evaluation and annual evaluations)].

Attach with this application, your sample evaluation form with information relative to your session, filled in. (See attached template.)

ATTENDANCE RECORD

18. In order to designate *AMA PRA Category 1 Credit™*, the OCME is required to maintain attendance records for six years for each activity. *Attached is the required Attendance Sign-in Sheet template that MUST be used for all sessions of the activity.* Each department should retain a copy of the Attendance Sign-in Sheet for their records.

A copy of the Attendance Sign-in Sheets must be sent with the RSS Quarterly Reports to:
Lisa McDonald
1540 Alcazar Street, CHP 223
Los Angeles, CA 90033

ADMINISTRATION

PRELIMINARY BUDGET

19. Complete the following information or attach the preliminary budget. (The KSOM OCME is not liable for expenses or losses associated with entities seeking CME accreditation.)

<table>
<thead>
<tr>
<th>Projected Revenue</th>
<th>Department support</th>
<th>Other support (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration fees</td>
<td>$_______________</td>
<td>$_______________</td>
</tr>
<tr>
<td>Commercial support</td>
<td>$_______________</td>
<td>$_______________</td>
</tr>
<tr>
<td>(List companies)</td>
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<td></td>
</tr>
<tr>
<td>TOTAL REVENUE</td>
<td>$_______________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Projected Expenses</th>
<th>Hotel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>Meeting room rental</td>
</tr>
<tr>
<td>Honoraria*</td>
<td>$_______________</td>
</tr>
<tr>
<td>Air travel</td>
<td>$_______________</td>
</tr>
<tr>
<td>Ground travel</td>
<td>$_______________</td>
</tr>
<tr>
<td>Lodging</td>
<td>$_______________</td>
</tr>
<tr>
<td>Meals</td>
<td>$_______________</td>
</tr>
<tr>
<td>Staff</td>
<td>Catering</td>
</tr>
<tr>
<td>Air travel</td>
<td>$_______________</td>
</tr>
<tr>
<td>Ground travel</td>
<td>$_______________</td>
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<tr>
<td>Lodging</td>
<td>$_______________</td>
</tr>
<tr>
<td>Meals</td>
<td>$_______________</td>
</tr>
<tr>
<td><strong>Syllabus/proceedings printing</strong></td>
<td><strong>Meeting room rental</strong></td>
</tr>
<tr>
<td>(On-site program printing)</td>
<td>$_______________</td>
</tr>
</tbody>
</table>

Registration materials $_______________
RSS New/Annual Renewal Application

**Advertising** (brochures/flyers)
- Design: $_____________
- Printing: $_____________
- Mailing lists: $_____________
- Handling: $_____________
- Postage: $_____________
- Ads: $_____________

**Other**
- CME administrative fee: $_____________

**TOTAL EXPENSES**
- $_____________

*KSOM OCME Honorarium and Expense Reimbursement Policy must be followed.

**COMPLIANCE WITH STANDARDS FOR COMMERCIAL SUPPORT**

20. The Keck School of Medicine of USC is required by the ACCME to assure compliance with the Standards for Commercial Support. (See attached ACCME Standards for Commercial Support and KSOM Policy on Independence, Content Validation and Disclosure) CME activities are conducted in the public interest and must be executed with the highest integrity, scientific objectivity and in the absence of bias (conflict of interest). A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest.

A commercial interest is “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests. The definition of roles and requirements when commercial support is received are outlined in the Standards of Commercial Support.”

The KSOM is held responsible for collecting information from its planners and presenters (faculty) of CME content and resolving identified conflicts of interest prior to the commencement of the CME activity. The purpose of the conflict of interest process is to assure that financial relationships with commercial interests do not supersede the public interest in presentation of CME to health professionals.

 Faculty Financial Disclosure Forms and CME Disclosure Attestation Forms, for all activity directors and planners must be attached. The OCME will review and resolve any conflicts of interest associated with the activity directors and/or planners, prior to approval of this application.

A Faculty Financial Disclosure Form must be completed by all presenters (regardless of academic title or affiliation). Conflicts of interest disclosed by presenters on the Faculty Financial Disclosure Form MUST be resolved by the activity director prior to the session, according to the Conflict of Interest Resolution Policy (see attached). These must be submitted with quarterly reports.

Written disclosure to the audience of all relevant financial relationships or no relevant financial relationships must occur prior to the presentation. This information MUST be on the attendance sign-in sheets as well as announcements or flyers.

**COMMERCIAL SUPPORT**

21. Will this CME activity involve solicitation of financial support in the form of educational grants (customarily for honoraria and travel) or other contributions of material value from a commercial company such as a pharmaceutical or medical device manufacturer? ___ Yes ___ No

- The RSS CME Application must be approved before any grant requests are filed.
- Before submitting any grant requests, the OCME must review the grant application to ensure compliance with ACCME guidelines.
- Commercial support (educational grants) must be deposited to a USC account and honoraria and expenses for the CME session must be paid from the same USC account.
- Please provide an account number even if you do not anticipate any expenses related to this activity. Expenses (i.e., honoraria or food) for RSS sessions (if applicable) will be paid from USC account # _________________________________. Educational grants (if applicable) will be deposited to USC account # _________________________________.
- A signed Commercial Support Letter of Agreement with each commercial interest providing educational grants for the activity must be completed prior to the activity. All agreements must be signed by both parties and a copy submitted with quarterly reports. (See attached Sample of Commercial Support Letter of Agreement.)
- A signed Commercial Support Letter of Agreement must be on file before 1) acceptance of funds; 2) any acknowledgement of
support is made

- Commercial support must be acknowledged in printed materials at the CME activity. This must be included on the attendance sign-in sheet as well as announcements and flyers. (See appropriate wording on sample announcement and attendee sign-in sheet.)

22. Will the person responsible for the activity see that all the above documentation and acknowledgements of support are submitted?  
   ___ Yes  ___ No

COMMERCIAL EXHIBITS

(Advertising and exhibit income is not considered commercial support)

23. Will commercial companies have promotional exhibits or promotional materials (articles, pens, mugs, post-its, etc.) in conjunction with the CME activity?  
   ___ No (Skip to section on Printed Accreditation/Credit Designation Statement)  
   ___ Yes (see attached Commercial Exhibitor Agreement). If yes, the following apply:  
   a. A Commercial Exhibitor Agreement must be completed for each exhibitor that exhibits at an accredited activity.
   b. The following restrictions apply to placement of promotional materials or activities of commercial companies.
      • NO promotional materials or activities will be in the same room as the educational activity including immediately before, during and after an activity.
      • Promotional activities will occur within a designated area OUTSIDE the meeting room.

24. Will the person responsible for the CME activity see that the placement of promotional materials and activities of commercial companies meets these requirements?  ___ Yes  ___ No

PRINTED ACCREDITATION/CREDIT DESIGNATION STATEMENT

25. The following accreditation statement must be included, verbatim, on ALL the attendance sign-in sheets, announcements and/or flyers for each session:

   The Keck School of Medicine of the University of Southern California is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

   The Keck School of Medicine of the University of Southern California designates this live activity for a maximum of _____AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

   (Please be sure to fill in the number of credits the activity has been approved for in the blank area.)

CALIFORNIA STATE LAW AB 1195 CONTINUING EDUCATION: CULTURAL AND LINGUISTIC COMPETENCY

26. Activities presented in the State of California must comply with the new law, AB 1195, signed October 2005 and which went into effect July 1, 2006. In accordance with AB 1195, the Keck School of Medicine of the University of Southern California Office of Continuing Medical Education has adopted a policy of incorporating cultural and linguistic competency in the formulation and planning of Continuing Medical Education (CME) courses in order to maintain, develop, or increase the knowledge, skills, and professional performance that a physician uses to provide care, or improve the quality of care provided for patients. (See Attached).

AB 1195 has provided three ways to comply with the law:

1. Cultural competency is defined as a set of integrated attitudes, knowledge, and skills that enables a health care professional to care effectively for patients from diverse cultures, groups, and communities. Items to be addressed include linguistic skills, cultural information to establish therapeutic relationships, cultural data in diagnosis and treatment, and cultural and ethnic data applying to the process of clinical care. To comply with the cultural competency requirement, an activity should include the following:
   a. applying linguistic skills to communicate effectively with the target population;
   b. utilizing cultural information to establish therapeutic relationships;
c. eliciting and incorporating pertinent cultural data in diagnosis and treatment;
  d. understanding and applying cultural and ethnic data to the process of clinical care.

2. Linguistic competency is defined as the ability of a physician to provide patients who do not speak English or who have limited ability to speak English with direct communication in the patient’s primary language. To comply with the linguistic competency requirement, an activity may incorporate translation/interpretation resources and/or strategies into activity materials.

3. A review and explanation of relevant federal and state laws and regulations regarding linguistic access. At the activity site, KSOM OCME will provide supporting documents and resources to the physicians, including, but not limited to, handouts, websites, patient education, and local resources.

27. Please select one or more methods you will implement to address cultural competency, defined as a set of integrated attitudes, knowledge, and skills that enables health care professionals to care effectively for patients from diverse cultures, groups, and communities. (Check all that apply.)

___ 1. Offer specifically designed and focused activities that include these four elements:
   a. applying linguistic skills to communicate effectively with the target population
   b. utilizing cultural information to establish therapeutic relationships
   c. eliciting and incorporating pertinent cultural data in diagnosis and treatment
   d. understanding and applying cultural and ethnic data to the process of clinical care

___ 2. Incorporate translation/interpretation resources and/or integrate relevant strategies into materials for a CME activity.

___ 3. Incorporate a review and explanation of relevant federal and state laws and regulations regarding linguistic access.

Continuing medical education activities that are exempt from these requirements include those activities solely dedicated to research and other activities that do not contain patient care components (such as leadership).

APPROVAL SIGNATURES

28. By signing this, you acknowledge that you have read and agree to comply with the terms set forth.

________________________________________  __________________________
Activity Director                                            Date

For KSOM use only

Approval date:_____________ Hrs approved:_____________ CME Fee:_____________
KSOM OCME Designee:_________________________________ Date:_________________
**DEFINITIONS**

**Activity:** An educational event for physicians, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met.

**Commercial Bias:** A personal judgment in favor of a specific proprietary business interest of a commercial interest.

**Commercial Interest:** A commercial interest is any entity producing, marketing, reselling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.

**Commercial Support:** Financial or in-kind contributions given by a commercial interest, which is used to pay all or part of the costs of a CME activity. The definition of roles and requirements when commercial support is received are outlined in the ACCME Standards of Commercial Support.

**Commercial Support Letter of Agreement:** The terms, conditions and purposes of commercial support must be documented in this written agreement signed in advance of the activity by the Office of Continuing Medical Education (OCME), the Joint Sponsor and the commercial interest.

**Conflict of Interest:** When an individual’s interests are aligned with those of a commercial interest the interests of the individual are in ‘conflict’ with the interests of the public. The ACCME considers financial relationships to create actual conflicts of interest in CME when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME about the products or services of that commercial interest. The potential for maintaining or increasing the value of the financial relationship with the commercial interest creates an incentive to influence the content of the CME – an incentive to insert commercial bias.

**Content Value Statements:** As the Accredited Provider, the OCME is responsible for the quality of content, ensuring it meets the stated educational objectives. Content must be based on generally accepted practices. Commercial supporters cannot influence or direct the planning, development or delivery of content. Faculty will be asked to sign a statement that they will develop and deliver content to ensure balance, independence, objectivity and scientific rigor.

- All the recommendations involving clinical medicine in a CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contra-indications in the care of patients (ACCME July 2002);
- All scientific research referred to, reported or used in a CME activity in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis (ACCME July 2002); and
- Research findings and therapeutic recommendations are based on scientifically accurate, up-to-date information and are presented in a balanced, objective manner (AMA 2002).

**Continuing Medical Education (CME):** Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

**Faculty:** The speakers or education leaders responsible for communicating the educational content of an activity to a learner.

**Financial Relationships:** Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.
Needs Assessment/Data: A process of identifying and analyzing data that reflect the need for a particular CME activity. The data could result from a survey of the potential learners, evaluations from previous CME activities, needed health outcomes, identified new skills, etc. Needs assessment data provide the basis for developing learner objectives for the CME activity.

Objectives: Statements that clearly describe what the learner will be able to know or do after participating in the CME activity. The statements should result from the needs assessment data.

Professional Practice Gap: The difference between actual and ideal performance and/or patient outcomes.

“In patient care, the quality gap is ‘the difference between present treatment success rates and those thought to be achievable using best practice guidelines.’”

*Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies.*
[www.ahrq.gov/clinic/epc/qgapfact.html](http://www.ahrq.gov/clinic/epc/qgapfact.html)

Privacy: It is OCME policy not to disclose participant contact information. The OCME adheres to the privacy policy of the University of Southern California.

Relevant Financial Relationships: ACCME focuses on financial relationships with commercial interests in the twelve month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “relevant financial relationships” as financial relationships in any amount occurring within the past twelve months that create a conflict of interest.

Standards of Commercial Support: Standards to ensure independence in planning and implementing CME activities.

Supporter: See Commercial Interest