

# The University of Utah School of Medicine Plan for a Regularly Scheduled Series

Series Name: \_\_\_\_\_ Academic Department: \_\_\_\_\_

Course Director: \_\_\_\_\_ Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Course Contact: \_\_\_\_\_ Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Activity will be Presented (Frequency):      Weekly      bi-weekly      Monthly      Quarterly

Other (Describe): \_\_\_\_\_

Activity type:

Grand Rounds      Journal Club      Case Conference      M&M      Other \_\_\_\_\_

Expected number of attendees per session: \_\_\_\_\_ Date this plan expires: \_\_\_\_\_

Please describe the target audience: (Check all that apply) ACCME C2 & C4:

Faculty of the University of Utah School of Medicine

Active Medical Staff and Community Physicians Affiliated with the UUHSC

Residents and Fellows

Medical Students      PA/PAC      PharmD      APRN      RN      Other

Do you anticipate financial support from the pharmaceutical or medical device industry?      Yes      No

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The goal of this CME plan is to improve practice. Please complete the following 4 sections (needs analysis, educational plan, engagement with environment, and commercial relationships) in order to qualify for designation as AMA PRA Category 1 credit:

## 1. **NEEDS ANALYSIS**

a) **What can be improved from the current state of affairs? Please explain what you have identified as the gap(s) between the current state of affairs and what is the *best practice*. Try to relate this to your own learners.**







**You may want to think in terms of:** ACCME C2

- Some patient care scenarios that you find difficult to manage or resolve?
- What are the key issues or obstacles to care you or your colleagues encounter?
- What areas of practice in your hospital or clinical practice setting need improvement?
- What areas of practice is there broad variation among your physicians?
- Which clinical situations make you uncomfortable or keep you awake at night? ACCME C2

b) Based on the gaps you have identified, what themes will be covered during this series? (You may list up to 3 themes but the minimum is 1 theme).







1) Gap #1/Improvement theme #1: \_\_\_\_\_

Based on the quality or professional practice gap(s) that you identified in your own learners, please explain the cause of the gap (difference between actual & 'best practice' and /or patient outcomes), and finally please describe 1 or more desired result(s) of this education.

	Cause of the Gap ACCME C2	Desired Results - This activity is designed to change.. ACCME C3
Knowledge (factual information); <u>OR</u>		
Competence (knowing how to do something) ; <u>OR</u>		
Performance (what a physician actually does in practice) ; <u>OR</u>		
Improved patient outcomes		







2) Gap #2/Improvement theme #2: \_\_\_\_\_

Based on the quality or professional practice gap(s) that you identified in your own learners, please explain the cause of the gap (difference between actual & 'best practice' and /or patient outcomes), and finally please describe 1 or more desired result(s) of this education.

	Cause of the Gap ACCME C2	Desired Results - This activity is designed to change.. ACCME C3
Knowledge (factual information); <u>OR</u>		
Competence (knowing how to do something) ; <u>OR</u>		
Performance (what a physician actually does in practice) ; <u>OR</u>		
Improved patient outcomes		

3) Gap #3/Improvement theme #3: \_\_\_\_\_

Based on the quality or professional practice gap(s) that you identified in your own learners, please explain the cause of the gap (difference between actual & 'best practice' and /or patient outcomes), and finally please describe 1 or more desired result(s) of this education.

	Cause of the Gap ACCME C2	Desired Results - This activity is designed to change.. ACCME C3
Knowledge (factual information); <u>OR</u>		
Competence (knowing how to do something); <u>OR</u>		
Performance (what a physician actually does in practice); <u>OR</u>		
Improved patient outcomes		

c) What sources did you use to identify these gaps between current practice and 'best practice'?

ACCME C2

Please indicate the types of sources you used.	Please specify the source and attach documentation.
<input type="checkbox"/> Advice from authorities in the field	
<input type="checkbox"/> Formal or informal requests from physicians	
<input type="checkbox"/> Institutional Q I data	
<input type="checkbox"/> Audit or patient care review	
<input type="checkbox"/> Admission/Discharge diagnosis data	
<input type="checkbox"/> Data from outside sources (public health data, reports etc)	
<input type="checkbox"/> Survey (such as questionnaire or interview)	

<input type="checkbox"/> Practice guidelines	
<input type="checkbox"/> Local or regional practice-based statistics	
<input type="checkbox"/> Task force	
<input type="checkbox"/> Lay or popular press (TV, radio, newspapers, etc)	
<input type="checkbox"/> Current medical literature	
<input type="checkbox"/> Other (please specify):	
<input type="checkbox"/> Other (please specify):	

2. **EDUCATIONAL PLAN**

a) **How have you taken into account your audience’s current or future scope of professional activities? For example, if you surveyed them for content suggestions, what did you learn?**  
ACCME C4

b) **What are some additional physician and/or non-physician stake-holders that can be brought into this series through collaboration and cooperation?** ACCME C20

c) **Which of these instructional techniques can you incorporate?** ACCME C5

Solving genuine problems (reviewing is sued and encounters from practice)

Case-oriented presentations

Longitudinal learning (multiple exposures of the content over time that build upon and reinforce one another) or blended learning (multiple formats, for example lecture combined with readings from the medical literature)

**d) Which physician competencies will this series address?** ACCME C6

ACGME/ABMS Competencies	
<input type="checkbox"/>	Patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health
<input type="checkbox"/>	Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
<input type="checkbox"/>	Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
<input type="checkbox"/>	Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professions
<input type="checkbox"/>	Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
<input type="checkbox"/>	Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value
<input type="checkbox"/>	Other competencies (please explain):

**3. ENGAGEMENT WITH THE ENVIRONMENT**

**a) Incorporating performance improvement into the curriculum: Can you incorporate opportunities for addressing patient safety and quality, a decrease in unnecessary expenses, more appropriate prescribing, implementation of best practices or a reduction in medical errors?** ACCME C16 & C21

No, by its nature, the curriculum does not lend itself to addressing performance improvement.  
 Yes, these aspects of performance improvement will be addressed:

Aspect of performance improvement	Planned content
Patient safety and quality	
Decrease in unnecessary expenses	
More appropriate prescribing	
Implementation of best practices	
Reduction in medical errors	
Other (please specify):	

b) **What's going to get in the way of implementing improvements? What are the potential or real barriers? Are any of these barriers beyond your control? Are there some tools that address how to overcome some of these barriers?** ACCME C18 & C19

c) **What besides the educational content can help narrow the gap? Are there any strategies that can reinforce the points of this educational activity such as e-mail reminders, computer screensavers, model order sheets, patient education materials?** ACCME C17

d) **Are there other initiatives within UUHSC or elsewhere in the medical community directed at the issue(s)? Are there other interested parties such as physician or non-physician groups that ought to be part of this education? Can any of these groups help address or remove these barriers?** ACCME C18 & C20

**4. IDENTIFYING PERSONAL CONFLICTS OF INTEREST**

**Planners and anyone else in control of content:** List the name of everyone in control of content, and for each, please submit the UUCME on-line disclosure of commercial relationships. Do not include persons who play a logistical role only, and are not in a position to control the actual content. ACCME SCS 2

Name

\_\_\_\_\_  
Signature: Chief Planner/Course Director

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Date

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**Approved by University of Utah School of Medicine Office of CME:**

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Brad Halvorsen, MA  
Director

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Date