***FORM CMERSS-1***

**OFFICE OF CONTINUING MEDICAL EDUCATION**

**6-MONTH RSS REPORT**

**January 1, 2024 – June 30, 2024**

(This report is due no later than **Wednesday, July 31, 2024).**

*Please submit one electronic copy of the report & attachments to* [*cme@med.cornell.edu*](mailto:cme@med.cornell.edu)*. We may request a hard copy at a later date.*

**Department:**

**Title of Activity:**

**Course Director:       / e-mail**

**Coordinator:       / e-mail**

**Date of Activity: January 1, 2024 – June 30, 2024**

**Location:**

|  |
| --- |
| **Course Director Section** |

I attest to the accuracy of this information.

I understand that I must retain activity records/files for all sessions for at least six years.

I have shared evaluation data with faculty for this activity.

I attest that at least 2 sessions directly related to Quality Improvement and Patient Safety issues were included in this RSS during this reporting period. I verify that an assessment of Quality Improvement and Patient safety needs has been performed and that the curriculum for this activity includes activities aimed at addressing deficiencies and closing quality gaps.

|  |  |
| --- | --- |
| **INTERPROFESSIONAL CME - PLANNERS**  As per new ACCME guidelines, whenever possible members  of interprofessional teams should be engaged in the **planning**  of CME activities that are intended to improve interprofessional clinical care. Please indicate which professions were involved as planners in this activity (**Select 2 or more**):  Physicians  Graduate House staff  Medical Students  Psychologists  Physician Assistants  Nurses  Nurse Practitioners  Social Workers  Physical Therapists  Pharmacists  Patients  Nutritionists  Public health Professionals  Other (specify): | **INTERPROFESSIONAL CME - EDUCATORS**  As per new ACCME guidelines, whenever possible members of interprofessional teams should be engaged in the **delivery** of CME activities. Please indicate which professions were involved as teachers or educators at this activity (**Select 2 or more**):  Physicians  Graduate House staff  Medical Students  Psychologists  Physician Assistants  Nurses  Nurse Practitioners  Social Workers  Physical Therapists  Pharmacists  Patients  Nutritionists  Public health Professionals  Other (specify): |

**COURSE DIRECTOR’S Signature**:

|  |  |
| --- | --- |
|  |  |
| **Print Name** | | |  | Date |
|  | | |  |  |
| **Signature** | | |  |  |

(By signing, you verify that you have reviewed and approved this CME report.)

**REQUIRED DATA**

**January 1, 2024 – June 30, 2024**

The following are required documentation for all WCM RSS’s for 01/01/24 – 06/30/24

Attached?

1. Attendance Summary  Yes  No
2. List of Sessions (Dates/Topics/Speakers)  Yes  No
3. CME Information Page for each session  Yes  No

3a. Full Disclosure Forms for each presenter  Yes  No

3b. CME Identification and Mitigation Form for each speaker, as required  Yes  No  N/A

3c. Attestation of WCM CME Faculty Eligibility Form, as required  Yes  No  N/A

4. Evaluation Data and Summary  Yes  No

5. Budget Summary  Yes  No

**ACTIVITY SUMMARY**

How many sessions were virtual?

How many sessions were related to COVID-19?

Please list 3 COVID-19 related sessions (if applicable):

**ATTENDANCE SUMMARY**

A. Total # of sessions

B. Total # credits approved per session (e.g. 1, 1.5)

C. Total hours of instruction (A x B)

D. Total # of Physicians

*Multiply the number of MDs attending by the number of sessions attended.*

*(e.g. Dr. X attended 12 sessions for one hour each. This equals 12 attendee hours. Add totals for all Physicians)*

E. Total # of Other Learners

*Multiply the number of nonMDs attending by the number of sessions attended.*

*(e.g. Dr. X attended 12 sessions for one hour each. This equals 12 attendee hours. Add totals for all Other Learners)*

Please attach a summary of the attendance spreadsheet documenting the names of attendees, dates of attendance, and total hours of attendance for this activity for January 1, 2024 – June 30, 2024

F. Summary of Attendance Spreadsheet attached?  Yes  No

Reviewed and approved by OCME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPENDIX A**

Attendance Spreadsheet

Please attach here

**LIST OF SESSIONS**

**January 1, 2024 – June 30, 2024**

**Total # of Sessions:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Speaker  (Include Name,  Academic Title  and Affiliation) | Topic | CME  Information  Page *(please*  *submit clear*  *Copies)* | Full Disclosure  Form *(please*  *submit clear*  *Copies)* | CME Identification and Mitigation of Relevant Financial Relationships Form *(required for anyone with industry*  *relationship)* |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |
|  |  |  | Yes | Yes | Yes  N/A |

**APPENDIX B**

Please attach chronologically:

CME Information Page

Full Disclosure Form

CME Identification and Mitigation Form of Relevant Financial Relationships Form *– if applicable*

Attestation of WCM CME Faculty Eligibility Form *– if applicable*

**Please make sure that all submitted copies are clear and legible**

Reviewed and approved by OCME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATION DATA**

**January 1, 2024 – June 30, 2024**

A. Number of attendees surveyed

B. Total # of evaluations collected for this report

C. Response Rate      %

*(>50% response rate required)*

Please attach the evaluation summary for this activity for January 1, 2024 – June 30, 2024.

Evaluation summary attached?  Yes  No

Reviewed and approved by OCME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATION SUMMARY**

**January 1, 2024 – June 30, 2024**

A. Did participants feel the activity was free of commercial bias or influence? # Yes # No

     

Please describe any concerns and identify the presenter(s) and presentation title(s):

B. Did participants feel the activity was scientifically sound, evidence-based, objective, and balanced? # Yes # No

Please describe any concerns and identify the presenter(s) and presentation title(s):

C. Please indicate the extent to which participants felt this series will enhance their performance as a physician in the following areas of medical competence:

1. Medical Knowledge (e.g. Biomedical, clinical, epidemiological, and social sciences):

**Average Score of all responses:**

**List areas of enhanced knowledge participants stated they gained from this series:**

Bottom of Form

2. Diagnostic and Treatment Strategies – Competence (e.g. New evidence, evidence-based practice recommendations):

**Average Score of all responses:**

**List diagnostic or treatment strategies participants stated they would be likely to implement in their practices.**

3. Professionalism and Effectiveness with Patients and Care Teams – Performance (e.g. Interpersonal skills, identification of different patient values and needs, medical informatics).

**Average Score of all responses:**

**List patient care and management strategies participants stated they would be likely to implement in their practices:**

Bottom of Form

4. Quality and patient safety – Patient Outcomes (e.g. Identification of opportunities for clinical improvement, evaluation of patient care systems, quality improvement methodology).

**Average Score of all responses:**

**List continuous quality improvement strategies participants stated they would be likely to implement in their practices:**

Bottom of Form

D. Please list topics participants stated they would like to see covered in future series at Cornell that would improve this activity.

Bottom of Form

E. Did you feel this activity aligned with WCM’s mission of diversity and inclusion? # Yes # No

F. If participants have any other comments or concerns about this series please describe them below:

**BUDGET SUMMARY**

**January 1, 2024 – June 30, 2024**

***1. TOTAL REVENUE (INCOME)***

Sources of Revenue/Income:

A. Departmental Funding $

B. Other Support$

***TOTAL REVENUE/INCOME*** $

***2. TOTAL EXPENSES***

A. Speaker Honoraria (list each speaker):

      $

      $

      $

      $

      $

**TOTAL HONORARIA** $

B. Faculty housing, travel, meals, misc. $

C. Meals/Coffee Breaks $

D. Other Expenses: (please list)      $

***TOTAL EXPENSES*** $      \*

***NET INCOME/LOSS*..............$** **\***

*(Calculation: income minus expenses)*

*\* Expense must be offset by either Departmental or other income.*

*\* Negative balances are not acceptable.*

**Criteria for Accreditation with Commendation**

In order to maintain our current ACCME accreditation status, we are required to provide documentation that our RSS program (e.g. Grand Rounds, Clinical Case conferences, etc.) fulfills certain educational criteria.  As such, please review your curriculum for the 6 month period and respond to the following questions. Please provide examples of each where indicated.

1. **Interprofessional Education (C23):**
2. Were any sessions *planned* by an interprofessional team during this reporting period?  Yes  No

Please list the Other Learners involved in planning:

2. Was this activity *attended* by healthcare professionals other than Physicians during this reporting period?  Yes  No

Please provide a list of types of other providers and the attendance data to support this:

3. Did Other Learner healthcare professionals participate in the *teaching* of any sessions during this reporting period? (e.g. Ph.D., RN, NP, Social Worker, other related professional)  Yes  No

Please provide a list of sessions taught by Other Learner professionals:

**B.  Education for Students of the Health Professions (C25):**

1. Were medical students, residents, fellows, or other healthcare students involved in the planning of any lectures during this reporting period? Yes  No

If so, please list any trainees involved:

1. Were any sessions in this RSS TAUGHT by trainees (any students/learners within the health care professions) during this reporting period? (This can include a case presentation by a student)  Yes  No

Please list those sessions which fulfill this criteria:

1. Did trainees (any students of the health care professions) regularly attend any sessions during this reporting period?    Yes  No

If so, please describe:

**C.  RSS’s are required to demonstrate that they have used health and practice data for healthcare improvement (C26, C37):**

1. Please list all sessions during this reporting period that used Quality Improvement and Patient Safety Data in the planning, and were created to address this need. (***This is required for at least 2 sessions each academic year by the Weill Cornell CME Committee.***)

1. Were any studies or observations done during this reporting period to demonstrate that this led to improved patient care?

1. Were any additional strategies used outside of this RSS to reinforce this? (e.g. signage, EMR changes, e-mails, notices)

**D.  CME should lead to improved Communication Skills (C29):**

During this reporting period did any session in your RSS series focus upon patient or interprofessional communication skills?  Yes  No

If so, please list any sessions devoted to this:

**E.  Optimization of Technical and Procedural Skills (C30):**

Did any of the sessions during this reporting period specifically focus on learning technical or procedural skills in patient care?    Yes  No

If so, please list:

**F.   Creative Educational Formats (C35):**

CME programs are encouraged to move away from standard lecture formats in teaching healthcare professionals.

Was this course a traditional lecture series?  Yes  No

1. If **YES**,

a. Did any sessions during this reporting period deviate from the conventional lecture and Question/Answer format?

Please describe:

b. Please describe how you might remedy this for some sessions in the next reporting period:

2. If **NO**, please describe the educational format (e.g, case conferences, journal clubs, etc.):

|  |  |
| --- | --- |
| **Clinical Content Validation** | |
| Were recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? [Standards for Integrity and Independence 1.1] | **Yes**  **No**  Comments |
| Did all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? [Standards for Integrity and Independence 1.2] | **Yes**  **No**  Comments |
| Were new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? [Standards for Integrity and Independence 1.3] | **Yes**  **No**  Comments |
| Did the educational activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning? [Standards for Integrity and Independence 1.3] | **Yes**  **No**  Comments |
| Did the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients? [Standards for Integrity and Independence 1.4] | **Yes**  **No**  Comments |