***FORM CMERSS-2***

**RSS END OF YEAR REPORT WITH SUPPLEMENTAL FORM**

**AND CHECKLIST**

**(July 1, 2017 – June 30, 2018)**

(This report is due in the CME office no later than **July 16, 2018)**

*Please submit one hard copy of the report (with attachments) to the CME Office and email one electronic copy of the report (only the report, not the attachments) in word format to cme@med.cornell.edu*

**Department:**

**Title of Activity:**

**Course Director:       / e-mail**

**Coordinator:       / e-mail**

**Location:**

The following are required documentation for all WCMC RSS Activities:

Attached?

1. Attendance Summary *(7/1/2017-6/30/2018)*  Yes  No
2. Full List of Sessions *(7/1/2017-6/30/2018))*  Yes  No
3. Budget Summary *(7/1/2017-6/30/2018)*  Yes  No

|  |
| --- |
| **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 Assurance and Patient Safety issues were included in this RSS during this reporting period. I verify that an assessment of Quality 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 (check all that apply):  Primary Care Physicians  Specialty Physicians  Medical Students  Graduate House staff  Psychologists  Physician Assistants  Nurses  Nurse Practitioners  Medical Students  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 will be involved as teachers or educators at this activity (check all that apply):  Primary Care Physicians  Specialty Physicians  Medical Students  Graduate House staff  Psychologists  Physician Assistants  Nurses  Nurse Practitioners  Medical Students  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.)

**ATTENDANCE SUMMARY**

**July 1, 2017 – June 30, 2018**

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 MD hours

Miultiply 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 MD’s.)

E. Total # of NonMD hours

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 nonMD’s.)

Please attach a spreadsheet documenting the names of attendees, dates of attendance and total hours of attendance for this activity for July 1, 2017 to June 30, 2018.

1. Spreadsheet attached?  Yes  No

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

**APPENDIX A**

Attendance Spreadsheet

Please attach here

**FULL LIST OF SESSIONS**

**July 1, 2017 – June 30, 2018**

**Total # of Sessions:**

|  |  |  |
| --- | --- | --- |
| Date | Speaker | Topic |
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**BUDGET SUMMARY**

**July 1, 2017 – June 30, 2018**

***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.*

**2017-2018 END OF YEAR REPORT SUPPLEMENT**

**Department:**

**Title of Activity:**

**Course Director:       / e-mail**

**Coordinator:       / e-mail**

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 2017-18 academic year and respond to the following questions. Please provide examples of each where indicated.

1. **Multidisciplinary Education (C23):**
2. Was this activity *planned* by a multidisciplinary team?  Yes  No

Please list the non-MD team members involved in planning:

2. Was this activity *attended* by health care professionals other than MD’s?  Yes  No

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

3. Did non-MD health care professionals participated in the *teaching* of this activity? (e.g. Ph.D., RN, NP, Social Worker, other related professional)  Yes  No

Please provide a list of sessions taught by non-MD professionals:

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

1. Were medical students, residents, fellows, or other health care students involved in the planning of this activity? 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)? (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 this activity?    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 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 year by the Weill Cornell CME Committee.***)

1. Were any studies or observations done 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):**

Did any activities 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 of this activity 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 deviate from the conventional lecture and Q/A format? Please describe:

b. Please describe how you might remedy this for some sessions next year:

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