Our forms are PDF fillable. We encourage you to send forms to us electronically with digital signatures, if possible.

http://medicine.tufts.edu/Education/Continuing-Education/Regularly-Scheduled-Series
Planning Form Documentation Checklist

Submit by July 1, 2016
(forms will not be accepted after this date)

☐ Completed/signed RSS Planning Form (completed by RSS administrator or course director)
☐ Verification of identified learner needs (one form of documentation required)
☐ Disclosure forms for course director and planning committee members
☐ Estimated budget (not required if indicated no expenses or funding for series/sessions)

NOTE: TUSM OCE must submit all educational grant requests to potential funders. If your department wants to submit a grant request directly, you may do so as an activity not offered for CME (TUSM OCE will not offer credit(s) for those sessions). There will be fees associated with each grant request TUSM OCE directly submits and manages. Please contact TUSM OCE if you would like to discuss further details.

Monthly Session Schedule Submission

<table>
<thead>
<tr>
<th>Month to be Monitored</th>
<th>Submit Schedule by</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>June 15th</td>
</tr>
<tr>
<td>August</td>
<td>July 13th</td>
</tr>
<tr>
<td>September</td>
<td>August 17th</td>
</tr>
<tr>
<td>October</td>
<td>September 14th</td>
</tr>
<tr>
<td>November</td>
<td>October 13th</td>
</tr>
<tr>
<td>December</td>
<td>November 16th</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month to be Monitored</th>
<th>Submit Schedule by</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>December 12th</td>
</tr>
<tr>
<td>February</td>
<td>January 10th</td>
</tr>
<tr>
<td>March</td>
<td>February 12th</td>
</tr>
<tr>
<td>April</td>
<td>March 15th</td>
</tr>
<tr>
<td>May</td>
<td>April 19th</td>
</tr>
<tr>
<td>June</td>
<td>May 17th</td>
</tr>
</tbody>
</table>

Post-Series Checklist

Submit by August 11, 2017

☐ Attendance & credit tracking spreadsheet (on required TUSM OCE template)
☐ Final budget (if any income and/or expenses apply)
☐ Impact of education on outcomes
   (if using follow-up survey, please download instructions for setup on SurveyMonkey)

Please note the session specific requirements that must be met to comply with accreditation requirements and for certificates at end of series (see next page). Our forms are PDF fillable and we require that forms are sent to us electronically.

All forms are available on our website, please click HERE.

NOTE:
Sessions are subject to periodic audit by TUSM OCE and/or the ACCME.
A Regularly Scheduled Series is defined by the ACCME as:

An activity that is planned to have a series with multiple sessions that occur on an ongoing basis (offered weekly, monthly, or quarterly) and are primarily planned by and presented to the accredited organization’s professional staff.

A series is the entire RSS.

A session is one conference within the series.

The Administrator can complete this page.
The **Course Director** completes the remaining pages of the Planning Form.

- Please contact TUSM OCE if you would like to apply for educational grants.
- TUSM OCE must submit all educational grant requests to potential funders.
- $250 fee per application will apply if request is granted.
- Funds that come to TUSM OCE will incur a 15% O&M fee. If possible, TUSM OCE designate funds to your department to avoid the fee.
- Commercial Support must be noted on sign-in sheet. Optional to note in accreditation slides or announce verbally at beginning of session(s).
This page provides information about how the learners’ education will be reinforced throughout the Series and gives options to help achieve retention.

It also distinguishes how the Series aligns with the TUSM OCE’s overall mission.
**Verification of Identified Learner Needs**

**ACCME Criterion 2**

Select one method from any category below by which you identified the need for the activity. Please do not select methods for which you cannot submit detailed documentation.

**NOTE: DETAILED DOCUMENTATION IS REQUIRED**

**Learner Identified Needs**

- **Needs Assessment Survey** (highly recommended) - This is a pre-scanning of the registered or anticipated audience to determine what topics or gaps in knowledge the audience is most interested in addressing. Please submit a summary of results and clearly explain how the results will be used in this educational activity.

- **Learner Feedback** - Suggests for topics/content from learners of a prior activity’s evaluation results or outcomes follow-up survey results. Please submit a statement that clearly identifies what the feedback was and how it will be incorporated in the agenda for this educational activity.

- **Other, please specify:**

**Expert Identified Needs**

- **Changes in National or Specialty Society Guidelines** - Submit a copy of the guidelines with a statement indicating the specific change along with any recommendations on education addressing these changes.

- **Current Research/Peer-reviewed Literature** - Submit the journal article(s)/current research that were reviewed along with a statement that explains the educational needs of the learner derived from the articles.

- **Planning/Advisory Committee/Department Chair/Leadership** - Submit a written statement by the Course Director, Department Chair/Leader or other Course Planner indicating the educational needs of the learner and how these needs were determined.

- **Other, please specify:**

**Data-based Observations**

- **QA/QI Data or Dashboards/Metrics** - Submit a summary of the data along with an explanation of how the data demonstrates area(s) that are in need of improvement, which will be addressed by this activity.

- **Publicly Reported Performance Data** - Submit a copy of the data along with an explanation of the areas that need improvement that will be addressed by this activity.

- **Other, please specify:**

---

**REVISED for the 2016-2017AY is the Verification of Identified Learner Needs section. We reduced the requirement to provide only one method of how the need for the Series was identified.**

The learner need is typically identified through professional practice gaps in knowledge, competence, and performance and should be designed to change competence, performance, and/or outcomes.

**Only DETAILED supporting documentation will be accepted.**
Using the evidence you collected for the Verification of Identified Learner Needs section, expand on what the difference is between the actual performance you are seeing in practice and the ideal performance you will see at the conclusion of the Series. This is the Practice Gap.

M&M, Case Conferences and Tumor Boards

As noted on the Planning Form: The Practice Gap is identified at each session during discussion and reflection on clinical cases. This information is documented on the practice gap form found on our website under Session Documents.
Areas for Improvement are measured in terms of competence and performance.

First, you must select which applies to your activity (competence and/or performance).

Do learners need to:
- Know how to do something (competence)?
- Need to change something in their practice/implement a strategy or skill (performance)?

NOTE: If you select both areas of improvement, please complete at least one objective under each. Overall, you are required to provide at least two learner objectives.
## Competencies

**ACGME Criterion 9**

Identify one primary and up to two secondary ACGME/ABMS competencies that this activity is designed to address with a check in the appropriate column.

<table>
<thead>
<tr>
<th>Primary (select only one)</th>
<th>Secondary (select up to two)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td></td>
</tr>
<tr>
<td>Medical/Clinical Knowledge</td>
<td></td>
</tr>
<tr>
<td>Practice-Based Learning and Improvement</td>
<td></td>
</tr>
<tr>
<td>Interpersonal and Communication Skills</td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
</tr>
<tr>
<td>Systems-Based Practice</td>
<td></td>
</tr>
</tbody>
</table>

Please identify if this series will address any of the following IOM Competencies (check all that apply):

- Provision of patient-centered care
- Work in interdisciplinary teams
- Effective use of evidence-based medicine
- Use of informatics in patient care, clinical decision making, error reduction, and/or knowledge management
- A quality improvement project or process

**Identified Barriers**

ACGME Criterion 16

What factors do you predict will prevent the learner audience from incorporating new knowledge, competence, and/or performance gained through this activity? Check all that apply.

<table>
<thead>
<tr>
<th>Clinician Barriers</th>
<th>Patient-Based Barriers</th>
<th>Institutional Barriers/Departmental Barriers</th>
<th>System Barriers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of time to assess or counsel patients</td>
<td>Insufficient adherence to treatment plan</td>
<td>Policies</td>
<td>Insurance/reimbursement issues</td>
<td>Please specify:</td>
</tr>
<tr>
<td>Lack of consensus on professional guidelines</td>
<td>Communication/Language Barriers</td>
<td>Insufficient clinical staff</td>
<td>Cost of treatment</td>
<td></td>
</tr>
<tr>
<td>Clinician allegiance to old standards/old habits</td>
<td>Insufficient administrative support/resources</td>
<td>Insufficient interdepartmental communication/Uniform level of care between departments/sub-specialties</td>
<td>Insufficient accessibility/availability of treatment</td>
<td></td>
</tr>
<tr>
<td>Insufficient cultural competence</td>
<td>Lack of time to assimilate large amounts of new knowledge</td>
<td>Lack of reinforcement of new professional guidelines</td>
<td>Cost of treatment</td>
<td></td>
</tr>
<tr>
<td>Clinician fear of punishment/malpractice litigation</td>
<td>Insufficient data</td>
<td>Insufficient technical resources</td>
<td>Cost of treatment</td>
<td></td>
</tr>
</tbody>
</table>

**AGCME Criterion 19**

Will this activity address those options noted in the above section?

- Not applicable – no perceived barriers as noted above.
- Not able to address barrier(s) identified above through this activity.
- Activity content will address the identified barriers.
Most convenient tool is SurveyMonkey, but if you know of another tool within the hospital/department that measures the impact of the series and you have access to these data, you can submit that to us in lieu of the SurveyMonkey.
Please complete the following page if this series or any sessions are applicable for MA Risk Management Credit.

Massachusetts Board of Registration in Medicine Requirements
MA Risk Management Study means instruction in medical malpractice prevention, such as risk identification, patient safety, and medical error prevention. Please check off any areas noted below that are applicable to this activity.

This activity may be eligible to receive MA Risk Management Credit if the activity meets the criteria below. If only specific sessions/presentations within the series meet the criteria, these individual sessions/presentations may still receive this credit.

Frequency of Risk Management Related Content
- NA
- All sessions in the series meet the criteria below
- Only some of the sessions in this series meet the criteria below
  - Please be sure to check off “Risk Management Credit” under the “General Series Information” at the top of this form.
  - At the conclusion of the series, please indicate which sessions include Risk Management Credit on the Attendance & Credit tracking sheet.

Risk Management Topics
- Risk identification
- Patient relations
- Patient safety
- End of life care
- Loss prevention
- Opioid and pain management
- Medical ethics
- Non-economic aspects of practice management
- Medical-legal issues
- Utilization review that directly relates to quality assurance/quality improvement
- Study of the MA Board of Registration in Medicine’s Patient Care Assessment Regulations (243 CMR 3.01 et seq.)

Additional Requirements Related to MA Risk Management Credit
- NOTE - To obtain MA Risk Management credit for a specific session(s), please indicate the Risk Management topic(s) that was addressed on the Monitor Verification Form.

Joint Provider Collaboration Agreement
As part of a collaborative relationship, the joint provider in conjunction with TUSM OCE, agrees to the following responsibilities:

- Adhering to pre-established timelines noted on Planning Form, Session-Specific, and Post-Series Checklists.
- Adhering to all requirements and standards of the ACCME and AMA.
- Conducting a continuing education activity that focuses on health care improvements and does not in any way promote proprietary interests (maintaining total separation of all educational and promotional activities).
- Identifying the quality gap and need for this activity, and providing supporting documentation as requested.
- Reviewing and assuring quality of content and selection of faculty.
- Providing pre-session documentation including disclosure forms for all persons involved in content.
- Notifying TUSM OCE if you will seek commercial support for the overall series or any sessions so that TUSM OCE can submit the grant requests directly to the commercial interest(s). I understand that if our department/division applies for an educational grant, TUSM OCE cannot offer continuing education credit for the funded series/sessions.
- Adhering to all ACCME Standards for Commercial Support and Promotion (exhibiting).
- See Standards for Commercial Support requirements.
- Resolving all potential conflicts of interest prior to delivery of the educational activity (please note that disclosure alone is insufficient).
- Ensuring appropriate peer review of content and course materials to ensure that content is scientifically valid, evidence-based, balanced, and free from any commercial bias (regardless of whether the activity itself receives any commercial support).
- Ensuring that learners are informed, prior to beginning the activity, of relevant financial relationships or lack thereof for all persons in control of content, all commercial support or lack thereof, and other format-specific accreditation information.
- Submitting all final post-series documentation as noted in the Post-Series Documentation Checklist.
- Implementing an Impact of Education on Outcomes Tool with activity participants after the series to assess the impact that the education had on clinician practice and/or patient outcomes.

Additionally, I understand the following:

- Presenters for this activity may only receive AMA PRA Category 1 Credit™ for time spent preparing and presenting through direct application to the AMA.
- All activities offered by TUSM OCE are subject to periodic audit by TUSM OCE and/or the ACCME.

I have reviewed this application form and responsibilities for AMA PRA Category 1 Credit™ for the period of July 1, 2016 - June 30, 2017. I attest that the information provided is complete and accurate. I agree to abide by the current ACCME and AMA accreditation requirements for planning, activity implementation and evaluation (including the Standards for Commercial Support) and the TUSM Office of Continuing Education policies and procedures for Regularly Scheduled Series.

Course Director Signature: ____________________________ Date: ____________________________
Since there are multiple documents that must be completed for a session to receive credit, we have created a session checklist to assist with this process. All session documents must be uploaded within **5 business days** to the individual Series’ Box folder.

**You need to be invited into your Box Series folder. If you are a new Administrator or Course Director please contact Jennifer Besaw to be added.**

### RSS Session Specific Required Documentation Checklist

<table>
<thead>
<tr>
<th>BEFORE SUBMIT the following documentation to TUSM OCE within 5 business days post-session*</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Obtain Speaker’s Disclosure Form</td>
</tr>
<tr>
<td>□ Obtain Speaker’s presentation slides or, if no slides, an outline of session content</td>
</tr>
<tr>
<td>□ Review Content and Disclosure Forms</td>
</tr>
<tr>
<td>□ Complete required Content Review/RCOI form</td>
</tr>
<tr>
<td>NOTE: To be completed by an appropriate reviewer: course director or assigned reviewer, not the speaker.</td>
</tr>
<tr>
<td>□ Update Sign-In Sheet Disclosure/Accreditation information and/or Accreditation slides</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DURING the session, complete the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Display Sign-In Sheet(s) for Participants to Sign-In</td>
</tr>
<tr>
<td>□ Communicate Accreditation/Disclosure Information</td>
</tr>
<tr>
<td>(Display OCE Accreditation slides/Sign-in Sheet; verbal communication optional)</td>
</tr>
<tr>
<td>□ Distribute Monthly Evaluation to participants (if using paper version)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AFTER the session, complete the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Collect Sign-in Sheet(s)</td>
</tr>
<tr>
<td>□ Distribute Monthly Evaluation (if using electronic version)</td>
</tr>
<tr>
<td>□ Complete Monitor Verification Form (completed by designated person present at session; attesting accreditation requirements met)</td>
</tr>
<tr>
<td>□ Complete Attendance &amp; Credit Tracking Spreadsheet (OCE template required; NOTE: this document is submitted post-series)</td>
</tr>
<tr>
<td>□ Complete Practice Gap Summary Form for all M&amp;M, Case Conference, and Tumor Board sessions (if applicable)</td>
</tr>
</tbody>
</table>

*All session documentation must be uploaded to Box.com, a free cloud-based service hosted by Tufts University, to ensure quality data is being recorded. Forms are filled out completely and correctly, and that all documents required for receiving credit are submitted in a timely manner. Our forms are PDF fillable and we require that forms are sent to us electronically.

All forms are available on our website, please click [HERE](#).

NOTE:
Sessions are subject to periodic audit by TUSM OCE and/or the ACCME.
Pre-Session: Disclosure Form

- Good for one academic year unless the disclosure information changes.
- Course Director, Planning Committee Members, Speakers/Presenters, anyone in control of the content must complete this form.
- If they receive a W-2 from any company noted on disclosure form, please make sure to list them as an **Employee** on the Accreditation Information Page of the Sign-in Sheet

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**Disclosure of Relevant Financial Relationships with Commercial Interests**

If you are participating in a CE activity and/or are in a position to control educational content (course director, planning committee member, presenter, etc.), you must disclose whether you or your partner/spouse have any relevant financial relationships with a commercial interest, related to your role in the activity.

Please visit The National Faculty Education Initiative for details on the differences between CE and Promotional Activities.

<table>
<thead>
<tr>
<th>Title of RSS:</th>
<th>Session Date:</th>
<th>Hospital/Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Credentials:</td>
<td>Academic and Clinical Title(s):</td>
<td></td>
</tr>
<tr>
<td>Activity Role:</td>
<td>Course Director/Co-Director</td>
<td>Planning Committee Member</td>
</tr>
</tbody>
</table>

Do you have any relevant financial relationships to report in the last 12 months with a commercial interest? ☐ NO ☐ YES (complete section below including question at the bottom of form)

*A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients*

Examples of relevant financial relationships would be holding a relationship with the following:
- the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in an educational presentation/session and/or;
- any commercial supporters of the CE activity

<table>
<thead>
<tr>
<th>Financial Relationship</th>
<th>Name of Commercial Interest*</th>
<th>Me</th>
<th>Partner/Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant/Research Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speakers’ Bureau</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advisory Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you receive a W-2 from any of the companies you noted above? ☐ NO ☐ YES (specify below):

**NOTE:** If you answer “yes” you will be listed as an “Employee” in the faculty disclosure summary in course materials.

**Signature:**

**Date:**

Revised 3/2016
Pre-Session: Content Review

• Obtain the speaker’s presentation/outline of content

• Course director or designated reviewer must review the materials before the session occurs.
  • **Note:** Reviewer should not have any relevant financial relationships.

• Review to ensure that:
  • Content is fair, balanced, and not biased toward a company’s products/services
  • Scientifically valid
  • Treatment recommendations are appropriate for the audience

• If any of the slides/content must be changed, follow up with the presenter and review again when content is changed.
Pre-Session: Content Review
M&Ms, Case Conferences, Tumor Boards

• Cases to be discussed may not be known in advance

• Content Review Form does **NOT** need to be completed pre-session

• Instead, course director or designated reviewer must evaluate the discussion during the session (be aware if any products are being promoted, if a treatment isn’t scientifically valid, etc.)

• If everything checks out, Course Director/Reviewer will attest on the **Monitor Verification Form**
Pre-Session: Resolving Conflicts of Interest (RCOI)

In accordance with the ACCME requirements, Tufts University School of Medicine (TUSM) Office of Continuing Education (OCE) requires that anyone in a position to control content of an educational activity must disclose all relevant financial relationships with any commercial interest as it pertains to the content of the presentation. All conflicts must be resolved prior to the activity start date.

Please confirm that RCOI requirements were fulfilled PRIOR TO THE START OF THE SESSION by completing the section below:

The following individuals have a relevant financial relationship with a commercial interest(s):

<table>
<thead>
<tr>
<th>Role in Activity</th>
<th>Name</th>
<th>Proprietary Entity</th>
<th>Nature of Financial Relationship</th>
<th>Resolution(s) see below</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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</tr>
</tbody>
</table>

*Resolution Options:*

A. A review of the speakers’ content has been conducted to ensure that the presentation is fair and balanced, that it is evidence-based and that generic names are substituted for trade names. Additionally, participant feedback to evaluate for commercial bias in the activity will be reviewed post-activity. (Note: this is required for all content, not just content with potentially conflicted speakers.)

B. Focus of the activity will be away from the conflict of interest

C. Conflict of interest is not relevant to the activity content presented

D. Credits will not be awarded for a portion or all of the educational activity

E. Alternate faculty member will be assigned

F. Other (please specify)

I have received and reviewed the content, reviewed faculty disclosure information and have resolved any noted conflicts of interest:

<table>
<thead>
<tr>
<th>Reviewer’s Name</th>
<th>Reviewer’s Signature</th>
<th>Date of Review</th>
</tr>
</thead>
</table>

Complete if speaker listed a relevant financial relationship on disclosure form

Resolve the conflict using any of the options
Pre-Session: Accreditation Information & Sign-in Sheet

Accreditation Information Coversheet

- Communicates to learners the following:
  - Who is the Joint provider (your hospital)
  - Course Director/Speaker Disclosure information
  - Accreditation language with # of credits session is worth
  - Whether or not there is commercial support for series/session
- Should be updated and displayed at every session
- Form may be filled out in advance with basic information
- Update with course director/speaker disclosure information (or lack thereof)
Pre-Session:
Accreditation Information & Sign-in Sheet (Part 2)

**Sign-in Sheet**
- Update with basic information about session
- Obtain Learner Objectives from Planning Form
- May pre-populate attendee names and whomever attends can confirm attendance with signature
During the Session

• Display the Accreditation Information and Sign-in Sheet

• (Optional): Communicate accreditation information verbally or on accreditation slides

• If using print version, distribute evaluation (monthly basis)

• **M&Ms, Case Conferences, Tumor Boards**: Course Director/Reviewer evaluates content of discussion for bias
Post-Session

• Collect sign-in sheet

• If using SurveyMonkey, distribute evaluation (monthly basis)
  • Instructions to set up evaluation on SurveyMonkey are available on website
  • Specific questions are included in instructions
Post-Session: Recording Attendance

Record attendance from sign-in sheet onto **Attendance & Credit Tracking Spreadsheet**

- Excel spreadsheet with formulas that will keep track of the following:
  - Session dates
  - Individual attendance
  - # of credits each individual earned

**Note:** Presenters must submit an application to the American Medical Association (AMA) if they want CME credit for their talk. 1 hour presentation = 2 CME credits
**Post-Session: Monitor Verification Form**

**RSS Monitor Verification Form**
The OCE cannot be at every session. It is required that a monitor verification form is completed for each session. This document provides basic information about the session as well as written verification that all accreditation requirements were met. This document must be signed by the course director if present at the session or by a designated individual who was present and can attest to the items on the form. For M&M, Case Conferences, & Tumor Boards, the course director must initial the content review section.

<table>
<thead>
<tr>
<th>RSS Title</th>
<th>Hospital/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Title/Topic</td>
<td>Session Date</td>
</tr>
<tr>
<td>Session Type:</td>
<td></td>
</tr>
<tr>
<td>☐ Grand Rounds</td>
<td>☐ morbidity &amp; Mortality</td>
</tr>
<tr>
<td>☐ Case Conference</td>
<td>☐ tumor board</td>
</tr>
<tr>
<td>☐ Journal Club</td>
<td>☐ Other</td>
</tr>
<tr>
<td>Speaker Name and Credentials:</td>
<td></td>
</tr>
</tbody>
</table>

Please confirm that the following accreditation requirements were fulfilled by checking below:

<table>
<thead>
<tr>
<th>Communication of Risk Management Criteria ONLY (Please check the criteria that apply, if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Risk Identification</td>
</tr>
<tr>
<td>☐ Medical Ethics</td>
</tr>
<tr>
<td>☐ Opioid and Pain Management</td>
</tr>
<tr>
<td>☐ Other (please specify):</td>
</tr>
</tbody>
</table>

**Participant Sign-in Method**
- ☐ EEDS (Electronic education documentation system)
- ☐ Sign-in Sheet

**Content Review (M&M, Case Conferences and Tumor Boards ONLY)**
- ☐ The course director/reviewer attests that the content discussed was fair, balanced and unbiased towards specific trade names. Also attests that the content was scientifically valid and treatment recommendations were appropriate.

**Course Director Initial here:**

- Communication of Accreditation Information, Learner Objectives, Disclosures and Commercial Support

  - The course director/session moderator communicated the learner objectives and the requirements for successful completion of the activity in order to obtain CME credit (e.g., sign-in, participate in session, designated number of AMA PRA Category 1 Credit™ and presentation). The course director/moderator communicated speaker disclosures and commercial support (presence or lack thereof).

  - BEFORE the activity date:
  - ☐ Via email, mail, departmental meeting (save the date, email, flyer, etc.) (optional, but encouraged)
  - PRIOR TO the start of the activity:
  - ☐ In writing on the sign-in sheet or accreditation slides (REQUIRED)
  - ☐ Verbally by the course director/moderator/speaker during introductory remarks – specify below (optional, but encouraged)

**For Verbal Only: Please itemize the content of the disclosed information or note that there was nothing to disclose below.**

| Print Name: | Signature: | Date: |

- **To be completed by course director, reviewer, or someone who was present at the session**
- **Attest that proper procedures occurred at the session:**
  - Method of sign-in
  - Accreditation, Disclosure, and Commercial Support Info were communicated to audience

- **Risk Management (RM)**
  - If session designated for RM credit, indicate topic(s)

- **M&M, Case Conferences, Tumor Boards**
  - Attest that the content and discussion were free from bias toward trade names, etc.
Post-Session: Practice Gap Form

Only for M&M, Case Conference, and Tumor Board sessions

Provide summary of the case(s) discussed and what will be done next:
- Will you change the treatment?
- What will be done to prevent the adverse event from happening again?

Do not provide identifying patient information
- Names, medical record #s, etc.
Submit Documents on Box.com

Upload the following documents to Box.com folder within **5-business days** post-session:

- Disclosure form(s)
- Presentation slides/Content Outline
- Content Review Form/RCOI Form
- Accreditation Info and Sign-in sheet
- Summary of monthly evaluations (Once per month)
- Monitor Verification Form
- Practice Gap Summary Form (M&Ms, CC, TBs ONLY)
Submit Documents on Box.com (Part 2)

• When uploading to Box.com, please label your documents clearly

• Examples:
  • Disclosure Forms:
    • Smith Disclosure 08-01-16.pdf
  • Monitor Verification Forms:
    • 08-01-16 MV.pdf
  • Monthly Evaluation Summary:
    • August Eval.pdf

• Please notify OCE if:
  • Session is cancelled
  • Documentation submission will be delayed due to vacation/illness/etc. and there is no coverage
Post-Series

**Deadline for AY 2016-2017: August 12, 2017**

Please submit the following:

- Attendance & Credit Tracking Spreadsheet
- Finalized Budget (if applicable)
- Impact of Education on Outcomes Document
  - Did the series have any impact on the learners? Are they doing anything differently now? Have they changed their practice?
  - There are different ways to complete this but the easiest is the **Follow-up Survey**
  - Instructions for how to set up the Follow-up Survey are on our website
QUESTIONS? Contact us directly:

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