

Regularly Scheduled Series Monitoring Report

Title of Series:

Date range:

| 1. What is monitored | 2. Provider monitoring method | 3. Provider description/analysis of data collected | 4. Provider Analysis | 5. Provider action plan and/or improvements implemented |
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| C2 professional practice gap and need | | | | |
| C3 activity designed to change performance, competence, or patient outcomes, based on mission statement | | | | |
| C4 content matches learners' scope or potential scope of practice | | | | |
| C8 commercial support is managed appropriately | | | | |
| C9 promotion neither influences planning or interferes with learning | | | | |
| C10 content promotes health care improvements and not proprietary interests | | | | |
| Content Validity Value Statement | | | | |
| C11 change in learners is analyzed | | | | |
| Learner Participation | | | | |
| Accreditation Statement | | | | |

Regularly Scheduled Series Monitoring Report - EXAMPLE

| 1 What is monitored | 2 Provider's monitoring method | 3 Provider's description and analysis of the data collected | 4 Providers analysis | 5 Provider's action plan and/or improvements implemented |
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| C2 (professional practice gap and need) | Review of planning worksheet, samples of needs data, and minutes from end of year review from Pediatric and Internal Medicine Grand Rounds. | Completed planning worksheets from both series showed that the planner incorporated educational needs underlying their learner's professional practice gaps into their series'. Attachments to the planning worksheet offers verification of the professional practice gap and underlying needs. | Met Criteria | Ask both departments to share the techniques they used to identify practice gaps with the other departments hosting RSS. |
| C3 (activity designed to change performance, competence, or patient outcomes, based on mission statement) | Review of planning worksheet from Surgery and OBGYN Grand Rounds | Completed planning worksheets from both series showing that the planners designed their activities to change competence, performance, or patient outcomes. | Met Criteria but can improve | We will work with planners to more clearly understand the differences between competence, performance, and patient outcomes. We will sample these 2 series next year to see what changes have been made. |
| C4 (content matches learners' scope or potential scope of practice) | Review of planning worksheets from all series | Needs and evaluation data from 2 sessions of each series were collected. Data for all five series were similar in that each department chose subjects from their learners' current scope of practice. This was achieved by relying predominantly on patient care cases seen during the last year. The five most frequently seen conditions were chosen as the primary content to be covered. | Met Criteria | We will review evaluation data at the end of the year to compare topics to national trends (i.e.; leading journals, national specialty meetings) |
| C8 (commercial support is managed appropriately) | Review of planning documents, budgets, income and expense statements, meeting materials and written agreements from each series except Tumor Board. | Financial statements illustrated to us that commercial support was appropriately managed. Signed letters of agreement, however, were not present for 3 of 10 Internal Medicine sessions and 4 of 10 of OBGYN Grand Rounds. Income and expenses summaries indicated faculty were paid in accordance with honorarium policy | Initially, did not meet Criteria After intervention, met criteria | Internal Medicine and OB-GYN notified that current practices did not meet expectations. We met with planners in those departments to review our policies and procedures then discussed the need for corrective actions. We also shared practices from the other departments used as an example that did meet this Criterion. We worked more closely with the IM and OB-GYN departments. Our most recent review of files from the departments (the last 3 sessions with commercial support) demonstrated that signed letters of agreement are now being maintained. Copies are forwarded to the CME department on a regular basis. We will continue to monitor the written agreement process for each session and, along with a representative of each department, report back to the CME Committee quarterly |
| C9 (promotion neither) | Review of planning documents, budgets, | Review of the planning worksheet show that neither | Met Criteria | We will continue asking about any planned promotion associated |

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| influences planning or interferes with learning) | income and expense statements, meeting materials and written agreements from Pediatric and OBGYN Grand Rounds | series offer promotional opportunities | | with CME activities in the planning worksheet. |
| C10 (content promotes healthcare improvements and not proprietary interests) | Review of the planning worksheet, meeting minutes, slide copies, and/or handouts from 3 sessions from Internal Medicine and Surgery Grand Rounds . | Planning materials and presentation handouts indicated that content promotes improvements in healthcare and not proprietary interests of any commercial interest. | | Monitoring of this Criterion will continue. We also plan to conduct periodic department in-services on this component of the SCS. |
| Content Validity Value Statements | Review of the planning worksheet, meeting minutes, slide copies, and/or handouts from 3 sessions of Internal Medicine and Surgery Grand Rounds . | Planning materials and handouts were used as a means to review content. The content complied with MSSNY's content validation statements. | In Compliance with Policy. | We will continue to share expectations for valid content with each department so they can share these expectations with planners and speakers. |
| C11 (change in learners is analyzed) | Review of the collection of evaluation tools from all series and annual review meeting minutes. | Each department offering an RSS provided information on what they did to analyze change in learners resulting from their series. 3 departments used questionnaires asking learners to report changes they plan to make in their practice. The tabular data showed 35% or more of learners reported they would make changes in their practice. Two departments used a different approach by incorporating the organizations QI process into evaluation analysis. Positive change in physician performance and patient outcomes were observed in review of QI data | | RSS departments will meet periodically to share evaluation methods, results, and planned improvements. The integration of evaluation and CME into QI will also be addressed in these meetings. |
| Learner Participation | Review of mechanism used by all departments. | Verification of physician anticipation is maintained electronically. When a physician arrives at the session, he/she signs in with the registrar of the meeting. The registrar enters the physician into Access Database the hospital has developed to track attendance. The system can generate a record of physician participation upon request. | In Compliance with Policy. | No improvements planned. |
| Accreditation Statement | Review of activity promotional pieces from Tumor Board | Flyers were collected to verify the use of the correct accreditation statement. | In compliance with policy | We went back and got more data from a few of the sessions from other series. The results were the same: we adhere to the Policy. We now feel comfortable that our sample from Tumor Board was sufficient to make judgments about the whole program of RSS. |