

# The ABCs of RSCs

Todd Dorman

Patricia Bowman



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# Disclosures

No Relevant Financial Relationships with Commercial Interests

**Dr Todd Dorman**  
**Patricia Bowman**

## Your Number One Resource for CME

### Welcome to our new website!

Our enhancements will hopefully better serve your needs. A profile is not required to access standard information regarding our office, its practices or offered activities, but we strongly recommend you create a profile whether you are a registrant or active faculty as this will expand the services available to you. Please peruse the site and let us know what you think.

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**Todd Dorman, MD, FCCM**  
Associate Dean and  
Director, CME  
[A Message from Dr. Dorman](#)

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**Course Highlights**

**March 24, 2007**  
**07-551005: Fourth Annual Cardiac CT: CTA and Myocardial Perfusion Beyond 64 Slice**  
Ernest N. Morial Convention Center  
New Orleans, LA

**June 15-16, 2007**  
**07-550979: Annual American Conference on Pain Medicine**  
New York Marriott Marquis  
New York, NY

**November 1, 2006 - October 31, 2007**  
**07-550959: Influenza Educational Initiative**  
Multiple Locations

**July 1, 2006 - June 30, 2007**  
**07-530232: Cardiac CT Practicum**  
Johns Hopkins Bayview  
Baltimore, MD

**March 24, 2007**  
**80016986: ACS & Biomarkers: From Molecules to Clinical Management**

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**RSC Support**  
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## RSC Support Material

[Sample Disclosure Slides \(PPT\)](#)

[The ABCs of RSCs \(PDF\)](#)

[Writing Better Objectives \(PDF\)](#)

[Educational Needs Assessment \(PDF\)](#)

[Approved RSCs \(Excel\)](#)

[RSC Sign Sheet Process](#)

[RSC FAQ](#)

[Required Record-keeping Documents \(PPT\)](#)

If you have questions or need further information concerning RSCs and CME, please contact:

Trish Bowman

RSC Compliance Specialist

(410)955-3168

[tbowman@jhmi.edu](mailto:tbowman@jhmi.edu)

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[Email Us](#)



# Goals

- Define RSCs
- Application process
  - Administrative issues
  - Application components
- Record keeping
  - Planning notes
  - Overall objectives communication
  - Lecture objective(s) communication
  - Activity announcements or marketing material
  - Disclosure forms and public release
  - Letters of agreement/acknowledgement of support
  - Summary budgets
  - Evaluations / Outcomes
  - CVs of guest speakers
  - Sign-in lists (electronic preferred)
  - Final list of speakers/topics
- CME tracking
- Marketing
- Turner rooms
- Services/support/monitoring
- Q&A

# Regularly Schedule Conferences

- Definition
  - Educational activities that occur on a recurring basis within a defined year aimed primarily at Hopkins faculty
- Examples
  - M&M
  - Case Conference
  - Tumor Board
  - Grand Rounds

# Application: Admin

- Accreditation cycle
  - 2 year
  - Records submitted yearly\*\*
- Dates
  - Aug 1 to July 31
  - Plan to submit 3-4 months in advance of expiration
- Costs
  - \$500 for the 2 year application\*
- Caveat
  - \*additional charges can be incurred- see CME tracking
  - \*\*Can be increased - see monitoring



# Application Components

- Administrative data fields
- Needs
- Objectives
- Instructional design/methods
- Results/evaluations
- Director/planner disclosures
- ***Also let us know if attendees include groups other than physicians***

# Statement of Need

- Statement of need is the overall need for the educational activity that relates to the target audience and derived from the Needs Assessment
- Educational needs provide the reason for offering CME activities. They may imply a deficit in knowledge, skills, attitudes and/or behavior among prospective participants

# Sample Statement of Need

- Rheumatic diseases are common in the population, and are causes of significant morbidity. The diseases are complex, and in many cases, pathogenesis remains incompletely understood. Furthermore, knowledge about the mechanisms, diagnosis and therapies of rheumatic diseases continues to evolve rapidly, making ongoing educational updates essential for state-of-the art practice of this discipline. This activity is designed to provide both theoretical and practical information to clinicians and healthcare professionals who care for patients with the rheumatic diseases, and to offer practical and effective guidelines to understanding and managing these diseases and syndromes.

# Needs

**The ACCME requires each provider to use needs assessment data to plan CME activities.**

- What sources/data did you use to identify your intended audience's educational needs for your activity
- Summarize the type(s) of data and how you incorporated that data into the planning of your CME activity
- Three separate needs assessments are required for all activities

# Why is it necessary to collect Needs Assessments?

- To determine what training is relevant
- To determine what training will improve performance
- To determine if training will make a difference
- To distinguish training needs from organizational problems
- To link improved performance with the organization's goals and bottom line

# Needs

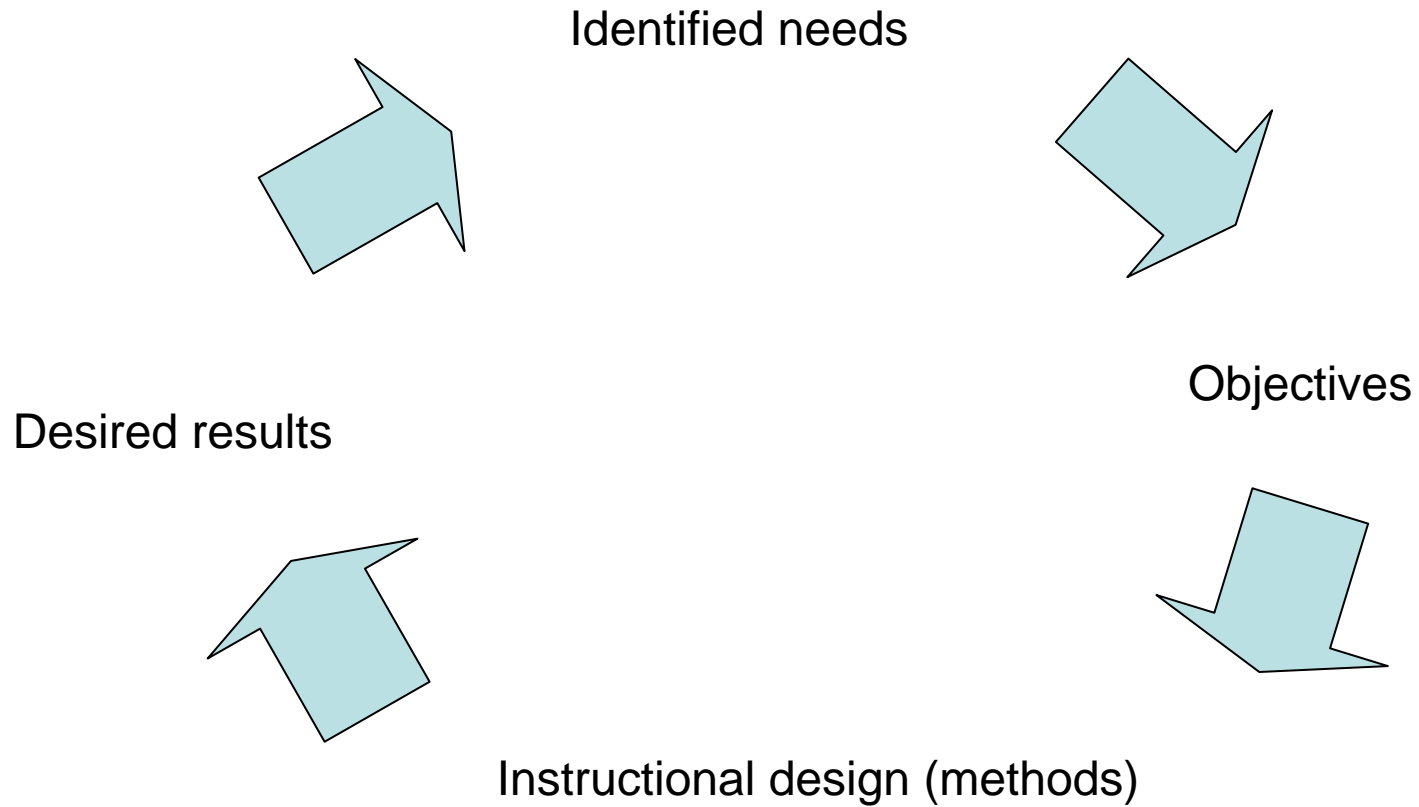
- A decision-aiding tool for activity planning and evaluation
- A systematic set of procedures for setting priorities and making decisions
- A total decision-making process in which data are but one component
- A process that looks at the problem at hand from many perspectives

Witkim BR, Altschuld JW. Planning and conducting needs assessment: A practical guide. 1995 Sage Publications

| Expert             | Participant               | Observed               | Environmental Screening |
|--------------------|---------------------------|------------------------|-------------------------|
| Planning Cmte      | Evaluations               | Health system analysis | Other CME               |
| Departmental Chair | Focus panel               | Clinical observation   | Lay Press               |
| Activity faculty   | Organizational assessment | M&M                    | Direct to consumer ads  |
| Expert panels      | Requests                  | Epidemiological data   | Societal trends         |
| Peer review        |                           | National guidelines    |                         |
| Research findings  |                           | Database analysis      |                         |
| Authority          |                           |                        |                         |

Any three

# Needs Linkages





# Objectives

- The provider must communicate the purpose or objectives of the activity so the learner is informed *before* participating in the activity
- Purpose or objectives of the activity express learning outcomes in terms of physician performance or patient health (i.e. in behavioral terms), and are communicated clearly and consistently to the learner

# Objectives

- All activities require objectives
  - For open discussion-based activities (i.e. M&M, Case conference) objectives for the year are adequate
  - For lecture-based activities (i.e. Grand Rounds) objectives for the year are required as part of the application **and** then a minimum of a single objective per lecture is also required

# Communication Before Activity

- Series Objectives (e.g. those listed in application) **should** be sent to all faculty via email with OCME cc'd
- Specific lecture objective (e.g. Grand Rounds) **must** be communicated to all learners in advance. Commonly this is accomplished by prominently displaying in learner environment
  - A slide could be displayed as people enter
  - An initial slide within speaker lecture
  - A print version placed with sign-in sheets/electronic system
  - A poster or sign on doors/at entry into room
- **Documentation of these communications is required**

# Writing Better Objectives

# Definition

- Goal
  - Broad statement of purpose
  - The aim of the activity
- Objective
  - Clear statement of anticipated results
  - Focus primarily on what participants will do/learn as a result of attending the activity
  - Best when measurable

# Components of High Quality Objectives

- Condition
  - Commonly a disease, state, process, step
- Behavioral verbs
  - Tells what is expected from the learner
- Published standard
  - Allows performance to be measured against some standard

# Examples

- Goal
  - Improved behavior management in patients with dementia
- Objective
  - Design treatment strategies based upon nationally published guidelines that improve behavior management in patients with dementia
  - According to NIH guidelines, select an appropriate treatment option for mood stabilization in a patient with dementia

# Importance of Words

- Some verbs are better than others
- Those that relate to specific actions or behaviors are critical



# Unacceptable Words

- Know, learn, understand, improve, increase
- Think critically, really know, expand horizons, appreciate, grow
- These words should be rarely if ever used as they are not measurable and are viewed as unacceptable words by the ACCME

# Effective Words

- Involve cognitive outcome domains
  - Knowledge, application, synthesis, evaluation
- Involve affective outcome domains
  - Receiving, responding, valuing
- Involve psychomotor outcome domains
  - Perception, adaptation, origination

Bloom's Taxonomy

# Example of Effective Learning Objectives

After attending this session, the participant should be able to-

- Outline the current clinical practice for the treatment of primary and metastatic brain and spinal cord tumors in adults and children
- Discuss the process of translating laboratory research into clinical trials for patients with malignant gliomas
- Describe current advances in molecular biology, immune therapy, stem cell therapeutics and drug delivery systems for brain tumors
- Review challenges caregivers face in caring for patients with brain tumors
- Identify quality of life issues for patients with brain tumors and the effectiveness of measurement tools

# Behavioral Verbs: Cognitive

| <b>Knowledge</b> | <b>Comprehension</b> | <b>Application</b> | <b>Analysis</b> | <b>Synthesis</b> | <b>Evaluation</b> |
|------------------|----------------------|--------------------|-----------------|------------------|-------------------|
| Define           | Discuss              | Compute            | Distinguish     | Diagnose         | Evaluate          |
| List             | Describe             | Demonstrate        | Analyze         | Propose          | Assess            |
| Recall           | Explain              | Illustrate         | Compare         | Design           | Justify           |
| Name             | Identify             | Perform            | Contrast        | Manage           | Judge             |
| Recognize        | Translate            | Interpret          | Categorize      | Summarize        | Rate              |
| State            | Restate              | Apply              | Appraise        | Plan             | Choose            |
| Repeat           | Express              | Use                | Classify        | Formulate        | Decide            |
| Record           | Convert              | Practice           | Outline         | Arrange          |                   |
| label            | Estimate             | Predict            | Differentiate   | Organize         |                   |

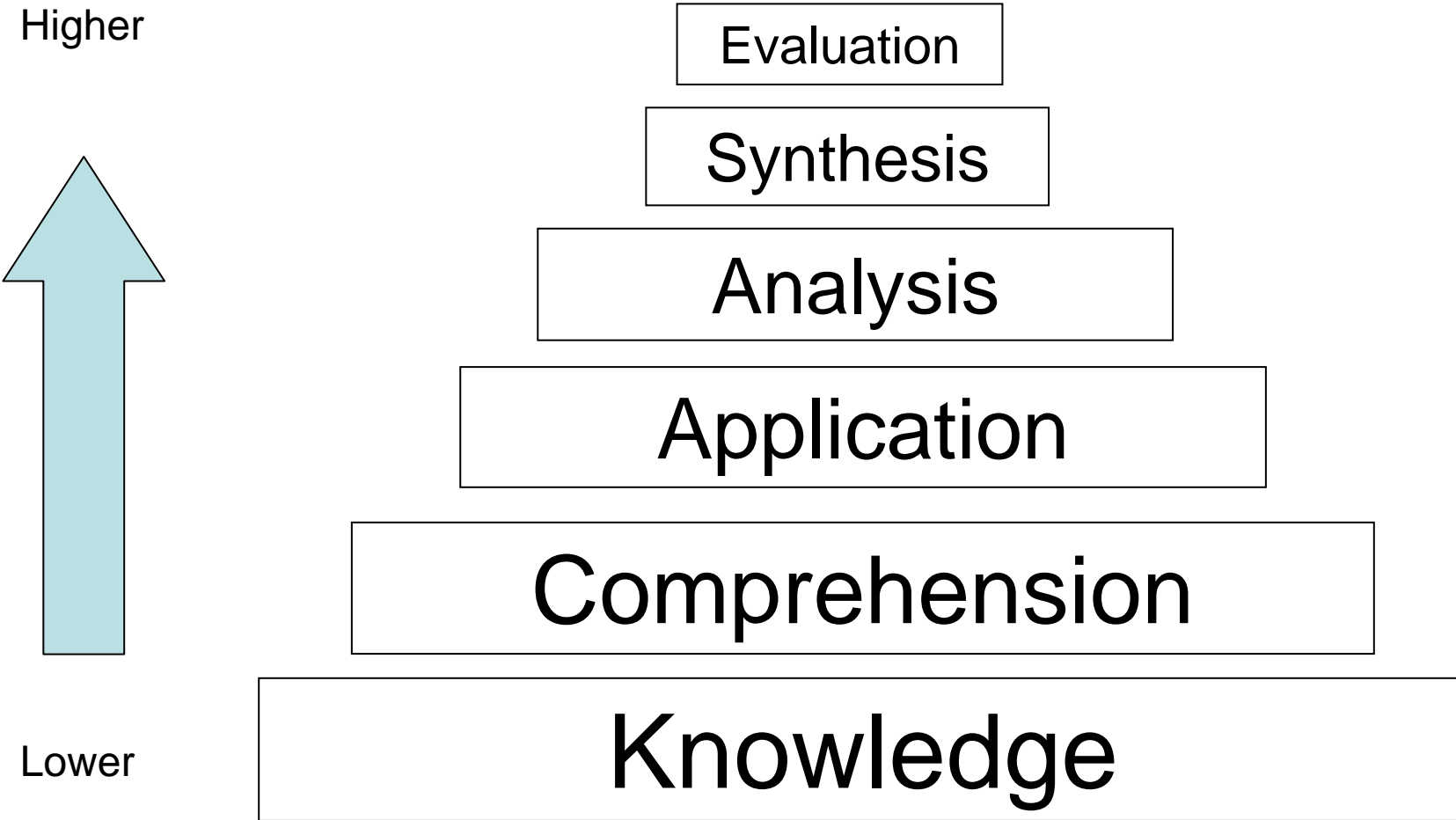
# Behavioral Verbs: Affective

| <b>Receiving</b> | <b>Responding</b> | <b>Valuing</b> | <b>Organization</b> | <b>Value Complex</b> |
|------------------|-------------------|----------------|---------------------|----------------------|
| Sit erect        | Answer            | Join           | Adhere              | Act                  |
| Reply            | Greet             | Share          | Integrate           | Practice             |
| Accept           | Read              | Complete       | Organize            | Discriminate         |
| Show             | Report            | Follow         |                     | Influence            |

# Behavioral verbs: Psychomotor

|               |         |                 |            |            |            |             |
|---------------|---------|-----------------|------------|------------|------------|-------------|
| Perception    | Set     | Guided response | Mechanism  | Complex    | Adaptation | Origination |
| Identify      | React   | Display         | Display    | Display    | Adapt      | Create      |
| Detect        | Respond | Manipulate      | Manipulate | Manipulate | Revise     | Compose     |
| Differentiate | Start   | Work            | Work       | Work       | Change     | Arrange     |
|               |         | Perform         | Perform    | Operate    |            |             |

# Cognitive Pyramid



# Examples

- Given a healthy child, list the routine vaccines for a two year old that are currently recommended by the CDC
- In a simulation of ventricular fibrillation, you will direct a team through appropriate ACLS protocol until the mannequin shows a normal cardiac rhythm
- For your terminally ill patient, successfully defend your position on physician assisted suicide in an ethics committee meeting



# Instructional design/methods

- Research has repeatedly shown that learners' attention and focus are significantly improved by the instructional design and assessment process.
  - If the instruction focuses primarily on the correct identification of factual information, learners will merely direct their time and energy toward the memorization of facts and definitions
  - On the other hand, if the instruction requires learners to demonstrate a more complex understanding, learners will concentrate their effort on acquiring the relevant skills
  - This leaves the instructor with the task of implementing measures that accurately reflect the desired educational objectives & outcomes

# Results/evaluations

- The provider **must** evaluate the effectiveness of its CME activities in meeting identified educational needs
- Accredited CME activities are to be evaluated consistently for effectiveness in meeting identified educational needs, as measured by practice application and/or health status improvement

# Disclosure

- The activity director(s) and planner(s) must include global disclosure as part of the applications
  - Forms signed and included

# Evaluation Cycle

- Evaluations are **required** for all activities
- They **must be done** on at least a yearly basis and submitted with yearly material
- Ideally they would be done on an activity, monthly or quarterly basis in order to further improve the educational experience for all

# The Future (2008)

- Needs
  - Standards of care, gap analysis, barriers
- Objectives
  - Focus on application to practice, competency
- Design
  - Interactive, serial education, contracts to improvement
- Outcomes
  - Serial evaluations, vignette or assertions, pre/post,
  - Certificate based on completion of series

# Record Keeping

- Planning notes
- Overall objectives communication
- Lecture objective(s) communication
- Activity Announcements or Marketing Material
- Disclosure forms and public release
- Letters of agreement/Acknowledgment of Support
- Summary budgets
- Evaluations / Outcomes
- CVs of guest speakers
- Sign-in lists (electronic preferred)
- Final list of speaker/topics (Program)

Files must be saved for 6 years

# Planning Notes

- As previously discussed, needs assessments are required for all activities
- A planning session is required and is part of the needs assessment process and helps provide evidence of educational intent
- The planning session also provides an opportunity to establish the linkage between needs, objectives, instructional design, and results/outcomes

# Sign-In Documents

- Every activity must maintain sign-in documents for 6 years
- They can be either electronic (bar-coding system) or hard copy. Our preference is electronic (MS Excel)
- We must receive in our office **no later than** July 31 of each year
- Our office will routinely monitor RSC activities. If there are no sign-in sheets or other breeches are identified, we may increase the frequency at which all data elements must be returned to OCME



# Sign-in Sheets

- Do not send a page with signatures scribbled on it
- If submitting on paper, the name should be typed with a space for a signature next to it
- Even if submitting on paper, look at the excel spreadsheets as demographic info is needed
- Either have separate sheets for physicians and they should be labeled as such, or have a check box next to the name

# Disclosures

- All speakers (internal or external) **must** sign a disclosure form **before** the lecture begins
- If the activity is open forum discussion in design, then only the moderator or facilitator must fill out the disclosure form in advance
- Disclosure must be made to learner in advance of learning. The paperwork does not suffice
- A copy of actual disclosure that was made to learners is required in the file (slide, printed sheet, etc)

# LOA'S/FINANCIAL

- When seeking commercial support, an LOA (letter of agreement) must be completed and signed by the Associate Dean for CME
- Original will be sent to commercial supporter and a copy will be retained for the accreditation file for the RSC
- Monies ***must*** come through our office; they will be deposited into a budget created by us; at the end of the fiscal year, the monies will then be transferred back to the department (no tax applied)
- **Do not, under any circumstances, deposit these into a department account**

# LOA'S/Financial continued

- Support checks from industry should be mailed to our office:

Johns Hopkins/OCME

P. O. Box 64128

Baltimore, Maryland 21264-4128

# LOA'S/Financial continued

- For the material due in July, a summary budget is required, i.e., \$1,000 on food; \$500 on honorariums
- Again, none of these should ever be deposited directly into a departmental account and they will not incur a Deans tax

# Food at CME Accredited Events

- A commercial supporter cannot provide food directly or arrange its delivery. Policy requires that an LOA be signed, the funds provided to the provider (CME office budget for RSC) and then the RSC sponsor (the department/division) orders, arranges delivery and pays for the food
  - Dennis Lott, Manager Accreditation, ACCME July 2005

# Commercial Support from industry/ control on the content of the CME activity (SCS 1.1)

- In past years it may have been acceptable to ask a commercial entity to suggest a speaker or a topic, while the activity still maintained ultimate control. Recently, the accrediting body for CME has **changed the regulation**
- CME providers can receive commercial support from industry. CME providers cannot receive or request any advice or guidance, either nuanced or direct, on the content of the activity or on who should deliver that content. CME providers must ensure the content of the activity remains beyond the control of any commercial interest

# Evaluations are Required

- Suggest to have 5-10 questions
- Basic core questions to ask:
  - Was content appropriate?
  - Can you name any changes that should be made?
  - Was there any commercial bias? If so, when? By whom?
  - Have you changed your practice based upon the content of this activity? If so, please describe
- Followed by other related questions: topics for further lectures? Are there any topics unclear to you? Etc.



# Evaluations

- Each attendee should receive an evaluation to complete
- Course director should review for comments and/or suggestions by attendees
- Course director can use as a planning need for the renewal of the RSC
- **Evaluations should be tallied and provided to us in a summary format and this should include all comments and any suggestions for future improvements**

# Additional Items

- CVs of all speakers
  - Non-Hopkins faculty
- Final list of speaker and associate topic
  - Simple list of dates, topics and presenters

# Lessons from Onsite Monitoring

- Sign-in sheets (paper or electronic)
  - **Acknowledgement of commercial support**
  - **Objective for that lecture**
  - **Disclosures for speaker**
- 
- ***The last 3 are the most common cause of non-compliance during on-site monitoring***

# Suggestion

- Collect Disclosure and objectives from speaker
- Obtain our sample slides from web
- Make a disclosure and objective slide for the speaker
- Send these to speaker and have them add to the beginning of talk
- Ask for confirmation that they are received and embedded

# CME Tracking

- Now automatic
- No charge to the individual
- Charge structure
  - No charge if sign-in sheets submitted in approved electronic versions in adequate condition
  - Otherwise, \$5/CME recipient/year

# Marketing vs Announcement

- Marketing
  - If CME is mentioned at all or it is distributed to non-Hopkins physicians
- Announcements
  - CME not mentioned anywhere
  - Not distributed to outside physicians

# Marketing Rules

- All material must include
  - Activity Description
  - Intended audience
  - Objectives
  - Accreditation statement
  - Credit designation statement
    - Cannot say AMA credit applied for or to be announced
  - Policy on speaker and provider disclosure

OCME must review and approve all marketing material in advance of distribution

# Accreditation Statement

The Johns Hopkins University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide medical education for physicians.



# Credit Designation Statement

*The Johns Hopkins University School of Medicine designates this educational activity for a maximum of [number of credits] AMA PRA Category 1 Credit(s)<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.*

# Policy on Speaker and Provider Disclosure

It is the policy of The Johns Hopkins University School of Medicine that the speaker and provider disclose real or apparent conflicts of interest relating to the topics of this educational activity, and also disclose discussions of unlabeled/unapproved uses of drugs or devices during their presentation(s). The Johns Hopkins University School of Medicine OCME has established policies in place that will identify and resolve all conflicts of interest prior to this educational activity. Detailed disclosure will be made in the activity handout materials.

# Special Circumstances

A "save the date" announcement (such as on a card mailer with limited space) may indicate that AMA PRA credit will be provided without stating the exact amount, but only if the provider (program committee) has already certified the activity for *AMA PRA category 1 credit<sup>TM</sup>*. It may read, "This activity has been approved for AMA PRA credit." Providers may not indicate in any brochure or announcement that "AMA PRA credit has been applied for."

# **ACCME and The Johns Hopkins University School of Medicine Accreditation Policy(ies)**

- The Accreditation Council for Continuing Medical Education (ACCME) policies do not permit an accredited activity to be subsequently or in parallel accredited by another organization. The Johns Hopkins University School of Medicine Office of CME has a policy that reflects this regulation.
- In addition, The Johns Hopkins University School of Medicine has a policy in place that states for the Hopkins name or the Hopkins campuses to be utilized for an accredited activity, the Office of CME shall be the accredited provider. If you are contacted by an outside entity please help enforce this policy. If there are questions, then please refer the entity to our offices where they can speak with our accreditation and compliance specialists.

# Turner Rooms

- The CME office handles the following conference rooms:

Turner (750 pp); Tilghman (150 pp); BRB G01 (50 pp); West (40 pp); BRB G03 (25 pp); East, Miles and BRB G07 (15 pp each); Turner and BRB Concourse area; Hurd Hall(~250)

- If you would like to request a room, reservations should be sent to: [turnerrooms@jhmi.edu](mailto:turnerrooms@jhmi.edu)

- You will receive a response no later than three business days

# Turner Rooms

- You can check before requesting space
- <http://www.netsimplicity.net/JohnHopMed/default.aspx?db=JohnHopMed>
- Type in “Guest” for userID and leave password blank

# Info Needed for Room Reserve

- Meeting title
- Host
- Contact phone number
- Billing address
- Expected # attending
- Seating set up
- AV
- Special needs

# Services/Monitoring

- Accreditation fee for AMA Cat 1 credit
- Yearly training sessions
- Help with applications
- Random monitoring
- Financial management
- Database management
- CME certificate preparation and distribution



# Lessons from this year reviews

- Files not ready on time
- Records missing:
- **Disclosure**
  - The form is absent
  - The form is not completed in advance
  - Evidence of public disclosure is missing
- **Objectives**
  - Copy of the email communicating the overall objectives (those listed in the application) to the speakers prior to the activity
  - Grand Rounds - Copy of communication of lecture objective(s) to the learners prior to the activity
- **Grant Letter of Agreement / Acknowledgement**
  - Letter of agreement not executed
  - Evidence of public release missing
- **Evaluations**
  - Evaluations tool and summary
- **Marketing**
  - Regulatory statements absent
  - OCME did not review/approve prior to distribution
- **Sign-in sheets**
  - When electronic not in proper format for importing
  - Names are not legible on paper

# Action for non-compliance

- Increased monitoring
- Increased frequency of submission
- Monthly attestation statements
- **Loss of accreditation**



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