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**Office of Continuing Medical Education**

**2023 Regularly Scheduled Series Application**

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| **General Information** |  |  | **Series Logistics** |
| **Series Title** |  |  | **Frequency** |  | Weekly |  | Monthly |  | Quarterly |  | Other (describe): |
| **Department/Organization** |  |  | **Date(s)** |  | **Start/End Times(s)**  |  |
|  |  | **Method** |  | In-Person |  | Virtual |  | Hybrid |

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| **Series Oversight** |
| **Role** | **Name** | **Title** | **Affiliation** | **Email** | **Phone** |
| **Series Chair** |  |  |  |  |  |
| **Series Coordinator** |  |  |  |  |  |
| **Planner** |  |  |  |  |  |
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**Note:** Each individual must complete the COI Kit prior to engaging in the role above. Any individual listed above with a conflict of interest must have a co-planner to make final decisions of planning.

**Series Gaps, Needs Assessment, Rationale, Objectives and Outcome Plans**

*Please describe professional practice gaps that the series will address and provide justification for each gap identified. The sections have been broken down to support meeting CME requirements:*

*Overall Gap, Targeted Areas of Focused Performance Gaps and Cultural and Linguistic Competencies/Implicit Bias Gap. If there are additional gaps in practices, please add them.*

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| **Overall Series** |
| **Reason for the Gap****What practice-based problem (gap) will this education address?** | **Reason for the Gap****What is/are the reason(s) for the gap?** **How are your learners involved?** | **Educational Need Assessment** | **Gap Type**(select all that apply) | **Learning Objective(s)***As a result of participating in this series, participants should be able to:* | **Designed to Change**(select all that apply) |
|  |  |  |  | Knowledge |  |  | Competence |
|  | Competence |  | Performance |
|  | Performance |  | Patient Outcomes |
| **Justification of Gap** **& Supporting Information** |  |

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| **Identified Professional Practice Gap in Performance #1:**  |
| **Reason for the Gap****What practice-based problem (gap) will this education address?** | **Reason for the Gap****What is/are the reason(s) for the gap?** **How are your learners involved?** | **Educational Need Assessment** | **Gap Type**(select all that apply) | **Learning Objective(s)***As a result of participating in this series, participants should be able to:* | **Designed to Change**(select all that apply) |
|  |  |  |  | Knowledge |  |  | Competence |
|  | Competence |  | Performance |
|  | Performance |  | Patient Outcomes |
| **Justification of Gap** **& Supporting Information** |  |

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| **Identified Professional Practice Gap in Performance #2:**  |
| **Reason for the Gap****What practice-based problem (gap) will this education address?** | **Reason for the Gap****What is/are the reason(s) for the gap?** **How are your learners involved?** | **Educational Need Assessment** | **Gap Type**(select all that apply) | **Learning Objective(s)***As a result of participating in this series, participants should be able to:* | **Designed to Change**(select all that apply) |
|  |  |  |  | Knowledge |  |  | Competence |
|  | Competence |  | Performance |
|  | Performance |  | Patient Outcomes |
| **Justification of Gap** **& Supporting Information** |  |

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| **Identified Professional Practice Gap in Performance #3:**  |
| **Reason for the Gap****What practice-based problem (gap) will this education address?** | **Reason for the Gap****What is/are the reason(s) for the gap?** **How are your learners involved?** | **Educational Need Assessment** | **Gap Type**(select all that apply) | **Learning Objective(s)***As a result of participating in this series, participants should be able to:* | **Designed to Change**(select all that apply) |
|  |  |  |  | Knowledge |  |  | Competence |
|  | Competence |  | Performance |
|  | Performance |  | Patient Outcomes |
| **Justification of Gap** **& Supporting Information** |  |

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| **Identified Professional Practice Gap Related to Cultural & Linguistic Disparities / Implicit Bias Gap #4** |
| **Practice Gap****Describe the practice-based problem this related to cultural and linguistic competencies and implicit bias that this education address.** | **Reason for the Gap****What is/are the reason(s) for the gap?** **How are your learners involved?** | **Educational Need Assessment** | **Gap Type**(select all that apply) | **Learning Objective(s)***As a result of participating in this series, participants should be able to:* | **Designed to Change**(select all that apply) |
|  |  |  |  | Knowledge |  |  | Competence |
|  | Competence |  | Performance |
|  | Performance |  | Patient Outcomes |
| **Justification of Gap** **& Supporting Information** |  |

**Target Learners & Health Improvement**

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|  |  |  |  | **Target Audiences** | **Healthcare Improvements** |
| **Learner Location****Where are the targeted learners from?** | **Profession****Select the learner group** **that is a part of the target audience.** | **Specialties****List all of the specialties (including subspecialties)** **that will be a part of the target audience.***(Examples: Internal Medicine, Gastroenterologists, Cardiac Surgeons, General Surgeons, Neonatal RNs, etc.)* | **Improvements in Healthcare**Describe how the series will promote improvements in healthcare. |
|  | UCLA-based |  | Physicians |  | Psychologists |  |  |
|  | UCLA affiliates |  | Residents |  | Registered Nurses |
|  | Other UCs |  | Fellows |  | Physician Assistants |
|  | Domestic Physicians/Professionals |  | Medical Students |  | Nurse Practitioners |
|  | International Physicians/Professionals |  | Pharmacists |  | Social Workers |
| Other Locations (describe):  |  | Researchers |  | Healthcare Administrators |
| Other Professions (list): |

**Education Design, Physician Competencies, Measuring Outcomes**

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| **Educational Design** | **Competencies** | **Measuring Outcomes** |
| **Select the education format appropriate for the setting, achieving learning objectives and desired series results.**  | **Select the desirable physician attribute(s) this series will address.** | **Describe the strategies to be used to obtain data or information about changes achieved in learners’ competence or performance or patient outcomes as a result of their participation in this series.** |
|  | Didactic |  | Small group discussion |  | Virtual Synchronous Learning | **ACGME/ABMS** | **Institute for Medicine** | **Interprofessional Education Collaborative** |  | Intent to Change (Competence) |  | Data (describe data): |
|  | Panel Discussion |  | Demonstration |  | Virtual Asynchronous Learning |  | Patient care |  | Provide patient-centered care |  | Values and Ethics |  | Follow-Up (Performance) |  |
|  | Prospective Cases |  | Observations |  | Simulation |  | Medical knowledge |  | Work in interdisciplinary teams |  | Roles and responsibilities for collaborative practice |  | Pre/Post Assessment |  |
|  | Retrospective Cases |  | Role-Play |  | Reflection |  | Practice-based learning and improvement  |  | Employ evidence-based practice |  | Interprofessional communication |  | Observation & Formal Feedback |  |
|  | Patient Stories |  | Self-Directed Learning |  |  |  | Systems-based practice  |  | Apply quality improvement |  | Teamwork and team-based care |  | Treatment Plan | **Other Tools: (describe):**  |
| **Other Formats (describe):** |  | Professionalism  |  | Utilize informatics |  | Quiz |
|  | Interpersonal & Communication skills | **Other Competencies (describe):**  |  | Audience Response System/Polling |

**Education Design, Physician Competencies, Measuring Outcomes**

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| **Enhancing the Educational Intervention and Outcomes** |
| **Enhancement** | **Scope** | **Yes** | **No** | **If YES, please describe:** |
| **Interprofessional Teams** | Will this series include interprofessional teams in the planning and delivery? |  |  |  |
| **Students** | Will students of the health profession plan and participate in the delivery of the content as presenters/facilitators? |  |  |  |
| **Health/Practice Data** | Will the series teach learners about the collection, analysis, or synthesis of health/practice data **and** uses of health/practice data to teach about healthcare improvement? |  |  |  |
| **Population Health** | Will this series address population health concerns? |  |  |  |
| **Community** | Will community organizations/partners be engaged in the planning and delivery? |  |  |  |
| **Communication** | Will the series teach learners communication skills and provide feedback? |  |  |  |
| **Technical/Procedural** | Will the series teach technical/procedural skills and provide feedback? |  |  |  |
| **Support Strategies** | Will there be any support strategies provided to learners to reinforce the learning (e.g., job aids, articles, reminders)? |  |  |  |
| **Improve Performance** | Is this series designed to measure improved performance that is measurable? |  |  |  |
| **Improvements Health Quality** | Is this series designed to address healthcare quality that is measurable to assess improvements? |  |  |  |
| **Improvements in Patients/Communities** | Is this series designed to improve patient/community health that is measurable to assess improvements? |  |  |  |

**Marketing & Advertising**

*Marketing material must be reviewed and approved by the OCME before distributing. OCME will review the first session and approve to use as a template for future sessions.*

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| **Session Marketing Strategy** |
| **How do you plan to market each session?** | **Description** |
| **Department Website** | Provide the link to the website:  |
| **Email** | Add UCLARSS-CME@mednet.ucla.edu to the email distribution list.  |
| **Other (describe)** | Describe other methods for marketing and advertising the sessions:  |

**Approvals & Agreements:**

By submitting this application, the Series Chair/designee agrees to assume primary responsibility for program planning, coordinating, and facilitation, to make arrangements for instructional staff, to fully comply with Accreditation Councils for Continuing Medical Education (ACCME) guidelines as directed by the UCLA Office of CME, including complying with the [RSS Management requirements](https://uclahs.app.box.com/file/1084850815488), and to assume full financial responsibility for the series.

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| **Department Approvals** |
| **Role** | **Name** | **Signature** | **Date** |
| **Series Chair** |  |  |  |
| **Department/Division Chair** |  |  |  |

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| **OCME Approvals** |
| **Role** | **Name** | **Signature** | **Date** |
| **CE Manager** |  |  |  |
| **OCME Administrative Director** |  |  |  |
| **OCME Associate Dean** |  |  |  |