



TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS  
CME ACTIVITY DEVELOPMENT WORKSHEET

ACTIVITY:

ACTIVITY DATE \_\_\_\_\_ ACTIVITY LOCATION: \_\_\_\_\_

A. Does the proposed activity meet the TSPP CME Mission Statement's purpose, content areas, target audience, type of activities, with expected results articulated in terms of changes in competence as a result of the program?  
 Yes  No

B. What is the quality gap to be addressed? Describe the professional practice gap(s) that this activity is designed to meet. (Gap = Difference between current and best practice)

C. Is it a gap in physician knowledge, competence or performance?

- Knowledge
- Competence
- Performance

D. Based on the physician target audience and the gap that is being addressed, what is the right content to cover? How does the content relate to the scope of practice of the physician target audience? Should the content also relate to specific patient groups? Should it contain content outside the clinical topic?

E. Who are the right faculty to cover this content?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

F. Based on the previous steps, what is the right format to use for the activity? What type of activity will it be (Live, Enduring Material, Internet, Other?) What will be the educational design of the activity (e.g. presentation, case studies, round table, and simulation)? (Check all that apply) (Remember to consider adult learning principles and the physician learning and change process).

- |   |   |
|---|---|
| <input type="checkbox"/> Lectures followed by question periods. | <input type="checkbox"/> Video presentation with discussion |
| <input type="checkbox"/> Panel discussions                      | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Case presentation and discussion       |   |

G. How do the format/methodology and design components support the activities objectives and desired results as outlined in questions H and I?

H. Based on the need/gap the activity is addressing, what are the desired results of this activity? Said differently, what is the activity designed to change as outlined in the CME mission statement?"

I. Based on the desired results of the activity, what are the objectives of the activity?

**Note: Your objectives can support the attainment of the desired result. What changes or improvements in clinical practice are sought as a result of this activity? What will the attendees be able to do in their clinical practice as a result of this learning experience? Please use only measureable behavioral objectives (such as "identify, diagnosis") and not vague terms (such as "understand" or "know" which are not measureable. As a result of this program, participants should be able to:**

J. Are there IOM, ACGME or other competencies related to this topic/change? Check All That Apply:

**Institute of Medicine Core Competencies**

- Provide Patient Centered Care* - identify, respect and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, community with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
- Work in Interdisciplinary Teams* - cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.
- Employ Evidence-Based Practice* - integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.
- Apply Quality Improvement* - identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; and design and test interventions to change processes and systems of care, with the objective of improving quality.
- Utilize Informatics* - communicate, manage. knowledge, mitigate error, and support decision making using information technology

### **ACGME/ABMS Competencies**

- Patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- Medical knowledge* about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- Practice-based learning and improvement* that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- Interpersonal and communication skills* that result in effective information exchange and teaming with patients, their families, and other health professionals.
- Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

### **ABMS Maintenance of Certification**

- Evidence of *professional standing*, such as an unrestricted license, a license that has no limitations on the practice of medicine and surgery in that jurisdiction.
- Evidence of a *commitment to lifelong learning* and involvement in a periodic self-assessment process to guide continuing learning.
- Evidence of *cognitive expertise* based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge, up-to-date practice-related knowledge, and other issues such as ethics and professionalism.
- Evidence of evaluation of *performance in practice*, including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physicians behaviors, such as communication and professionalism, as they relate to patient care.

**Return with Signed Disclosure form to:**

**tsppofc@aol.com**

**or fax to 512-478-5223**

**or mail to TSPP, 401 W. 15th St, Suite 675, Austin, TX 78701**

# Texas Society of Psychiatric Physicians Disclosure of All Financial Relationships By Speakers, Authors, and Planners of CME Activities

The intent of this disclosure is to allow the accredited provider, Texas Society of Psychiatric Physicians, the opportunity to mitigate any relevant financial relationships to assure balance, independence, objectivity and scientific rigor in all of its CME activities. All faculty and planners of the Texas Society of Psychiatric Physician's provided activities are expected to disclose to the Texas Society of Psychiatric Physicians all financial relationships that they have had in the past 24 months with **ineligible companies** (see definition below).

**Ineligible Company.** An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit [accme.org/standards](http://accme.org/standards).

**Financial relationships.** Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds. Relevant financial relationships would include those within the past 24 months of the person involved in the activity. There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

**PLEASE COMPLETE AND SIGN ON THE SIGNATURE LINE BELOW**

**Name of Speaker, Author, or Planner** \_\_\_\_\_  
**Title/Content of CME Presentation:** \_\_\_\_\_

**Date of Activity:** \_\_\_\_\_

Do you have any financial relationships in the past 24 months with ineligible companies?  Yes  No

If yes, please enter the name of the ineligible company, the nature of the financial relationship, and if the financial relationship has existed during the last 24 months, but has now ended, please check the box in the last column. This will help the education staff determine if any mitigation steps need to be taken.

	<u>Ineligible Company</u>	<u>Nature of Financial Relationship</u>	<u>Has the relationship ended?</u>
<i>Example:</i>	<i>Company X</i>	<i>Honorarium</i>	
	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>

I attest that the information above is correct as of this date of submission.

**Signature of Speaker/Author/Planner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# TEXAS SOCIETY OF PSYCHIATRIC PHYSICIANS

## Continuing Medical Education Mission Statement

### PURPOSE OF CME PROGRAM

The purpose of the Texas Society of Psychiatric Physicians CME Program is to provide high-quality, evidence-based educational activities based on identified educational needs and review of needs assessment data that address the professional practice gaps of our learners and advance physician competence and strategies for patient care and safety that result in change, development and improvement in the Texas healthcare system.

### CONTENT

Included among our educational offerings are:

- Updates in clinical medicine and basic science research.
- Reviews of current or best practice recommendations for clinical care.
- Prevention, detection and treatment of disease and health concerns.
- Quality improvement, liability risk reduction, and enhancement of the practice environment.
- Ethics and professional responsibility education.
- Physician leadership topics including legislative and regulatory issues and communication skills.

### TARGET AUDIENCE

Activities implemented through the CME program will be designed to serve the educational needs of all Texas Psychiatric Physicians involved in addressing the care and mental health needs of the psychiatric patient. Some activities may be designed to serve the educational needs of other healthcare professionals and providers engaged in psychiatric care when justified by appropriate needs assessment.

### TYPES OF ACTIVITIES AND SERVICES

The educational design, instructional method and learning format for each event is chosen to best serve the educational needs and learning objectives of the planned educational activity.

Educational activities include:

- Spring and Fall continuing medical education meeting with lectures, panel discussions and/or case study presentations in multiple educational sessions.
- Statewide outreach seminars, as needed.
- Joint providership of CME activities when appropriate that are consistent with the mission of the Texas Society of Psychiatric Physicians and contribute to the expected results of the CME program.

### EXPECTED RESULTS OF THE CME PROGRAM

It is expected that Texas psychiatric physicians, and when applicable, other healthcare professionals and providers, will demonstrate competence and the effective use of targeted skills and have strategies for knowing how to apply knowledge, skills and judgement of the information presented in the educational activity into their practice.

To determine the effectiveness of the activities' content in meeting identified practice gaps and assessing changes in the learner's competence, TSPP conducts a pre and post survey for each activity. Staff then compiles and aggregates these data for presentation to the CME Committee. The CME Committee then reviews the information to determine the impact of the CME program on creating changes in the learner's competence.

### APPROVALS

To ensure that the CME program receives overall organizational commitment through oversight from the governing body, approval and input is sought from the Continuing Medical Education Committee, with reports to the TSPP governing body on a regular basis. The governing body, the TSPP Executive Council and the Executive Committee acting in the interim, is identified by the accredited organization and is a group above the CME Committee in the organizational structure.