Prologue

Brief History of the Program

Wright State University Boonshoft School of Medicine ("School") began sponsoring Continuing Medical Education ("CME") activities in 1975 as an integral part of the community-based medical school. The original mission of the School included the provision of quality CME to meet the needs of physician faculty members in all specialty areas.

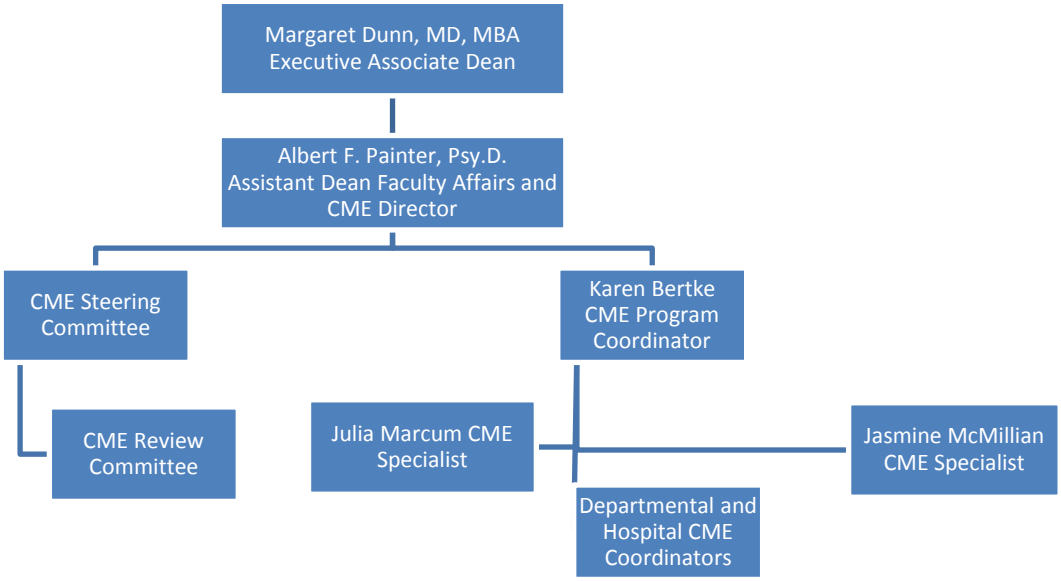
The CME Program most recently received full four-year reaccreditation status on July 17, 2009. Subsequent to that reaccreditation decision, the program has successfully completed a Progress Report to achieve full compliance with accreditation requirements in the following areas: Standards for Commercial Support S2 and S6, Criteria 8, Criteria 11, and Criteria 12.

The CME program staff continuously monitors the CME environment including internal policies, practices, and needs against the national community. Recently, the CME mission statement was dramatically changed to reflect our new directions and partnerships in CME (June 2012).

In 2011-12, the School acquired six community hospitals (Miami Valley Hospital, Good Samaritan Hospital, Upper Valley Medical Center, Atrium Medical Center, Dayton Veteran's Affairs Medical Center, and Springfield Community Hospital) as joint sponsors. In addition to our relationship with Dayton Children's Medical Center these are the majority of our institutional teaching partners for medical students, residents, and clinical departmental sites. This move has expanded our footprint in the Miami Valley and laid the ground work for community wide impact of educational programming. Likewise, it completes the seamless integrated cycle of medical student, resident and fellow, and independently practicing physicians.

The CME Program assists in the planning, design, development, and accreditation of a variety of programs generated by the clinical departments of the School and our community partners. Over the years, the CME Committee has reviewed and granted credit for an increasing number of activities, presently accrediting approximately 40 regularly scheduled series, 80 live courses, and a handful of journal-based and enduring materials equaling about 1025 activities per year. Most of the CME activities are live activities presented both locally and regionally. Acquiring new partners that are committed to the school's overall mission has added to our effectiveness in offering quality lifelong learning to physicians in the Miami Valley.

Leadership Structure



The Continuing Medical Education Program is contained within the School's Office of Faculty and Clinical Affairs, under the authority of Margaret M. Dunn, MD, MBA, Executive Associate Dean. The CME program consists of:

- The Director of CME (a faculty member at the Assistant Dean Level);
- The CME Administrator (a support staff member based at the medical school);
- 2 CME Specialist (both 0.5 FTE assistants); and
- The CME Steering Committee

Albert F. Painter, PsyD was appointed Director of CME in September 2009. Dr. Painter has a master's degree in adult education in addition to being a clinical psychologist and 23 years of experience in CME. He is Associate Professor in the Departments of Family Medicine and Psychiatry. In his role as Director of CME, Dr. Painter serves as Chair of the CME Steering Committee. The committee is comprised of representatives from all clinical departments, and community hospitals, as well as CME administrative personnel.

Karen Bertke, BS was appointed the full-time CME Administrator in November 2007. Ms. Bertke is housed within the Office of Faculty and Clinical Affairs. She works directly with departmental and community hospital CME coordinators to develop and accredit CME activities, maintains all CME records for the School, and provides administrative support to Dr. Painter and the CME Committee. Her degree

in organizational leadership has helped develop additional tools such as publications like CME Highlights, an in depth look at educationally design theories.

Julia Marcum was appointed as a CME specialist in September 2011 in response to increased data demands resulting from a new partnership with numerous community hospitals. She is responsible for entering attendance and evaluation records into the CME database.

Jasmine McMillian was appointed as a CME specialist in October 2012 in response to sustained demands not currently fulfilled by Ms. Marcum. In addition to being responsible for helping to enter attendance and evaluation records into the CME database, she helps with special projects.

Purpose and Mission

PURPOSE

To advance the ability of physicians and the health care professionals to deliver the highest quality services to patients, their families and the community by participating in ACCME accredited educational activities.

CONTENT AREAS

The content of educational activities reflects core competencies defined by the Accreditation Council for Graduate Medical Education (patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice), Institute of Medicine (patient-centered care, evidence based practice, quality improvement, interdisciplinary teams, informatics), and American Board of Medical Specialties (professional standing, commitment to lifelong learning, cognitive expertise, and performance in practice). The content of CME is that body of knowledge, and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

TARGET AUDIENCE

The target audience is the faculty of WSU BSOM and the physicians and health care providers of our community in Southwest Ohio and include multiple size groups from small (6-12) to large (50+) participants.

TYPES OF ACTIVITIES

Educational activities include lectures, case conferences, small group discussions, and self-study activities that are designed to engage learners in professional improvement. Activities encompass regularly occurring, episodic and one time only programs.

EXPECTED RESULTS

As a result of participating in sponsored educational activities, physicians and health care providers will make evidence-based clinical decisions, use up-to-date therapies, and improve health care outcomes to benefit patients, their families and the communities of Southwest Ohio. Our activities will develop a culture of lifelong learning and improve competence among our constituent physicians and health care providers.

Educational Activities

Improving Patient Adherence and Self- Management January 25, 2012

This CME activity was developed in partnership with internal medicine and family medicine faculty members. The goal is to assist members of the faculty and the medical team to understand the prevalence and importance of patient non-adherence and to introduce motivational interviewing (MI) as a method to assist caregivers (physicians, nurses, and medical assistants) in promoting better adherence and self-management in their patients. Non-adherence to indicated treatment regimens and lifestyle changes is both common and costly. With prevalence up to or greater than 50%, residents and faculty encounter non-adherence multiple times daily in both the clinic and hospital setting. Despite the scope of this problem, very few programs provide specific formal teaching on this topic. This activity introduces a unique curriculum designed to enhance knowledge and skills for promoting patient adherence.

The purpose of the CME event was designed for faculty development of the physicians, nurses, and medical assistants who work with residents to learn, model, and teach MI. This activity targeted a knowledge gap of the faculty, nurses and medical assistants in understanding the prevalence and consequences of patient non-adherence, the barriers to proper adherence, the basic elements of MI and the role of MI in promoting adherence encompassing: patient care (ACGME), interpersonal and communication skills (ACGME), provide patient-centered care (IOM), and work in interdisciplinary teams (IOM). This activity was designed to increase the **competence** of health care providers/participants in engaging patients in the process of motivational interviewing through identifying internal drivers to change behaviors impacting a wide range of problems including obesity, smoking and medication regimens. This approach differs from traditional approaches of "telling" the patient reasons and consequences for taking directions by providers which usually results in defensiveness and withdrawal. The basic philosophy underlying motivational interviewing involves building a therapeutic alliance through drawing on the patients' inherent belief system and harnessing their individual strengths. The iidentified need is to promote an enhanced patient engagement process to improve patient adherence.

The planning committee consisted of collaboration between faculty in the departments of Internal Medicine and Family Medicine, specifically Dean Bricker, MD and Paul Hershberger, PhD During the planning stages, both faculty members disclosed that they have no financial relationships or affiliations with a commercial entity that could be perceived as a real or apparent conflict of interest. No resolution process was required.

This CME activity applied for and received a grant from the Ohio PACE program, sponsored by Pfizer, in its efforts to improve patient adherence statewide. The needs and content were developed independently from the control of Ohio PACE and Pfizer. The departments identified the need to promote and enhance the patient engagement process and improve patient adherence and implemented systemic changes within the residencies to establish an ongoing improvement of this

identified problem. The CME activity was used to help the healthcare team understand the methodologies to guide and develop residents in improving patient adherence. The objectives were developed to address the introduction of motivational interviewing in a team environment not specific to any single diagnosis or therapeutics. MI is a multi-diagnostic tool that can be used across medical specialties. The content was developed by the planning committee before seeking funding from an outside source. All individuals in a position to control the content were internal faculty. The educational methods, live course(s) at the clinics, focused on the preference of Internal Medicine and Family Medicine faculty that work with residents. A standard quantitative and qualitative evaluation developed by the school's CME program was used.

Disclosure of the Pfizer supported Ohio PACE grant and absence of perceived or apparent conflicts for the planning committee and speakers was verbally communicated by Dr. Dean Bricker, co-director of the activity. Evaluations completed by attendees were excellent and created an opportunity to improve practice.

3rd Annual Medical Spirituality Conference "Spirituality, Beliefs and Values: Spiritual Needs and Crucial Conversations at the End of Life" April 14, 2011

The 3rd Annual Medical Spirituality Conference was developed as an extension of the Healer's Art (HArt) program course at the Boonshoft School of Medicine. HArt uses an innovative educational strategy based on the discovery model and draws on tested theories from the fields of humanistic/psychology, formational theory, and cognitive Jungian Psychology. This CME activity addressed the palliative care curriculum. Medical schools and training programs do not adequately teach how to develop an individual end-of-life care plan based on patient's personal values, beliefs, and understanding of quality of life. According to the Journal of Palliative Medicine March 2012, half of graduating medical students reported low confidence and inadequate training in end-of-life issues. Furthermore, less than half of all residency programs have faculty capable of adequately teaching palliative care. This activity addressed the knowledge and competence gap of practicing physicians during palliative/end-of-life care communication and the ethical and legal guidelines when faced with making end-of-life decisions with and for patients. Using lecture and small group exercises, this activity was designed to change competence and performance of the health care team member when discussing palliative care with patients and family members. Using a team approach comprised of physicians, nurses, social workers, clergy, and counselors this activity was designed to bring unique perspectives to the small group discussions and help other learners develop empathy and understanding of the perceptions of other disciplines. This activity used a combination of lecture, patient stories, case studies, individual reflection and small group exercises to introduce and reinforce the ethical issues and communication skills needed to adequately care for patients and family members during end-of-life. The conference focused on providing patient-centered care, interpersonal and communication skills, professionalism, and working in interdisciplinary teams.

During the planning process, all planning committee members were required to disclose potential conflicts of interest. All speakers and planning committee members disclosed no real or perceived conflicts of interest. This conference is planned and implemented by the school's Healer's Art faculty

without advice or funds from commercial interests. The needs were determined by a team of the school's faculty and support services from various educational partners that enhanced the conference including relationship based care experts. They developed the theme and engaged a group of local and state leaders in the field of palliative and spiritual care in a healthcare setting. The planning committee then chose topics, objectives, and speakers based on the theme. A standard quantitative and qualitative evaluation developed by the school's CME program was used. The planning committee focused on community partnerships between Wright State University, Premier Health Partners, and Hospice of Dayton to defer the cost of the program. No companies considered to be commercial interests were approached to sponsor or exhibit at the conference. Disclosure of all non-commercial interest sponsors and the absence of perceived or apparent conflicts for the planning committee and speakers were handed out at the time of sign in. Evaluations completed by attendees rated the presentation as excellent and commented that it was a life-changing activity.

Recording and Verify Physician Participation

The CME program uses sign-in sheets (primary) and AMA Claimed Attendance (secondary) forms to record attendance. Attendance information is then recorded electronically and available through transcripts. Attendance sheets are kept on hand for at least six years to compare if an issue arises. On site coordinators are present at the CME activities on the day of the event to monitor attendance. To prevent fluctuating attendance throughout the CME activity, certificates are only offered at the end of the activity in exchange of the evaluation.

Attachment Transcript for Christopher Croom, MD

Continuing Medical Education
Boonshoft School of Medicine
Wright State University
3640 Colonel Glenn Highway
Dayton, OH 45435

937-775-3435
fax 937-775-3256

CME Transcript Record for Christopher Croom, MD

Affiliation WSU-Boonshoft School of Medicine
ObGyn

Address Miami Valley Hospital
Berry Pavilion
Dayton OH 45409
cscroom@mvh.org

Status Active
Specialty Obstetrics & Gynecology
Maternal & Fetal Medicine
Phone (937) 208-2516

CME PeopleID 3467

Calendar Year: 2012 **Calendar Year Total: 14.50**

		Awarded AMA PRA Credit
2/29/2012	Participated in the Live Activity titled: *MVH OB/GYN Grand Rounds* Location: Dayton, OH USA	1.00
3/28/2012	Participated in the Live Activity titled: *MVH OB/GYN Grand Rounds "Twin to Twin Transfusion Symdrom"* Location: Dayton, OH USA	1.00
4/12/2012	Participated in the Live Activity titled: *Medical Spirituality Conference "Care of the Soul in Medicine"* Location: Dayton, OH USA	5.50
4/18/2012	Participated in the Live Activity titled: *MVH Fetal Board, Ultrasound - Based Case Scenarios* Location: Dayton, OH USA	1.00
5/16/2012	Participated in the Live Activity titled: *MVH Fetal Board, Ultrasound - Based Case Scenarios* Location: Dayton, OH USA	1.00

6/20/2012	Participated in the Live Activity titled: *MVH Fetal Board, Ultrasound - Based Case Scenarios* Location: Dayton, OH USA	1.00
7/18/2012	Participated in the Live Activity titled: *MVH Fetal Board, Ultrasound - Based Case Scenarios* Location: Dayton, OH USA	1.00
8/15/2012	Participated in the Live Activity titled: *MVH Fetal Board, Ultrasound - Based Case Scenarios* Location: Dayton, OH USA	1.00
9/19/2012	Participated in the Live Activity titled: *MVH Fetal Board, Ultrasound - Based Case Scenarios* Location: Dayton, OH USA	1.00
10/17/2012	Participated in the Live Activity titled: *MVH Fetal Board, Ultrasound - Based Case Scenarios* Location: Dayton, OH USA	1.00
Calendar Year: 2011	**Calendar Year Total:**	**6.00**
		Awarded AMA PRA Credit
4/14/2011	Participated in the Live Activity titled: *3rd Annual Medical Spirituality Conference "Spirituality, Beliefs and Values: Spiritual Needs and Crucial Conversations at the End of Life"* Location: Dayton, OH USA	6.00
Calendar Year: 2010	**Calendar Year Total:**	**2.50**
		Awarded AMA PRA Credit
4/15/2010	Participated in the Live Activity titled: *2nd Annual Medical Spirituality Conference: Connections of the Heart* Location: Dayton, OH USA	2.50
Calendar Year: 2009	**Calendar Year Total:**	**3.00**

		Awarded AMA PRA Credit
4/23/2009	Participated in the Live Activity titled: *First Annual Medical-Spirituality Conference: The Heart and Soul of Medicine* Location: Dayton, OH USA	3.00

Total : **26.00** **Awarded AMA PRA Credit**

This transcript was created by electronic request on Tuesday, October 30, 2012 from http://www.med.wright.edu/fca/cme

Wright State University (WSU) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. Attendees should only claim credit commensurate with the extent of his or her participation in the activity. If your records do not agree with this transcript, please contact the CME Office

Standards for Commercial Support

Honoraria for planners, teachers, and or authors

The planning committee of an activity may establish the amount of the honoraria for the activity's planners and speakers. Neither Wright State University nor the Boonshoft School of Medicine has a prescribed scale for honoraria.

Arrangements for honoraria must be confirmed in writing by the planning committee. For tax reporting purposes payment of honoraria to an individual must be made to that individual's home address or a business tax ID and address. The CME Program complies with the ACCME's Standards for Commercial Support.

Payment of honoraria for an external speaker is customary and proper. Honoraria will be made directly to the speaker by WSU, the joint sponsor, or the designated educational partner. The speaker may not accept additional payments as it relates to this activity from other sources. Employees of Wright State University and Wright State Physicians must follow respective honoraria procedures. Contact the department chair for more information.

Attachment Honoraria Policy

Continuing Medical Education

Albert F. Painter Jr., Psy.D., Assistant Dean of Faculty Affairs

CME Home
Mission Statement
Learners
Activity Calendar
Transcript Request
Privacy Statement
Planning an Event
Activity Timeline
Policies
Fees
ZIP File of All Forms
Resources
CME Committee
FCA Home

Honoraria and Reimbursement Policy

Honoraria

The planning committee of an activity may establish the amount of the honoraria for the activity's authors and faculty. Neither Wright State University nor the Boonshoft School of Medicine has a prescribed scale for honoraria.

Arrangements for honoraria must be confirmed in writing by the planning committee. For tax reporting purposes payment of honoraria to an individual must be made to that individual's home address or a business tax ID and address. The CME Program observes the ACCME's Standards for Commercial Support.

Payment of honoraria for an external speaker is customary and proper. Honoraria will be made directly to the speaker by WSU, the joint sponsor, or the designated educational partner. The speaker may not accept additional payments as it relates to this activity from other sources. Employees of Wright State University and Wright State Physicians must follow respective honoraria procedures. Contact the department chair for more information.

Reimbursement

Reimbursement of out-of-pocket expenses will be paid according to Wright Way Policy 5601. Expenses must be itemized and listed on the appropriate form with original receipts for all expenses and submitted to the activity planners.

Speakers, planners, activity chair, joint sponsor or any others may not accept additional payments as it relates to a certified CME activity from other sources.

Last updated: May 31, 2011

Continuing Medical Education

Albert F. Painter Jr., Psy.D.
Assistant Dean of Faculty Affairs
Office of Faculty and Clinical Affairs
Boonshoft School of Medicine
Wright State University
3640 Colonel Glenn Highway
Dayton, OH 45435-0001

Contact

Karen Bertke, CME Program Administrator
(937) 775-3435
Fax: (937) 775-3256
E-mail: karen.bertke@wright.edu

Location

University Park
3817 Colonel Glenn Hwy.
Fairborn, OH 45324

Directions & Map (PDF)

Governing reimbursement of expenses for planners, teachers, and/or authors

Reimbursements of out-of-pocket expenses are paid according to Wright Way Policy 5601. Expenses must be itemized and listed on the appropriate form with original receipts for all expenses and submitted to the activity planners.

Speakers, planners, activity chair, joint sponsor or any others may not accept additional payments as it relates to a certified CME activity from other sources.

Attachment Reimbursement Policy

Travel

Policy Number: 5601
Date Issued: Revised/July 2012

References: Office of the Controller
Authority: Internal Revenue Code, Section 274; Ohio Revised Code, Section 4509.51; Board of Trustees Resolution 86-4 (September20, 1985); Vice President for Business and Fiscal Affairs.

5601.01 **General Travel Policy**

a. To accomplish its stated purposes, the university authorizes its personnel (including students and other individuals on authorized university travel status) to engage in travel and provides budgetary funds for reimbursement of certain related costs.

b. The authorizing department shall follow the guidelines in this policy when reimbursing travel costs incurred by consultants and independent contractors. However, a department has the option of reimbursing meals and incidental expenses at actual cost, with appropriate documentation.

c. Reimbursement requests from university personnel shall be honored if the traveler received proper prior authorization and if the expenditures incurred were in accordance with the guidelines in this policy. Colleges/departments have full discretion as to the appropriate level of travel reimbursements, up to the maximum amounts allowed by this policy. However, while an employee is on overnight travel status, reimbursement for meals can only be at the full per diem rate.

d. These regulations apply to all university related travel expenditures including operating budgets (ledgers 2 and 4) and federal, private, and other grants unless the grantor specifically authorizes in writing that a different policy shall apply. The principal investigator of a research grant is responsible for complying with the travel regulations of the grantor. All incomplete expense reports requiring additional documentation or explanation/justification of travel expenses after initial review by the Accounts Payable office will be sent to the business manager of the applicable college/department for follow-up. Only substantiated expenses compliant with this policy will be reimbursed. A travel expense report checklist (Appendix A) as well as a sample completed expense report (Appendix B) can be found at the back of this travel policy and can also be found at http://www.wright.edu/administration/finanserv/forms.html (http://www.wright.edu/administration/finanserv/forms.html) to help the traveler understand key components of this policy and to be used as an aid while on travel status.

e. Where the traveler incurs and claims expense for which there is a lost or missing receipt, the traveler must include with the expenses report an itemized listing of those expenses with and explanation of facts surrounding the lost or missing receipt. Both the traveler and the supervisor must sign the listing. The template form to be utilized for this itemized listing can be found at the back of this travel policy (Appendix C) and at http://www.wright.edu/administration/finanserv/forms.html (http://www.wright.edu/administration/finanserv/forms.html) . This form must be used to document all missing receipts.

f. Any exceptions to this policy must be approved in writing by the Provost or appropriate Vice President.

5601.02 **Authorization of Travel**

a. All travel involving overnight lodging must be approved in advance of the travel by the individual (e.g., Provost, Vice President, Dean, Director) responsible for the budgetary source of funds from which the expense is to be paid.

b. After approval, the Travel Authorization form can be forwarded to the Accounts Payable office if the department wishes to encumber the amount of the travel.

c. The approved Travel Expense Report section of the Travel Authorization and Travel Expense Report form certifies the propriety of all expenses listed as actually necessary to the performance of official university business. Upon completion of the travel, the white copy of the Travel Expense Report form, along with appropriate itemized receipts, should be forwarded to the Accounts Payable office for reimbursement within 60 days of completing the trip. This form is to reflect all expenses related to the travel, including prepaid expenses (with a reference to the form used to make the prepayment) that may have been made utilizing a procurement card or departmental purchase order (See 5601.4(d) below). Receipts of all expenses documented on the travel expense report must be attached to the form. It should be noted that missing receipts and other missing documentation to support travel expenses constitute the single largest factor in necessitating the return of the expense report to the college/unit and delaying the travel reimbursement. In addition, the business purpose of the trip must be documented within the expense report. This can be performed by including a copy of the conference itinerary, including the appropriate portion of the conference program, or any other means that clearly describes the business nature of the trip. A copy of any conference registration and itinerary is required to substantiate the dates of the conference and any included expenses such as meals. The travel expense report **must** be approved by the traveler's supervisor. Reimbursement requests submitted later than 90 days after the travel has been completed must be approved by the Provost or appropriate Vice President and may, due to IRS regulations, become taxable income to the employee.

d. A Travel Expense Report must be submitted even if all expenses have been paid by the university through the use of a procurement card or other means and even if no personal reimbursement to the traveler is required. The report is needed to ensure compliance with university travel policies.

5601.03 **Travel Headquarters**

a. The headquarters of an employee is the office address of his/her primary work assignment.

b. The headquarters of an employee whose primary work assignment involves regularly scheduled and recurring travel shall be the place from which the employee can be dispatched most effectively in carrying out assigned duties.

5601.04 **Prepayment of Expenses**

All travel expenses shall be paid by the traveler and submitted for reimbursement on the Travel Expense Report form. However, payment and reimbursement for airline tickets and conference/ workshop fees may be made in advance of the travel. All conference/workshop registrations **must** include the portion of the conference/workshop program that details the business purpose and the various expenses included as part of the registration fee. This section of the conference/workshop program must also be submitted with the completed Travel Expense Report.

a. The university has a procurement card program whereby individuals or departments may be issued a university credit card for the purchase of goods and services for official university business expenses [refer to Wright Way Policies 5301.6 (Expenditure Guidelines) and 5401.7 (Purchasing from External Vendors)] and 5901 (Procurement Card Guidelines). Travel expenses, including airline tickets, conference fees, and hotel accommodations, may be charged to the procurement card. Currently, the limit for each travel procurement card transaction is $1,500, with a $5,000 monthly limit. Whenever possible, use of the procurement card for travel expenses is strongly encouraged. The procurement card is available to all university personnel upon departmental approval. Applications may be obtained in the Office of the Controller or at https://www.wright.edu/internal/finserve/procard.html (https://www.wright.edu/internal/finserve/procard.html) . On all receipts submitted with the travel expense report that were paid using a credit card, the traveler must clearly indicate whether the credit card is a personal card or a Wright State University procurement card.

b. If a department wishes to have a prepaid ticket forwarded to another city for use of a guest of the university, this request may be arranged through the university's preferred travel agency. The department can purchase these tickets using their university procurement card. In this instance, a Travel Authorization form is not required.

c. In order to receive reimbursement for airfare or conference/workshop fees that have been paid in advance by the traveler, the employee must submit an approved departmental purchase order (DPO)

or purchase requisition (for an amount greater than $1,000) to the Accounts Payable office, along with appropriate documentation. Alternatively, the traveler can attach appropriate documentation to an approved DPO or purchase requisition, send the approved form to the Accounts Payable office, and have the vendor paid directly.

d. When a traveler has prepaid expenses included on the travel expense report, the traveler must include with the expense report an itemized listing of those expenses that total to the amount of prepaids listed on the face of the report. The template form to be utilized for this itemized listing can be found at the back of this travel policy (Appendix D) and at http://www.wright.edu/administration/finanserv/forms.html (http://www.wright.edu/administration/finanserv/forms.html) . This form must be used to document all prepaid expenses.

e. While the university's general policy prohibits cash advances, there are very unusual circumstances in which certain international trips (and in rare instances domestic trips) require the use of significant amounts of cash as the only means of payment. This would be when neither credit cards, checks, nor other electronic means of payment are accepted by the various vendors. In those limited instances, the traveler must fill out a Request for Travel Advance form which can be found at the back of this travel policy (Appendix E) and at http://www.wright.edu/administration/finanserv/forms.html (http://www.wright.edu/administration/finanserv/forms.html) . This form documents the request and circumstances requiring the need for a cash advance. The primary business manager of the college/unit must approve the request, and the form should be attached to either a departmental purchase order (if under $1,000) or requisition (if greater than $1,000). The advance is to be treated as a prepayment and accounted for as such when filling out the travel expense report at the conclusion of the trip. The advance will be charged to the travel FOAP and any excess cash at the conclusion of the trip will be submitted to Accounts Payable with the expense report where it will be deposited back to that same FOAP. All travel advances are the personal responsibility of the traveler. As this provision is to be used only in very limited circumstances and is not simply an option of convenience for travelers, business managers in conjunction with the Office of the Controller will have final determination as to the need for an advance.

5601.05 **Allowable Transportation Expenses**

a. Automobile

1. Travel by privately owned automobile is authorized only if the owner of the vehicle is insured under a policy of liability insurance complying with Section 4509.51 of the Ohio Revised Code, which requires the following coverage: $12,500 for bodily injury or death of one person in any one accident; $25,000 for bodily injury or death of two or more persons in any one accident; and, $7,500 for property damage in any one accident. When an employee is traveling by privately owned automobile, the liability insurance of the owner of the vehicle and/or the driver of the vehicle provides primary coverage before any coverage purchased by the university.

2. There will be no reimbursement from the university for any deductibles paid by an individual for business usage of a privately owned automobile.

3. Reimbursement for travel by privately owned automobile is authorized not to exceed the rate based on prevailing Internal Revenue Service (IRS) regulations. Effective July 1, 2011, the IRS rate of reimbursement is 55.5¢ per mile. Effective for travel occurring on or after that date, university departments may reimburse up to that rate.

4. Mileage is payable to only one of two or more employees traveling on the same trip and in the same vehicle. The names of all persons traveling on the same trip and in the same vehicle, as well as the employing department of each person, must be listed on the Travel Expense Report.

5. For automobile trips over 700 miles, the **lower** of actual mileage or round trip coach air fare shall be the maximum amount reimbursed. Documentation must be included with the travel expense report to support the appropriate reimbursable amount. It is reasonable to include all necessary travel expenses when making the comparison of driving costs versus flying costs. These would include (for instance) airport parking, airport shuttle to/from the hotel, mileage

to/from the local airport and parking at the hotel when driving. Flight pricing should be obtained at approximately the same time as the conference registration in order to obtain the most appropriate flight costs and should be the lowest fare available. Alternatively, a traveler may submit a request for reimbursement for a maximum of 700 miles of personal mileage without performing the cost comparison described here.

6. When a department utilizes a university owned vehicle and is involved in an accident, the department is responsible for any applicable deductible.

7. When a traveler chooses to use a rental agency vehicle for local use, the traveler should contact WSU's preferred agency for specific information. Rental rates were competitively bid and include drop off/pick up service at WSU and necessary liability and collision insurance charges. For all other rental agency vehicle use, the traveler should purchase liability insurance ($100K/$300K/$50K). The traveler should not elect to purchase collision insurance, which is provided by the university's policy. Please refer to Wright Way Policy 2601.3 for more information about rental vehicles. While on overnight travel status, the traveler should consider rental vehicles only when they are estimated to be cheaper than any necessary taxi/shuttle fees. The most economical vehicle should also be selected. The traveler should always reserve and pay for a rental vehicle using a university procurement card.

   a. Rental agency vehicles used within the United States for official university business

      The traveler should always **reserve and pay for** a rental vehicle using a university procurement card. In such instances, the deductible on Collision insurance may be covered by VISA. Otherwise, the department responsible for renting the vehicle will pay any applicable deductible.

   b. Rental agency vehicles used outside the United States for official university business

      The traveler must purchase the mandatory/compulsory/statutory limits of liability insurance required by the foreign country in which the traveler is conducting official university business. It also is mandatory that the traveler purchase collision insurance. The university's foreign liability policy will provide excess liability limits, if necessary.

   c. Summary of guidance requiring purchase of insurance when renting a vehicle:

      Guidelines for Purchasing Insurance When Renting a Vehicle Outside the United States

      Liability Insurance – Purchase the minimum amount of insurance required by the host country. Additional coverage is provided by the university's foreign liability insurance policy.

      Collision Insurance – Purchase. The department is responsible for any deductible.

      Inside the United States

Rental Agency	**Method of Payment**	
	University Procurement Card	**Other form of Payment**
WSU Prefered Provider (Currently Enterprise)	Liability – Not Required. Included in Contract with Preferred Provider. Collision – Not required. Included in Contract with Preferred Provider. Collision Deductible = $0	Liability – Not Required. Included in Contract with Preferred Provider. Collision – Not required. Included in Contract with Preferred Provider. Collision Deductible = $0
	Liability – Must elect to purchase	Liability – Must elect to purchase

Other Provider	$100k/$300k/$50k coverage. Collision – Covered by university policy. Procard may pay deductible	$100k/$300k/$50k coverage. Collision – Covered by university policy. Department pays deductible

- Common Carrier

  a. Payment or reimbursement is authorized at the lowest available rate. Airline reservations should be made as early as possible to take advantage of any potential discounted rates. The least expensive mode of travel should always be chosen giving consideration to constraints on time, value of employee time, elimination of overnight lodging, and cost of meals. In those circumstances when flights are cancelled due to actions by the airlines or other unforeseen circumstances of the traveler, all credits received by the traveler should be tracked by the traveler and business unit in order to utilize the credit on a future travel. It is expected that these credits may not always be able to be utilized, but it is still encouraged that non-refundable tickets (which result in the creation of credits as opposed to refunds) be purchased rather than purchasing the much more expensive refundable airline tickets simply to receive a refund should a cancellation occur.

  b. This expense must be listed on the Travel Expense Report and be accompanied by receipts.

- Other Aircraft

  a. Under no circumstances is an employee to:

     1. Fly personally owned aircraft on university business

     2. Fly with anyone who is not an approved charter operator (see Risk Management website for approval information)

     3. Arrange a charter flight with anyone who is not an approved charter operator

     4. Authorize anyone to fly their own aircraft or charter an aircraft on university business

  b. In the event a private charter is necessary, approval to hire a charter must be obtained from the Senior Vice President of Business and Fiscal Affairs (or designee) and the charter company must be approved by the Office of Risk Management prior to signing a charter contract.

  c. Expenses must be listed on the Travel Expense Report and be accompanied by receipts.

  d. Frequent Flyer Credits

     1. Frequent flyer credits earned by university employees for travel on university business cannot be used for personal travel. These credits must be applied towards future university travel.

  e. Other Transportation Expenses

     1. Reimbursement can be claimed for ferry, bridge, highway, and tunnel tolls. Receipts are not required.

     2. Reimbursements can be claimed for parking charges and taxi fares. A receipt is required for each item of expense greater than $5. Best efforts should be made to park personal vehicles at airports utilizing the least expensive airport rate for trips exceeding 48 hours.

     3. Any other out-of-pocket expense, such as road service and towing charges, directly

chargeable to the operation of a university-owned vehicle and incurred while traveling in such vehicle, can be reimbursed subject to approval by the director of the Department of Parking and Transportation.

4. Expenses must be listed on the Travel Expense Report and be accompanied by receipts.

5601.06 **Allowable Living Expenses**

The following allowable living expenses are university guidelines. The Provost or appropriate Vice President or Dean can impose additional limits or restrictions.

a. Lodging

Exceptions to these lodging guidelines will be made only when approved by the Provost or by the appropriate Vice President or Dean.

1. Employees are asked to avoid "luxury" type suites or hotels whenever possible (unless they are the site of a conference). The employee should ask for the best corporate or academic rate available.

2. Travel agents are often able to arrange discount room rates for Wright State travelers, except where blocks of rooms are reserved for a conference or workshop.

3. Lodging can be claimed only if the travel destination is 30 miles or more from the employee's home or from the employee's primary work location, whichever mileage is less.

    a. An employee authorized to travel on official university business may claim reimbursement for lodging cost not to exceed the single room rate, including tax. The authorizing department has the final determination as to the amount of the reimbursement, subject to the above limitation.

    b. Receipts for lodging must be submitted with the Travel Expense Report form.

    c. Reimbursement for noncommercial lodging in a private dwelling is limited to $15 per calendar day. The employee must provide some form of receipt.

b. Meals

1. Consistent with IRS regulations, employees may not be reimbursed for meal expenses unless traveling on overnight status. When the traveler is off campus on one-day trips, meal expenses are the responsibility of the traveler.

2. Reimbursement is permitted when the employee is engaged in legitimate business activities with nonemployees of the university. Appropriate documentation (receipt with business purpose, persons in attendance, amount, date, etc.) is required.

3. Allowable rates for meals when employees are on overnight travel status are based on prevailing IRS regulations. When overnight travel requires a portion of a day, employees can claim reimbursement for meals according to the following allowable rates. Receipts are not required. Effective July 9, 2012, the meals diem rate for domestic travel is $46 per day. The per diem should be prorated for partial days as follows:

    a. Breakfast $10; must be on authorized travel status prior 8 am.

    b. Lunch $14; must be on authorized travel status prior to noon.

c. Dinner $22; must be on authorized travel status prior to 5 pm and return after 7 pm.

d. The above allowable rates include tax and gratuities.

4. However, when traveling to a "high cost area," federal tax regulations allow for a $51 meals per diem. Receipts are not required. The per diem should be prorated for partial travel days as follows:

   a. Breakfast $11; must be on authorized travel status prior to 8 am.

   b. Lunch $15; must be on authorized travel status prior to noon.

   c. Dinner $25; must be on authorized travel status prior to 5 pm and return after 7 pm.

   d. The above allowable rates include tax and gratuities.

   e. The "high cost areas" included in this policy are: Atlanta, GA; Atlantic City, NJ; Baltimore, MD; Boston, MA; Chicago, IL; Denver, CO; Dallas, TX; Detroit, MI; Houston, TX; Indianapolis, IN; Las Vegas, NV; Los Angeles, CA; Nashville, TN; New Orleans, LA; New York City, NY; Newark, NJ; Newport, RI; Orlando and Tampa FL; Philadelphia and Pittsburgh, PA; Phoenix, AZ; Providence, RI; Salt Lake City, UT; San Diego and San Francisco, CA; Seattle, WA; St. Louis, MO; Washington, DC; and all destinations outside the continental United States.

      If the actual travel location happens to be a suburb or location adjacent to one of the above cities that the traveler believes is still within the "high cost" locality as defined by the Internal Revenue Service, it is the traveler's responsibility to provide substantiation of that fact by attaching documentation to the travel expense report demonstrating that fact. However, this does not extend to other cities or areas not specifically identified in this policy.

5. When traveling to an international location as defined by the U.S. Department of State, travelers are to use the meals per diem rates provided by the Department of State. The daily per diem rates can be found at http://aoprals.state.gov/web920/per_diem.asp (http://aoprals.state.gov/web920/per_diem.asp) . These rates differ by countries and cities. The rates are updated monthly. Therefore, the traveler should take care to utilize the website and to choose the appropriate rate for the month during which the travel occured. The per diem rates to be used are labeled " M & IE Rate." If it is necessary to break daily rates down by individual meals due to partial visits to a particular city/country, the percentages to be allocated to each meal are: breakfast - 20%, lunch - 30%, and dinner - 50%. **It is also important to not that unless the traveler is actually within the city limits of a particular city, the traveler must use the per diem rate for the city listed at "Other" regardless of how close the traveler is to a particular city.**

6. When meals are included in a conference or in air fare, no reimbursement for those meals will be permitted as part of the per diem rate. When a conference provides hors d'oeuvres as a meal, it is the traveler and supervisor's judgment as to whether it is sufficient sustenance to be considered a meal.

7. Expenses incurred for entertainment or alcoholic beverages are considered personal and are not reimbursable.

8. Some conferences assess a separate charge for meals or banquets that are provided during the period of the conference. When these meals are offered at the conference site with the expectations that all conference participants are to attend, these cost will be reimbursed in lieu of the standard per diem charge. If the meal is offered at an off site location, the cost will be reimbursed only if the traveler can demonstrate the business purpose or relationship to the conference consistent with 5601.6(c)(3) of this policy.

c. Miscellaneous Living Expenses

1. Expenses incurred for laundry, dry cleaning, and pressing can be reimbursed if the employee is on continuous travel status in excess of one week without returning home.

2. Expenses incurred for special purchases essential for the fulfillment of the travel or work assignment can be reimbursed upon approval by the head of the employee's department.

3. Costs for conference excursions or other optional events are allowable only if they are for business or scholarly purposes. These items must be pre-approved by the supervisor and chair/director, and a description of the excursion provided with a memorandum documenting the business purpose must be attached to the travel expense report. It is expected that very few of these offerings meet these business criteria. Almost all are principally for social and/or recreational purposes and should be the responsibility of the traveler. Personal phone calls are limited to one call per day while on authorized overnight travel status. Reimbursement of personal phone calls for excessive time/number of calls is at the discretion of the department. In addition, other types of phone charges relating to items such as faxing or modem usage while conducting university business can be reimbursed.

   Reimbursement of miscellaneous expenses as described in this section can be claimed in addition to the maximum allowed for lodging and meals while an employee is authorized to travel on official university business. Such expenses must be itemized separately on the Travel Expense Report form and be accompanied by receipts.

d. Tips

   Reasonable attempts should be made to obtain receipts that are provided. Reimbursement for tips without receipts will require an itemized list of the tips provided, including the amount and purpose of each tip. Tips for meals, however, are provided for in the per diem reimbursement discussed in 5601.6(b) of this policy. Additional tips for meals are not subject to reimbursement.

e. Extended Travel Days

   When a traveler extends his or her trip in excess of the number of days of a conference by either arriving to the travel destination early or staying later than the end date of the conference in order to conduct additional university business, it is imperative that the traveler document with a memo or similar documentation the business nature of the extension with an explanation of its purpose, other third parties involved, itemized receipts of additional expenses as allowed by this policy, and approval by the supervisor/business manager denoting agreement with the extension as a proper Wright State business expense. If available, attach agendas and/or itineraries as a part of this documentation. However, as part of the original travel purpose the traveler may arrive at the destination the day before or depart the day after a conference, if starting and/or ending times of the conference necessitate such scheduling. While not preferred, this will be acceptable with supervisor approval.

5601.07 **Nonemployee Travel Expenses**

If a nonemployee accompanies the employee on official university travel, the university will pay for the employee's expenses only. Any expenses incurred because of or by the nonemployee are not the responsibility of the university.

5601.08 **Exceptions**

Any requests for exceptions to this policy should be submitted in writing to the Provost or responsible Vice President, describing the circumstances that justify an exception. Exceptions must always satisfy the requirement that the expense was actual, necessary, and reasonable under the circumstances.

5601.09 **Local Travel**

a. Local travel is defined as that travel which does not require overnight lodging.

b. When traveling between Wright State University or home (point of departure) and another business location (point of destination), the miles reimbursed will be calculated as the total miles driven. The University no longer requires that normal commuting mileage be subtracted from the mileage claimed for reimbursement. Reimbursement cannot be made for commuting, regardless of the day of the week or the number of trips in a day.

c. An account of short trips (mileage and related expenses, except registration fees) should be recorded on the Monthly Local Travel Expense Log and accumulated and submitted for reimbursement for a period of time, not to exceed one month. The business purpose for each local trip must be documented on the Monthly Local Travel Expense Log with all appropriate receipts attached. This provision applies to all mileage reimbursements, including overnight travel. If there is local vicinity travel (travel incurred while at the destination) included in the request for reimbursement, this travel must also be documented as described in this provision.

d. Registration fees for local seminars and conferences should be processed on the university's procurement card (ProCard), a DPO, or purchase requisition (for an amount greater than $1,000). However, a department should not use the procurement card to reimburse another department within the university. A journal voucher should be used in those instances.

e. The Monthly Local Travel Expense Log should be forwarded to the Accounts Payable office, along with an approved DPO, if the reimbursement is in excess of $200. When the reimbursement is $200 or less, the Log and an approved Petty Cash Voucher should be presented to the Office of the Bursar [refer to Policy 5301.12 (Expenditure Guidelines)]. However, for employees located at an off campus site, all Monthly Local Travel Expense Logs can be attached to a DPO and submitted to Accounts Payable for processing.

Violations of these travel policies may result in revocation of travel privileges or further disciplinary actions.

5601.10 **International Travel**

a. Since the University Center for International Education (UCIE) has direct access to an emergency medical, evacuation, and repatriation travel insurance and related information, the UCIE must be notified in writing of any international travel prior to departure. This insurance is available at no cost to all faculty, staff, and students who travel abroad on university business or a Wright State sponsored program. An insurance card will be given to travelers by the UCIE prior to departure. Access to an insurance representative will be available 24 hours a day, 7 days a week anywhere in he world in the case of emergency. Access to clinics, prescriptions, and evacuation and repatriation are also available through this coverage. Through proper insurance registration, travelers will automatically be registered with the local United State Consulate, as recommended by the United State Department of State.

With respect to 5601.10a, any payments made to, or on the behalf of, the traveler which exceeds the limit of insurance coverage or are given as an emergency cash advance are to be fully reimbursed to Wright State.

b. Anyone participating in an education abroad program (i.e., traditional study abroad, exchange programs, internships abroad, or international service learning) must attend the UCIE's Pre-Departure Orientation prior to travel. This includes any faculty or staff member who will be supervising the trip.

Additional international health insurance must be purchased for any student, faculty, or staff member participating on a Wright State education abroad program.

c. Travel to countries with a United States Department of State "travel warning" must be approved by the Office of the Provost prior to departure.

d. ALL federally funded travel must comply with the Federal Travel Regulation, and the U.S. Fly American Act found at http://www.gsa.gov/portal/ext/public/site/FTR/file/Chapter301p010.html/category/21868/#wp1088896 (http://www.gsa.gov/portal/ext/public/site/FTR/file/Chapter301p010.html/category/21868/#wp1088896) ; a United

States flag carrier MUST be used for this travel. Therefore, all foreign travel on grants must be approved in advance by The Office of Research and Sponsored Programs (RSP). Use Banner account code 746900 to complete the FOAP on all Travel Authorization (TA) forms and submit the TA to RSP for approval with the flight itinerary. Upon returning from the foreign travel, the Travel Expense Report must be approved again by RSP.

Appendix

- A- Travel Expense Report Check List (PDF) (/sites/default/files/wrightway/travel_expense_report_check_list.pdf)
- B- Travel Expense Report Example (PDF) (/sites/default/files/wrightway/travel_expense_report_example.pdf)
- C- Loss Missing Receipts Worksheet (PDF) (/sites/default/files/wrightway/loss_missing_receipts_worksheet.pdf)
- D- Travel Prepaids Worksheet (PDF) (/sites/default/files/wrightway/travel_prepaids_worksheet.pdf)
- E- Travel Advance Form (PDF) (/sites/default/files/wrightway/travel_advance_form.pdf)

Direct payments from commercial entities

Payments from commercial entities to planning committee members and speakers are forbidden.

The CME Financial Policy states:

> *Payment of reasonable honoraria and reimbursement of out-of-pocket expenses for a speaker external to Wright State University is customary and proper per the Wright Way Policies. No commercial support may be paid to speakers, directors, or others without the school's CME committee's approval.*

The contributor guidelines states:

> *No other funds from a contributor shall be paid to the activity chair, speaker(s), or others involved with the activity.*

All planning committee members and speakers sign a conflict of interest disclosure containing attestations including:

> *I have not and will not accept any honoraria, additional payments or reimbursements beyond that which has been agreed upon directly with WSU.*

Receipt and disbursement of commercial support

The contributor guidelines states

> *Contributions in the form of educational grants should be made payable to Wright State University or an approved educational partner such as a joint sponsor. The terms, conditions, and purposes will be documented by a Contributor Disclosure. No other funds from a contributor shall be paid to the activity chair, speaker(s), or others involved with the activity. All sponsors must also sign contributor disclosure or have a CME approved, signed letter of agreement.*

The financial guidelines further states

> *Wright State University has established procedures for administering continuing medical education (CME) finances. CME incomes and expenses must be documented by the activity planning committee, and approved by the Wright State University Boonshoft School of Medicine CME Committee. The ACCME requires all CME providers to annual report income and expenses related to accredited CME. This information is used during accreditation to verify adherence to the ACCME Standards for Commercial Support.*

Income

Commercial support: **IMPORTANT* Contact Research and Sponsored Programsbefore applying for commercial support*

Monetary support: unrestricted educational grants contributed by a commercial interest. The Activity Coordinator should complete a W-9 for each pharmaceutical company and keep the form on file for six years. (The Web page version of the W-9 requires Adobe Acrobat Reader, a free software program that will allow you to view and print.)

Non-Monetary (In-Kind) support: includes use of space, technology or other services. In-kind support estimated value must be reported on the financial sheet.

Commercial support income requires a commercial support disclosure to document the terms, conditions and purposes of the contribution

Expenses

The School of Medicine CME Committee, in accordance with ACCME policies, has established principles for spending to ensure effective use of funds.

Payment of reasonable honoraria and reimbursement of out-of-pocket expenses for a speaker external to Wright State University is customary and proper per the Wright Way Policies. No commercial support may be paid to speakers, directors, or others without the school's CME committee's approval.

CME administrators must expense and deplete foundation deposits before expensing the university account.

Knowledge of commercial support

At the time of review, the planning document asks if commercial support will be sought. Acceptance of commercial support funds must be made with full knowledge of the CME office. The CME program coordinator must be heavily involved in the application for commercial support to assure compliance. In certain situations, educational partners such as local hospitals or state health care organizations may accept commercial support funds with the knowledge of the CME program.

In lieu of a WSU contributor disclosure, company specific Letters of Agreement are signed by the CME program prior to the activity.

Social events and meals

Due to the State of Ohio rules governing state universities, it is a rare exception that a social event provided in connection to a directly sponsored CME activity regardless of the acceptance of commercial support. Meals for half day or all day events are customary. Commercial support funds are usually given for the express purpose of honoraria, not meals or social events.

For joint sponsored activities that accept commercial support, meals and social events are scrutinized at the time of the application review. The CME review committee questions the separation of social events, meals, and the CME activity. Discussion with the planning committee and coordinator result in the assurance that the CME activity is in a separate area and clearly marked to prevent confusion.

The exhibitor guidelines mention commercially supported social events

> *Commercially supported social events before or after CME activities will not compete with nor take precedence over educational content*

Commercial Exhibits

The exhibitor guidelines clearly delineate the functions of the exhibitor

> *The CME activity consists of all functions associated with an activity designated for* AMA PRA Category 1 credit™ *including all peripheral functions such as refreshments and displays. Any function that is present because of the CME activity in the same location as the activity must be considered part of the CME activity. Therefore, all peripheral functions are regulated by CME guidelines.*
>
> ***Exhibits***
>
> *An exhibitor is defined as a company that has purchased a display booth as an advertisement. Commercial exhibits and advertisements are promotional functions. Therefore, the monies are not considered to be "commercial support."*
>
> *Exhibitors cannot influence the planning of an activity, interfere with the presentation, or require that the exhibit be a condition for commercial support. The school's CME committee is ultimately responsible for control and selection of the planning committee, presenters and moderators.*
>
> ***Placement***
>
> *Exhibit placement must not interfere with the presentation of activities. CME participants must not be compelled to visit exhibits.*
>
> *Advertisements and promotional materials may not be displayed or distributed in the educational space at any time. No product advertisements will be permitted in the same room or obligatory path of the educational activity. Exhibit placement must not be a condition of support for the CME activity.*

Contributor representatives may attend an educational activity under the following conditions:

- *They may not engage in sales activities while in the room where the activity takes place*
- *They must remove their company name badges while in the meeting room*
- *When space and materials are limited, company representatives need to defer to non-commercial registrants.*

All funds must adhere to the ACCME Standards for Commercial Support.

Advertisements

We do not arrange for advertisements in association with any of our CME activities.

Content

C10 SCS 5.1

The content of CME activities does not promote the proprietary interests of any commercial interests

Planning committees set content and topics independently from commercial interests. All individuals in a position to influence the content of a certified CME activity must disclose any relevant financial relationship that might affect their independent involvement in the proposed CME activity. In addition to disclosure, they are required to complete an attestation form, including the following statement:

> *The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based and unbiased.*
>
> *(speakers only) If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.*
>
> *(speakers only) If I have been trained or used by a commercial entity or its agent as a speaker (e.g., speaker's bureau) for any commercial interest, the promotional aspects of the presentation will not be included in any way with this activity*
>
> *(speakesr only) If I am presenting research studies, I will include weaknesses and strengths of each study in addition to harms and benefits of specific products. I will also discuss studies presenting different conclusions about the product, if available*

The contributor (commercial support) guidelines states

> *Contributors shall not control the planning, content, or execution of an activity. Acceptance of advice or services concerning speakers, invitees or other educational matters shall not be a condition of providing support. A contributor may assist with the preparation of educational materials, but these materials shall not advance the specific proprietary interest of the contributor*.

In addition to the preceding policies and procedures, the CME Review Committee reviews the CME planning document (formally known as the application) and scrutinizes the gap analysis, sources, and developed topics.

Finally, evaluation of CME activities include the question "Was the activity commercially biased?" and a follow up "How?" Evaluation data is reviewed by the planning committee and sent to speakers. In reaction to the 2009 self-study report indicated a rather high number of attendees indicated the presence of commercial bias with no explanation, the questions on the evaluation were re-ordered to prevent the phenomenon of circling the positive response because it lined up in a long line of questions.

Additional comments are solicited to explain the perceived bias including topical bias (only one type of therapy/test is available, no generic medication, competing labs, or competing therapies exist), presenting pharmaceutical medical trial data, or a non-CME discussion paid for by a commercial entity at lunch break.

C10 SCS 5.2

CME activities give a balanced view of therapeutic options

Speakers are required to complete an attestation form, including the following statements:

> *If I am providing recommendations involving clinical medicine, they will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in CME in support of justification of patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis.*
>
> *If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available and not just trade names from any single company.*
>
> *If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising.*
>
> *If I am presenting research studies, I will include weaknesses and strengths of each study in addition to harms and benefits of specific products. I will also discuss studies presenting different conclusions about the product, if available*

During the conflict of interest resolution process, speakers with a conflict are required to submit presentation materials. The CME director or an appointed subject matter expert reviews the material.

Since 2011, the activity evaluation includes the question, "Presentation was evidence-based and balanced." The majority of attendees answered "Yes."

Content Validation

Planning committees are assigned the task to develop content, topics, and invite subject matter experts that will present content in agreement with the content validity guidelines.

Content validity as found in the Speaker guidelines states:

> *Speakers must assure that any clinical recommendations made are valid for use in the care of patients by completing and signing the* ***attestation form,*** *also available in the conflict of interest disclosure or presenter packet. All scientific research referred to, reported in, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis. The following must be adhered to:*
>
> - *Clinical care recommendations must be based on evidence that is accepted within the profession of medicine as adequate justification for their use*

- *All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients*
- *A recommendation on clinical care must be more than firmly held beliefs or hopes for efficacy*
- *Data or information accepted within the profession of medicine must support the recommendation*
- *The conclusions drawn from the data must be those that would be reasonably drawn from those data*

The validation of clinical content does not mean that every clinician in the country accepts the recommendation or that the recommendation is part of FDA-labeling. An important part of validity is the scientific integrity of the data from which the conclusions are drawn and the clinical recommendations crafted.

In addition to the preceding policies and procedures, the CME Review Committee reviews the CME planning document (formally known as the application) for appropriate gap analysis, speaker selection, and content validation.

While preparing for this self-study, the CME director and program coordinator identified a needed improvement to the evaluation form to help monitor content validation. A new evaluation will include the question "Does this presentation conform to generally accepted standards of treatment & practice of medicine?"

Evaluation and Improvement

Self-assessment of the degree to which the CME Mission has been met

In 2011, the CME Steering Committee met to discuss How to Position the CME Program for Organizational Impact. As a result of this exercise, the committee identified the need to change the CME mission to better reflect the scope of the CME program including new partners, audience scope, and a closer alignment with the school's graduate medical education structure.

Attachment How to Position the CME Program for Organizational Impact Project

In previous years, each activity was rated against the prior mission statement, including questions on the planning document (formally known as the application) in regards to content areas, targeted audience, types of activities, and expected results. A new planning document with updated questions to reflect the new mission statement has been developed (August 2012). In addition, the database will be improved to capture the new information as it related to the new mission.

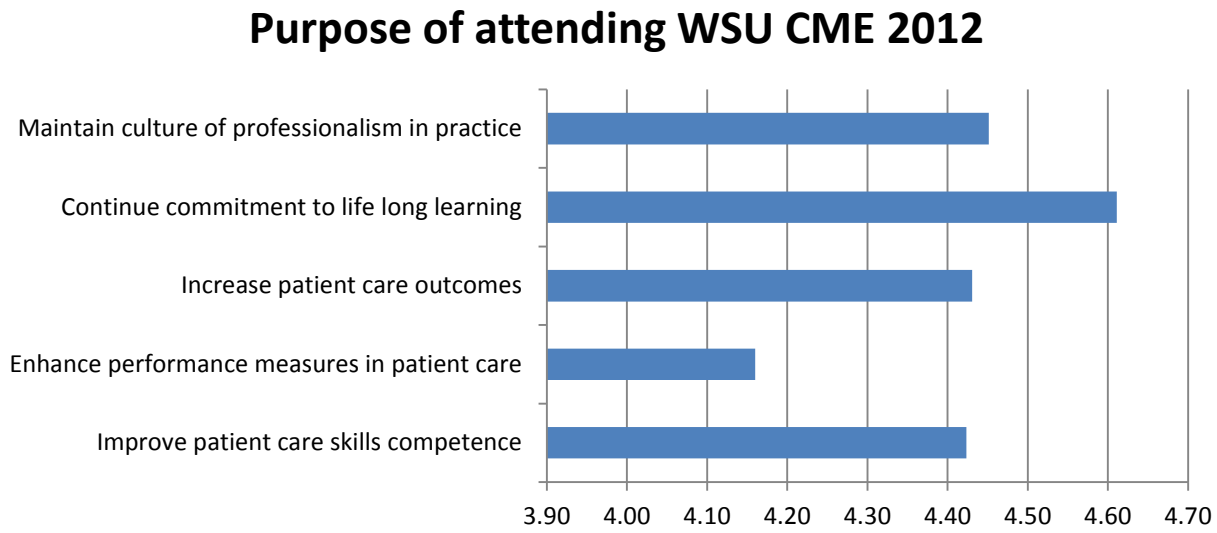
In 2010-2011, the CME program completed an extensive overall program evaluation.

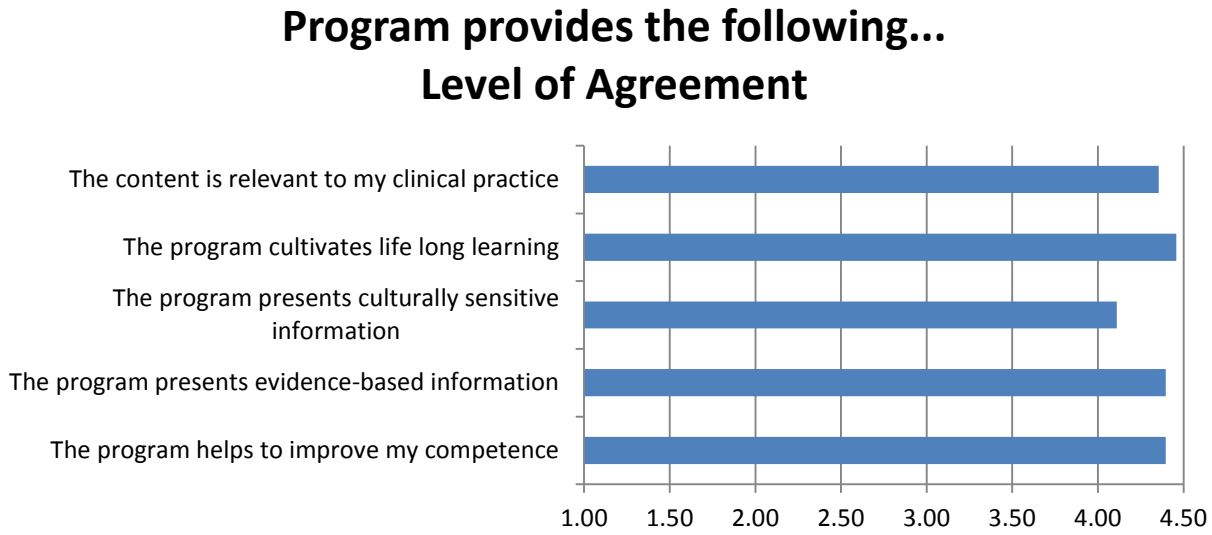
> *Overall Conclusion: Based on the responses to the survey our diverse audience is made up of physicians, medical students, medical residents, nurses, and others. Our physician audience is made up of generalist and specialists. The majority of the audience (66%) is within the Dayton area with 57% of the audience affiliated with the Boonshoft School of Medicine*
>
> *The audience prefers live lectures and discussions. Live teleconferences and webinars are less preferred at this time. When an activity is offered online, it should be self-paced.*
>
> *The majority of the audience takes (and uses) our courses for re-licensure, board certification, improving practice, and cultivating life-long learning. The program improves competency, cultivates life-long learning and helps maintain board certificate.*

Attachment Program Analysis April 2011

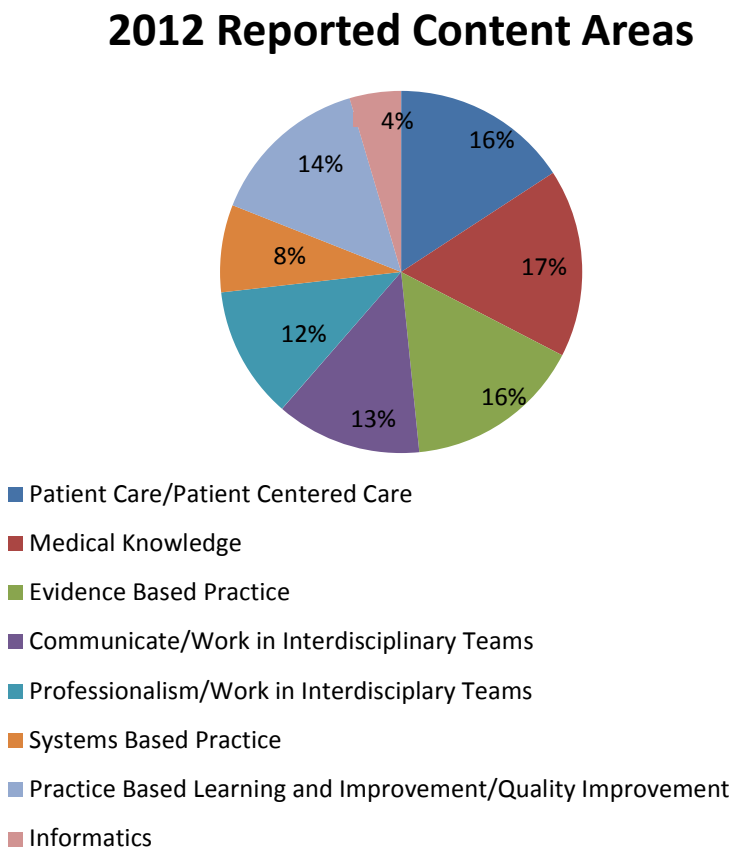
The 2012 program evaluation sent to attendees in the past year was retooled to better mirror the refocused mission statement. Questions and previous evaluations may not translate well or be comparable to the revised program evaluations.

Learners participated in 2012 CME activates at Wright State University for a variety of reasons including continuing commitment to life-long learning, maintaining a culture of professionalism in practice, increasing patient care outcomes, improving patient care skills competence, and enhancing performance measures in patient care. The program cultivates and presents life-long learning, is relevant to clinical practice, and is culturally sensitive. These are all considered to be high value to the respondents.


Purpose of attending WSU CME 2012
Maintain culture of professionalism in practice
Continue commitment to life long learning
Increase patient care outcomes
Enhance performance measures in patient care
Improve patient care skills competence
3.90
4.00
4.10
4.20
4.30
4.40
4.50
4.60
4.70


Program provides the following...
Level of Agreement
The content is relevant to my clinical practice
The program cultivates life long learning
The program presents culturally sensitive information
The program presents evidence-based information
The program helps to improve my competence
1.00
1.50
2.00
2.50
3.00
3.50
4.00
4.50

Planning committees identify core competencies as defined by the Accreditation Council for Graduate Medical Education and Institute of Medicine as they relate to the individual CME activity or series.

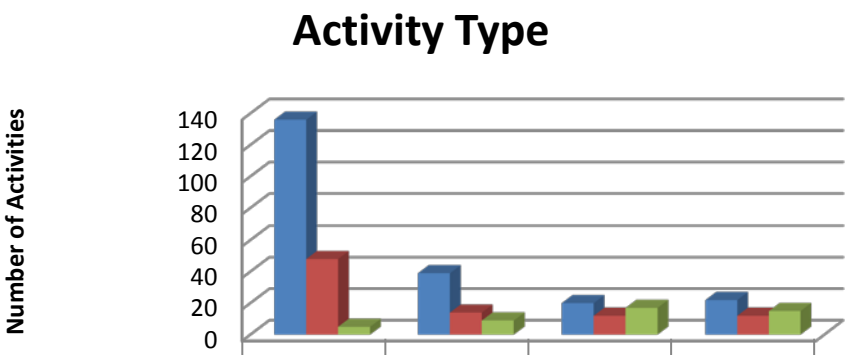


Based on an analysis of activities held in 2012, the activities mainly focused on patient care/patient centered care, medical knowledge, and evidence based practice. Many regularly schedule series activities focused on improved both practice based learning and improvement and quality improvement.

Although very few current CME activities are specifically developed for Maintenance of Certification, the targeted audience has indicated they are committed to lifelong learning as defined by the ABMS.

Based on the 2012 survey of attendees, 40% of respondents identified themselves as Wright State University faculty. Over two thirds of respondents also identified themselves as staff in our partnering community hospitals. Almost 60% of respondents identified themselves as physicians, 4% identified as medical students or residents, and 25% identified themselves as nurses or allied health. The refined mission statement has focused our audience to southwest Ohio and our community partners. The April 2011 survey showed over a third of the respondents were not affiliated with Wright State University or lived out of the area. The Fall 2012 survey showed just over 20% of respondents identified themselves as not affiliated with Wright State University or lived out of the area.

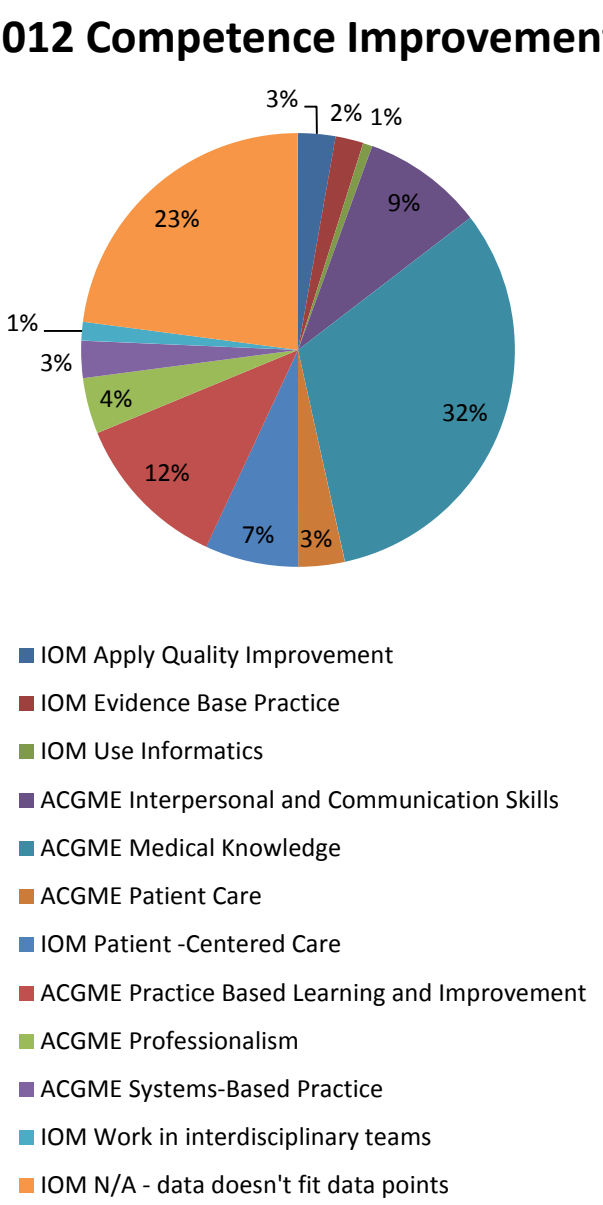
Based on an internal assessment of past ACCME Annual Reports and the current year's activities types, the CME program is providing significantly more live courses comprised of lectures, case conferences and small group discussions. The majority of the 2012 RSS activities are case conferences focusing on quality improvement. The new focused mission statement and partners have helped the WSU CME program develop more activities and reach a broader audience in the Dayton region.



	2012	2011	2010	2009
Course	136	39	20	22
RSS	48	14	12	12
Internet Enduring Material	5	9	17	15

Physicians are offered the opportunity to provide evaluation regarding new knowledge gained, further study, and intended changes in practice. The CME program has attempted to collect follow up information on actual changes in physician's behavior, but found it difficult at that time to institute a consistent system. In the 2012 overall program evaluation, respondents were asked "How did WSU CME improve competence?" This question was open-ended and elicited a diverse response. Using the ACGME and IOM competencies we categorize answers in an attempt to derive a more meaningful assessment.

Over 30% responding indicated improved medical knowledge, followed by 12% improving practice based learning and improvement, and 9% improving interpersonal and communication skills. A copy of the 2012 program evaluation raw data is attached. The remaining responses are depicted on the following chart. The majority of responders from both overall program evaluations indicated that they participate in WSU CME as a way to cultivate life-long learning and improve competence.

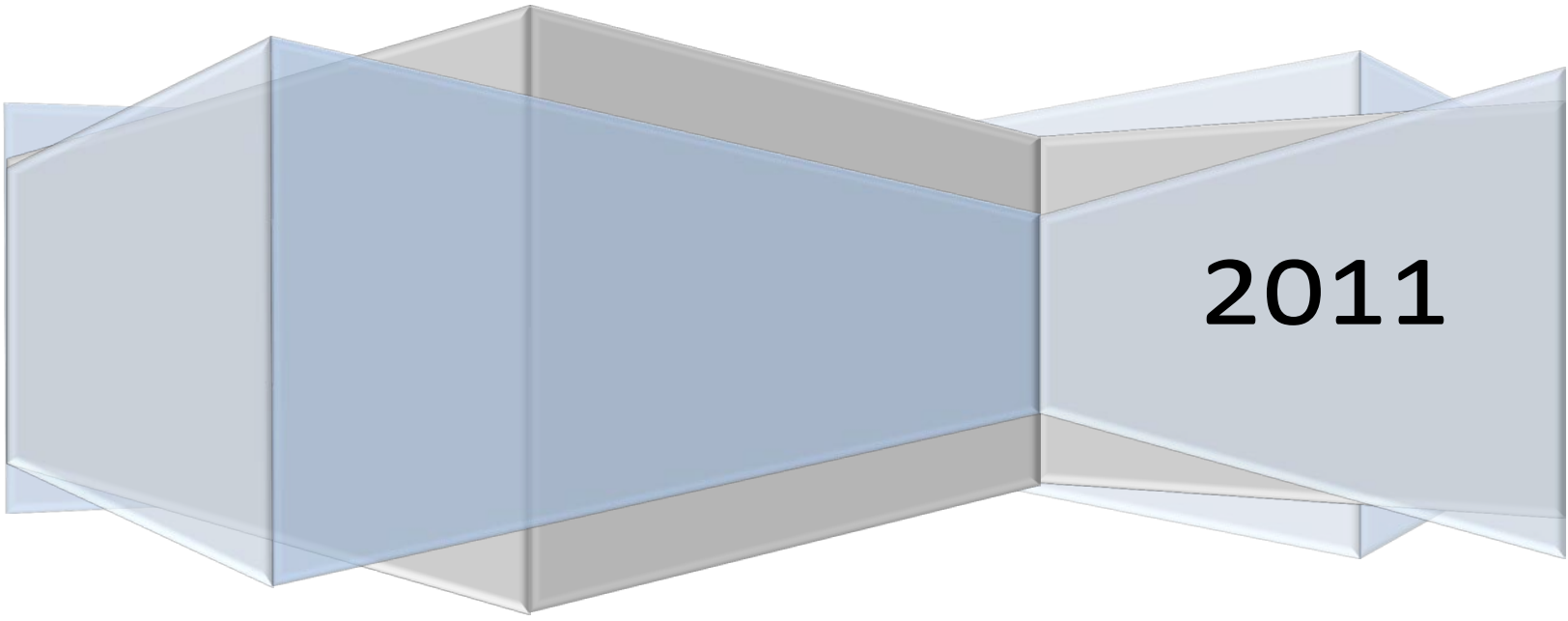


Attachment Program Analysis October 2012

Wright State University Boonshoft School of Medicine

How to Position the CME Program for Organizational Impact Project

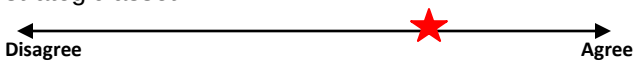
Karen Bertke and CME Faculty Committee



Exercise 1. Self Assessment

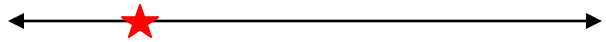
Reasoning

The Profile of CME at your Institution
My organization's leadership views our CME program as a strategic asset.



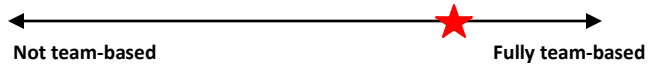
CME is a gateway to strength the BSOM footprint in the community hospitals including Children's Medical Center, Springfield Regional Medical Center, the Dayton VAMC and Premier Health Partners

Linking CME to Quality Improvement
My organization has successfully linked our CME program to Quality Improvement.



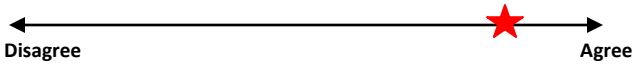
Pro: 3mo follow up on self reported practice change
Con: lack of access to hospital QA study

Education for the Healthcare Team
My CME activities include education for the whole healthcare team.



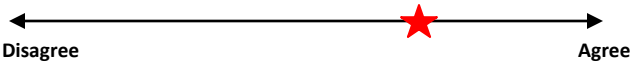
Audiences are comprised of physicians, residents, nurses, respiratory therapists, pharmacists, social workers, etc.

Internal Collaboration at your organization
My CME program has a strong working relationship with other departments in my organization



CME program regularly works with the following clinical departments: IM, OBGYN, Surgery, Pediatrics, Pathology, and Psychiatry. CME program has limited relationship with dermatology, geriatrics, and orthopeadic surgery

Implementing Improvements to your Program
We have effective methods for identifying and implementing improvements to our CME program



Pro: annual attendee reflection on meeting CME mission and learner needs, mid-accreditation policy review
Con: not linked to QI, no review of patient care data or ION report

Organizational Physician Learner Participation
My CME program has great physician learner participation at our CME activities.

More physicians are completing qualitative evaluation questions. More simulation and interactive sessions are being developed.

Exercise 2. Mapping Your Organizational Positioning and Goals (Part A)

Organization: People Involved

Who is responsible for your organization meeting its mission?

B

Faculty & administrative leadership

Support Staff

Organization: Current Initiatives

What issues/areas are top priorities for your organization?

D

Generalist training

Research and generation of new knowledge

Patient focus

Cultural diversity

Community service/health mission

Organizational Mission

Summarize your organization's mission

A

"To educate culturally diverse students to become excellent physicians, by focusing on generalist training that is integrated, supported, and strengthened by specialists and researchers, all of whom value patient-focused care, community service, and research, and have passion for improving health in their communities."

C

Primary care selection

Community service

Connection to Neuroscience research and Neurology patient care

Translational resource

E

Decentralization of department

Lack of expanding funding sources

Organization: Achievements

What successes is your organization most proud of?

Organization: Barriers to Implementing Initiatives

What is standing in the way of addressing these top priorities?

Exercise 2. Mapping Your Organizational Positioning and Goals(Part B)

CME Program: Barriers to Implementing Initiatives

What is standing in the way of addressing these top priorities?

Conflicting faculty focus on education & patient care vs. productivity clinically

Time

Staff availability

E

CME Program: People Involved

Who is responsible for your CME Program meeting its mission?

CME Director & coordinator

CME Faculty Committee

B

CME Program Mission

CME Purpose:

Content Areas:

Target Audience:

Types of Activities:

Expected Results:

A

See Attached

Quality improvement

Faculty development in leadership & education

Technology advances

D

Website usability

Electronic transcripts

Evaluation forms

New relationships

CME Program: Current Initiatives

What issues/areas are top priorities for your CME Program?

CME Program: Achievements

What successes is your CME Program most proud of?

Exercise 3. Tactical Approaches

Instructions:
Working individually, please assess your CME Program according to each statement below.

What is the problem?

What strategies do you currently use to identify "gaps," problems in practice, that are the basis for your CME activities?

- Ask physicians for gap
- National standards
- Multidisciplinary committee
- What does the committee want to learn & who are the experts?
- National test scores
- Policy statements & new recommendations
- Quality Indicators
- Medical staff meeting – education line item

What challenges do you encounter when trying to identify "gaps"?

- Lack of QI information
- QI committee disconnect – no communication
- Not enough personnel to analyze
- Scope of practice (specialists vs. job location, small populations)
- Time involvement

How will it be solved?

What strategies do you currently use when designing CME activities to facilitate changes in your learners?

- Simulation
- Virtual patient cases
- Hospital mandates
- Generate cases
- 3 mo. Follow up
- Lectshare technology
- Twitter interaction
- Pre/post test
- Recording live event for future use
- Designing for specific v broad audience

What challenges do you encounter when designing CME activities to facilitate changes in your learners?

- No reinforcing institutional mandates
- No individual mandate
- Lack of awareness
- Getting personalized data
- Vast # of physicians don't visit pts @ hospitals – use hospitalist & do not know steps of care in hospital
- Needs of audience may be different (specific vs. broad)
- No individual data to create an organizational wide individual comparison

STRATEGIES

CHALLENGES

How will I measure change?

What strategies do you currently use to measure whether or not there has been a change in your learners?

- Simulations
- Pre-post test
- 3 mo. Reporting
- Multiple exposures
- Self reported practice changes
- Use old & new questionnaires

What challenges do you encounter with measuring learners for change?

- Time & money
- Complexity of multi factorial inputs
- Motivation of learner
- Defining what intervention really caused changed
- Different sources influencing changes

How will I ensure independence?

What are some strategies that you currently use to ensure that your CME activities are independent from commercial interests?

- University policy
- Organizational policy
- Savvy professionals
- Asking to review presentation
- Activity coordinator education
- Plan activity before seeking commercial funding
- Lack of commercial funding

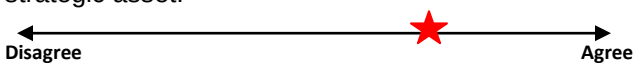
What challenges does ensuring independence present?

- Time involved reviewing all presentations
- Using outside clinician that may be unaware of intricacies of bias
- Educating speakers
- Finding good speakers without industry support

Return to Exercise 1. Self Assessment

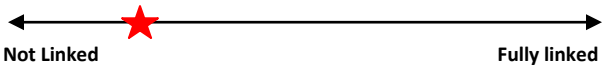
Strategies for Change and Improvement

The Profile of CME at your Institution
My organization's leadership views our CME program as a strategic asset.



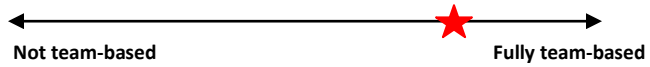
1. Always been a key importance to our department – we regularly cast our departmental mission and expectations through our grand rounds
2.
3.

Linking CME to Quality Improvement
My organization has successfully linked our CME program to Quality Improvement.



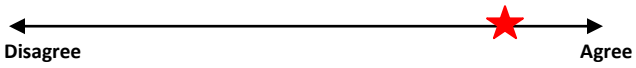
1. Poorly done at this time
2.
3.

Education for the Healthcare Team
My CME activities include education for the whole healthcare team.



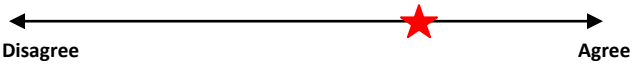
1. Always focused at whole team
2.
3.

Internal Collaboration at your organization
My CME program has a strong working relationship with other departments in my organization



1. We have always collaborated pretty well with other departments
2.
3.

Implementing Improvements to your Program
We have effective methods for identifying and implementing improvements to our CME program



1. Medical staff meeting – education line item
2. Increased online activities
3. More Pre/post test opportunities
4. Bring in nationally renowned experts to teach
5. Showcase how well and professional your documentation of CME is ("We'll keep track of your CME's")

Organizational Physician Learner Participation
My CME program has great physician learner participation at our CME activities.

1. Hindered by busyness of practice
2. Residents required to attend, faculty encouraged

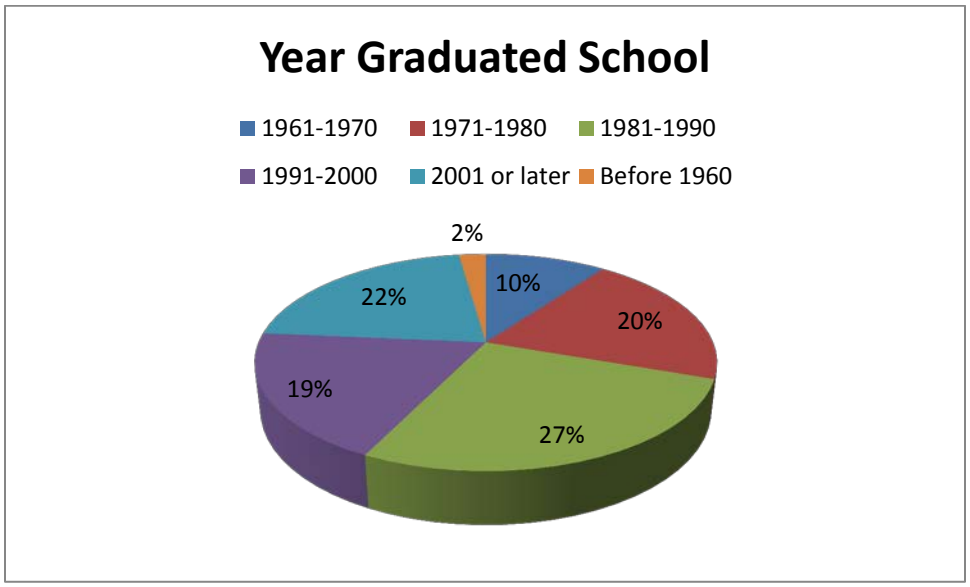
Boonshoft School of Medicine
WRIGHT STATE UNIVERSITY

2011

Program Evaluation

Karen Berkte
CME Program Coordinator
4/8/2011

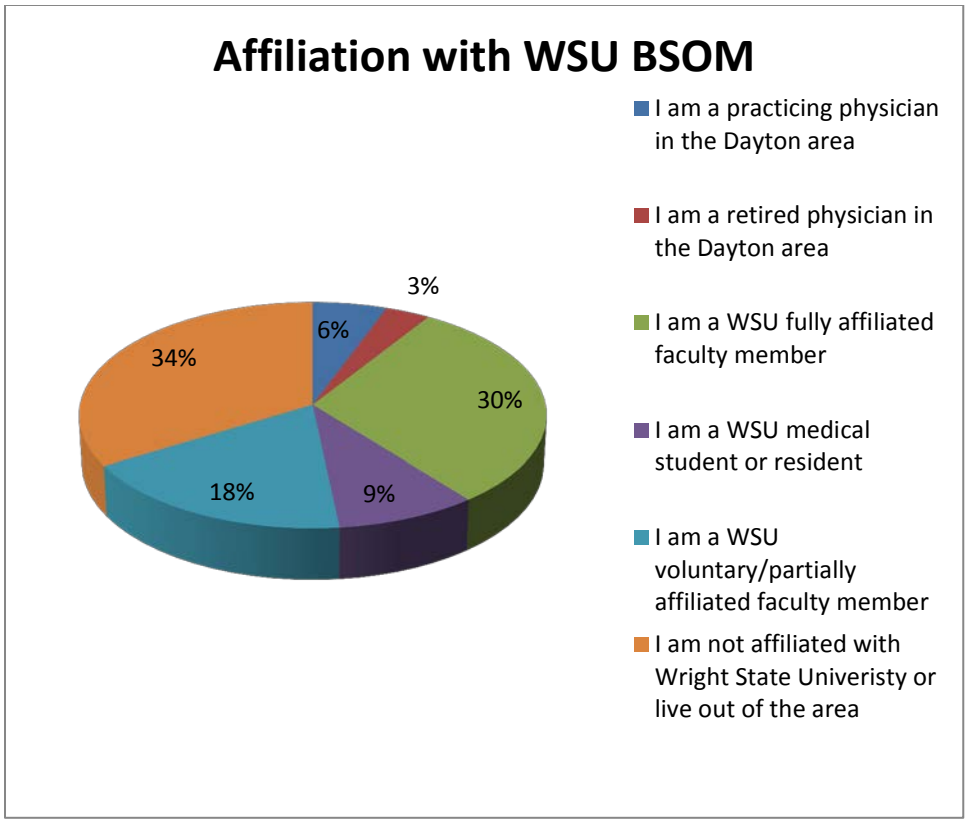
Demographics



Analysis

Through the administration of this evaluation, the CME program found that this question was asked incorrectly as it did not take into account that some respondents have not graduated medical school. They answered this question based on their last degree date (R.N., PhD., etc)

- One third of respondents indicate they graduated school over 30 years ago.
- Roughly half of the respondents indicate they graduated school between 10 and 30 years ago.
- The rest of the respondents indicate they have graduated in the past 10 years.



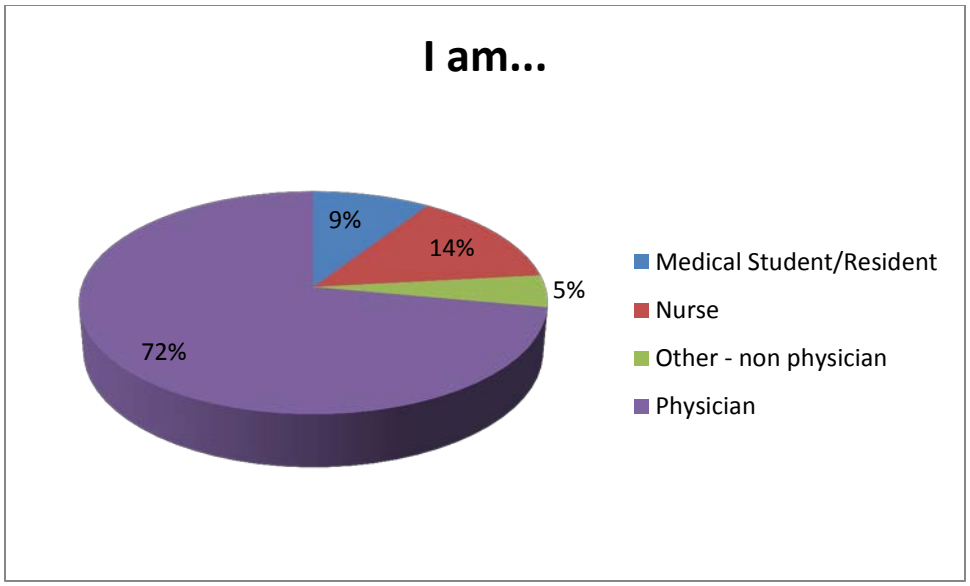
Comment

- also assistant professor with Boonshoft School of Medicine
- chief resident at base
- Graduated from Nursing school in 1984
- I am a billing supervisor for ob/gyn physicians.
- I am a graduate of WSU's School of Nursing
- I am a nurse at Dayton Children's and not affiliated with WSU.
- I am a nurse at Dayton Childrens.
- I am a Registered Nurse (see above question--I did NOT graduate from medical school, but nursing school) living in the area, not affiliated with WSU, but took this class at the hospital I work at in Dayton.
- I am not a physician. I am a nurse. I did take classes from there in 1979/80.
- I resigned as voluntary faculty and have no intention of renewing any affiliation whatsoever.
- THNAK YOU FOR THE HELP WITH CME PROGRAMS
- Work at Mvh that and we work with Wright State

Analysis

The audience we reached by sending this survey out via email addresses in the CME Database indicate that we are reaching a diverse audience.

- Almost 10% of the respondents indicate they are either in UME or GME programs
- Almost half of the respondents are faculty at the Boonshoft School of Medicine
- Over a third of the respondents are not affiliated with Wright State University and live outside the Miami Valley.
- Less than 10% of the respondents are practicing physicians in the Miami Valley.

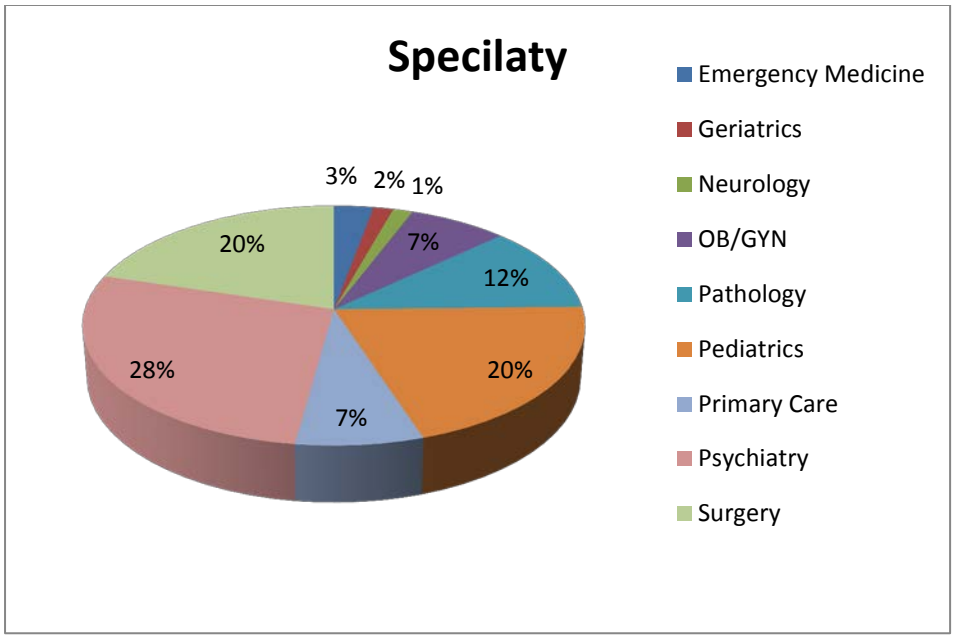


Comment

- EMS Manager
- Even though the content is geared for physicians i found that it was helpful for a nurse working in surgery
- FACMG clinical cytogeneticist - need CMEs for recertification
- I am a PhD researcher. My response to first question asking when I graduated from medical school is when I received my PhD
- Resident year 1
- THANKS

Analysis

The WSU BSOM audience is made up of primarily of physicians, residents, and medical students. This is consistent with the WSU BSOM and CME mission.



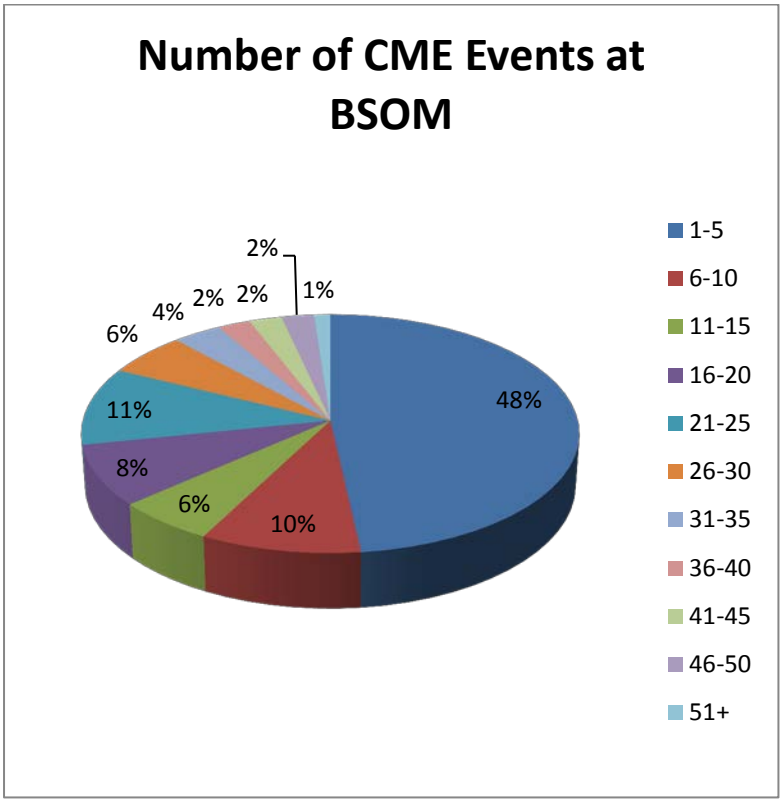
Comment

- Pediatric Radiology. I did not click a specialty because none of the listed specialties applies to me. I believe I am a member of the department of Pediatrics as well as Diagnostic Imaging, but radiologists participate in a lot of conferences and should be included on this list.
- Anesthesia
- Clinical Cytogenetics and Clinical/Medical Genetics (genetic counselor)
- Diagnostic Radiology
- Enjoyed surgery oriented classes
- Family Medicine
- Family Medicine (Wow! I can't believe you wouldn't at least put our specialty up here! Primary Care is NOT a specialty) This is an issue that I feel has declined at our school and needs to be brought to the Deans office and needs discussed. Where did our pride go as a premiere school in Family medicine? We can not even put the word on our surveys anymore. This saddens me, and you all ask why our students are not going into Family medicine! It is because they are not even being recognized by the most obvious places.
- Hemodialysis
- I am a nurse specializing in Education.
- I am a Public Health Nurse.
- I work on the Rehab unit at MVH We care for many patients. I try to incorporate all that I learn in all the conferences that I attend.
- Internal Medicine/ Medical Oncology and Palliative Medicine
- Oncology Research
- Ophthalmology
- Pediatric Endocrinology
- Pediatric Pathology is a medical specialty.
- Plastic Surgery
- Radiation Oncolofy
- Research in pediatrics and family medicine
- THANKS

Analysis

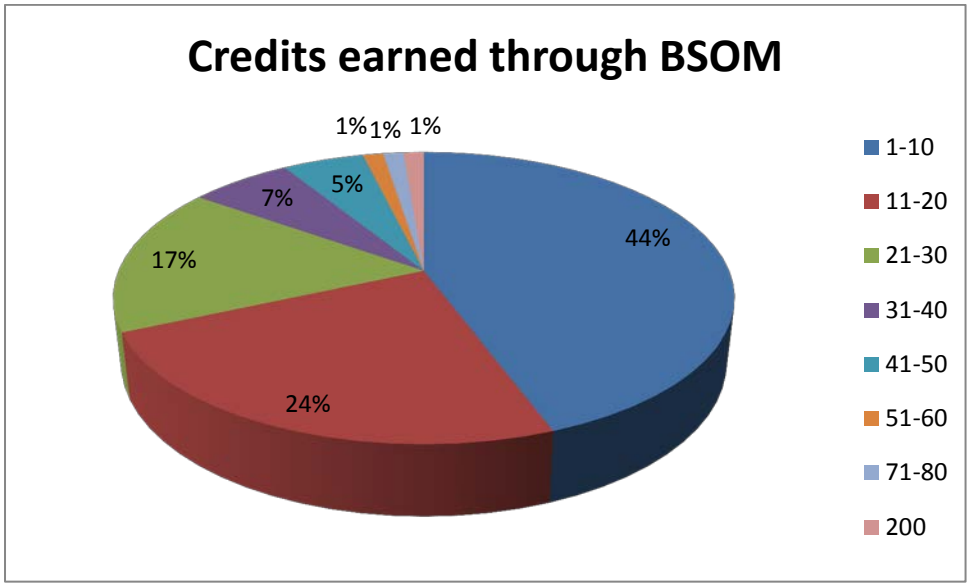
Found Error: break apart Family Medicine and Internal Medicine

CME Habits



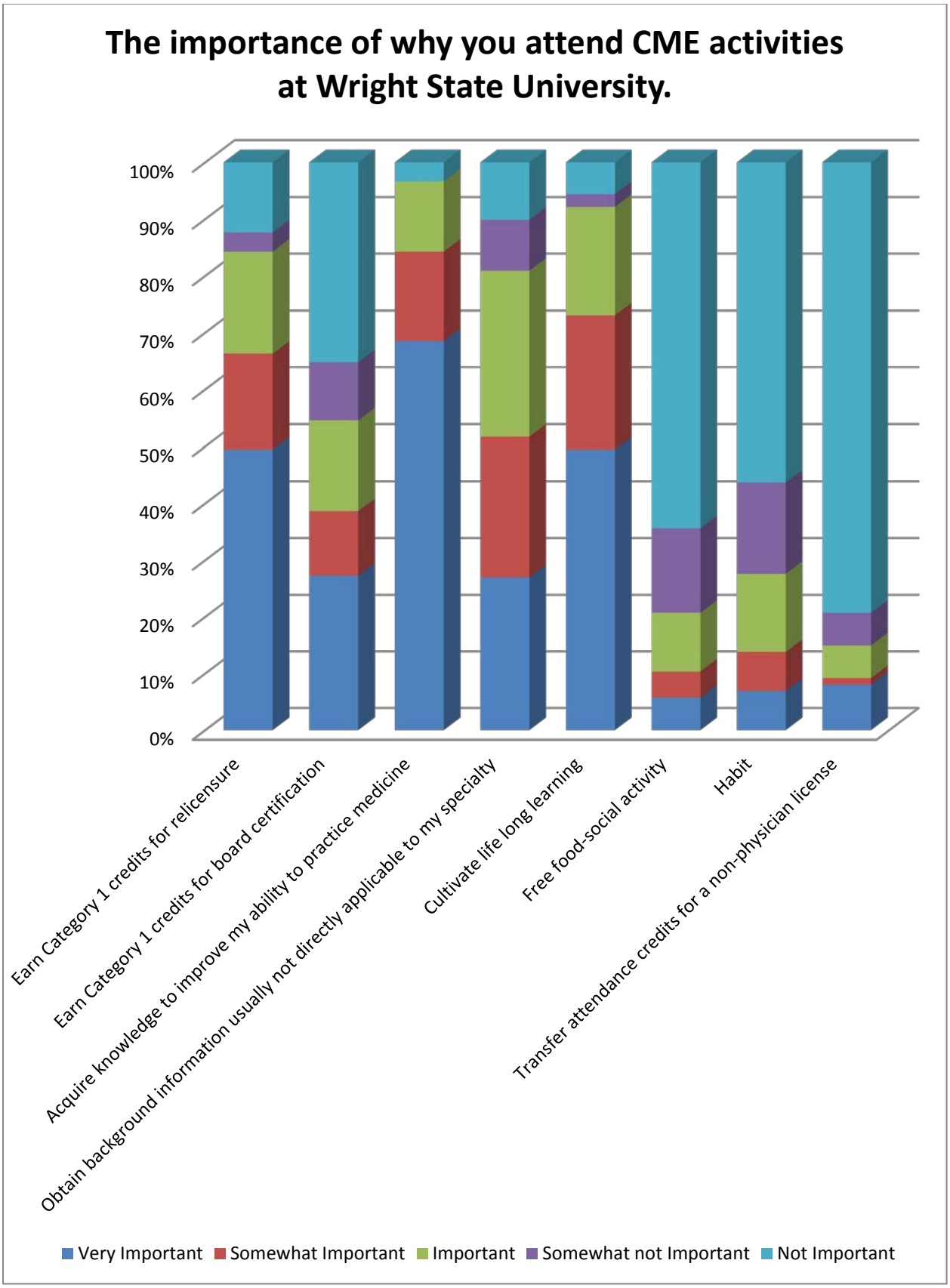
Analysis

Almost half of the respondents indicated that they have taken very few continuing education courses through BSOM CME program. An additional ten percent of the respondents have taken 10 or less continuing education courses through BSOM CME program. A quarter of the respondents have taken between 11 and 25 continuing education courses through BSOM CME. The rest (17% of respondents) have taken 25 or more continuing education courses through BSOM CME.



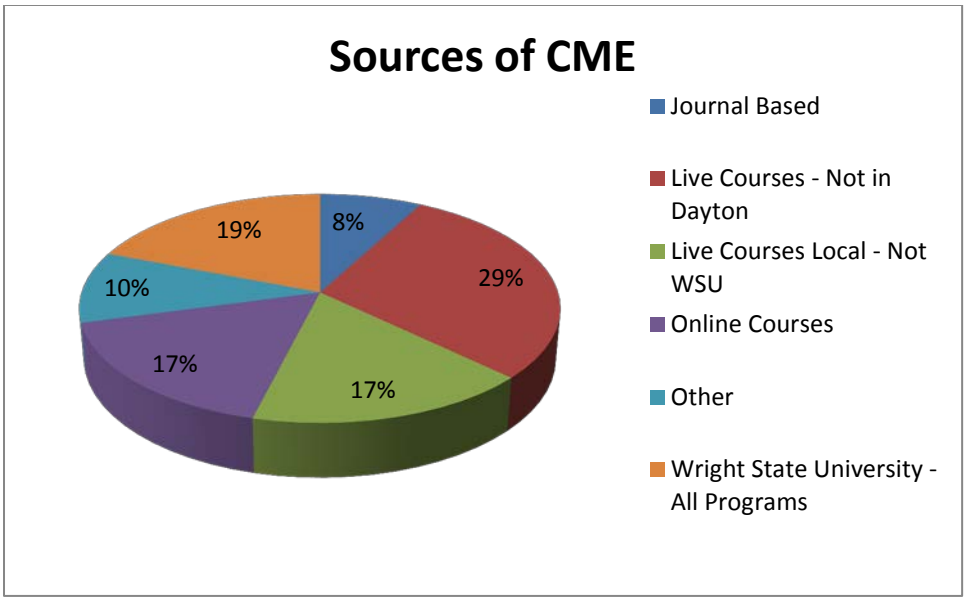
Analysis

For analysis purposes, I have not breaking apart physician and non-physician learners. The majority (almost 70%) of the respondents have earned 20 or less credits through BSOM CME.


The importance of why you attend CME activities at Wright State University.
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Earn Category 1 credits for relicensure
Earn Category 1 credits for board certification
Acquire knowledge to improve my ability to practice medicine
Obtain background information usually not directly applicable to my specialty
Cultivate life long learning
Free food-social activity
Habit
Transfer attendance credits for a non-physician license
Very Important
Somewhat Important
Important
Somewhat not Important
Not Important

Analysis

The majority of respondents indicated that it was very important to earn credits for re-licensure, improve practice, and cultivate life-long learning. Respondents also indicated it was important or somewhat important to attend CME continuing education courses to earn board certification or obtain background information not directly applicable to specialty. Very few respondents indicated reasons to attend CME courses for free food or social activity, out of habit, or transferring credits to a non-physician.

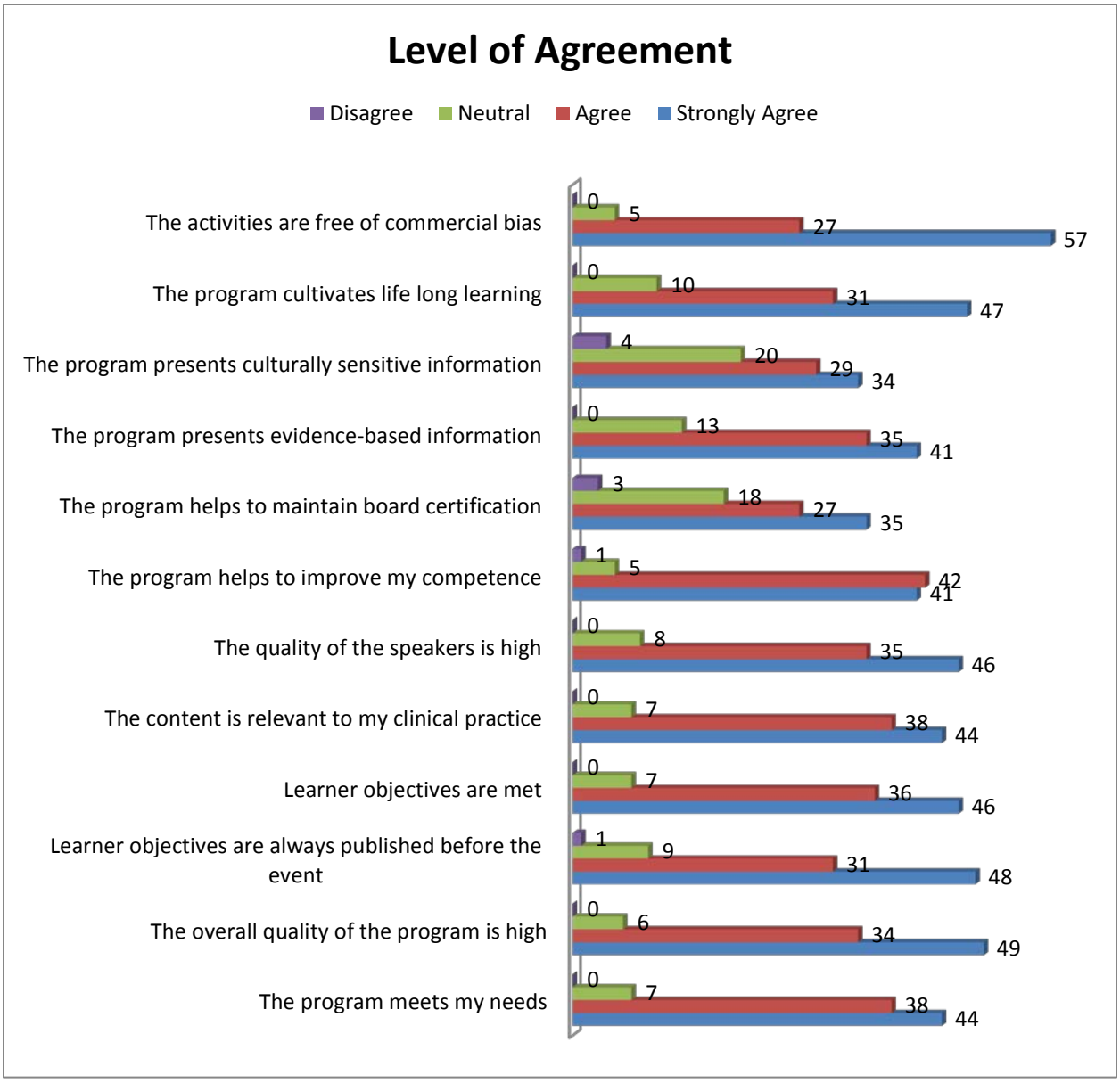


Comment

- also do home study courses
- also through attendance in meeting or conferences
- Enjoy classes and doing on line classes
- I attend many conferences that Wright State participates. I attend many conference to increase may knowledge base.
- I attend the Category 1 credit by attending the noon meetings at Good Samaritan Hospital and Kettering Hospital and I assume these are affiliated with WSU
- i dont get credit
- In the past I attended CME meetings but they deteriorated so I quit.
- N.B. Didn't allow multiple answers though you asked for "sources" plural. I regularly interact with WSU faculty, so I know what people think here. Going outside Dayton to live courses and even doing "journal based" CME provides me with different perspectives.
- Natioal Educational Conferences
- Not sure
- oafp-yearly-22 credits.-Ohio and Connecticut fp Core Content Review-60 credits
- Outside meetings
- Probably evenly divided betw WSU & live course outside Dayton but unable to caputer d/t only one choice
- Professional Meetings
- THANKS
- This is a confusing question. I do not understand all fo the answers
- WSU courses located out of Dayton

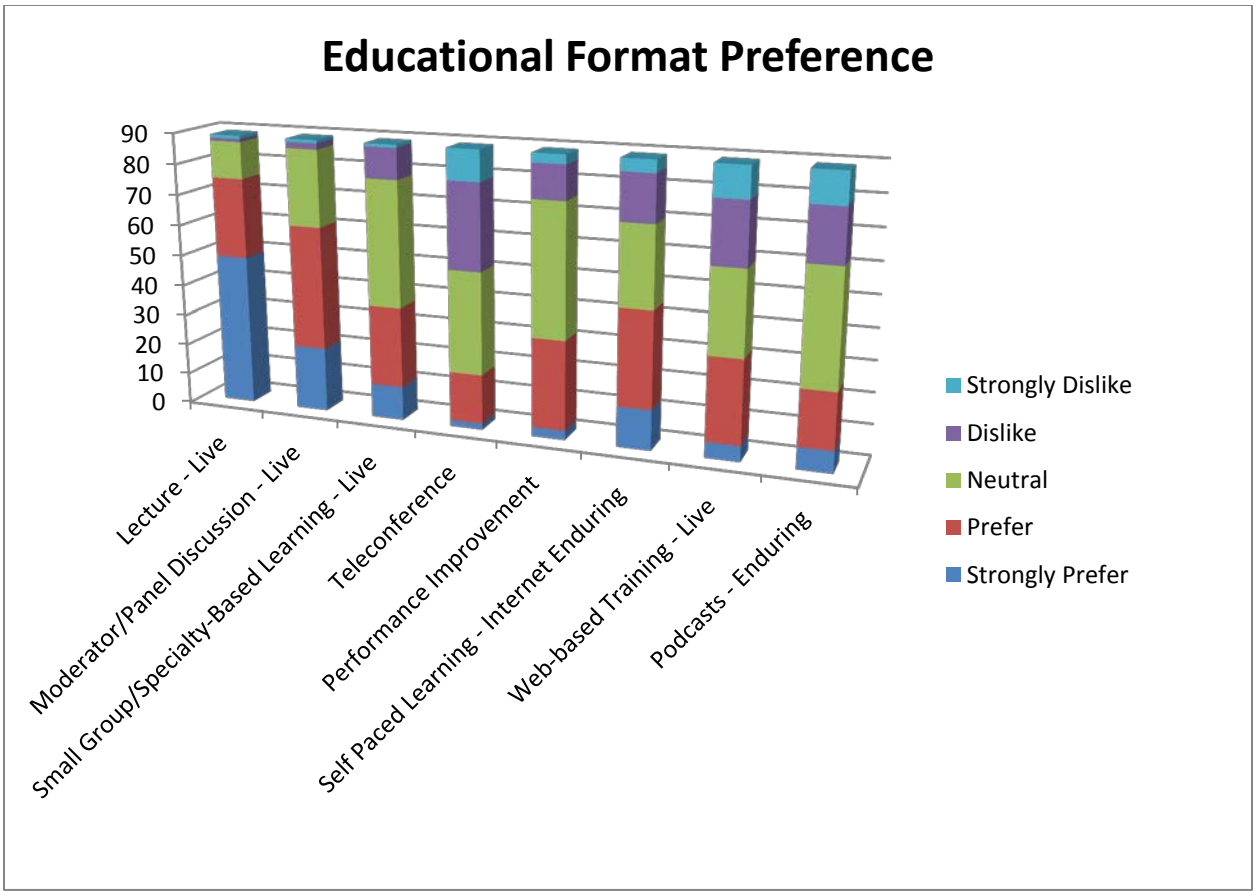
Analysis

Respondents indicated a diverse preference for course formats. Almost half of the respondents indicated that they did not get the majority of continuing education through BSOM CME. About 20% of the respondents indicate the main source of continuing education courses were from BSOM CME.



Analysis

In all categories, the majority of respondents indicated that they agree or strongly agree with the statements. A few areas of improvement are presenting material in a culturally sensitive way and providing more board certification courses. In addition we should stress evidence based programming.



Analysis

The majority of respondents indicated they prefer live events including lectures, panel discussion and small group/specialty-based learning. They also indicate that self paced internet learning is a preferred format. This format is probably preferred because the learner can access and complete the continuing education course in spare time. Teleconferences and podcasts are NOT preferred.

Please provide a specific example of how WSU CME has improved your practice in the past year:

- Though I am a biller/coder, the medical information helps give better understanding of what the physicians are doing in procedures and background to be able to better code & bill claims.
- got credit
- More specialists attend tumor board that helps discussion
- Information about leadership and faculty advancement have helped me be a better program director
- I don't really know if it has.
- Fragile X conference: new information directly applicable to one of my past patients - recontacted
- the sessions on orthopedic exams were helpful to doing thorough exams in my urgent care practice
- PLS ID related topics.
- improved clinical exam skills of the knee through orthopaedics presentation
- Update of pharmacology outside of my subspecialty
- looking at the patient's psychiatric problems related to getting a transplant
- Not sure that it did. Traditional CME activities are not what cultivates life long learning.
- teach the teacher helped tremendously
- Made contacts at conference with individuals experiences in a new area of interest.
- I am able to apply to my clinical practice the new knowledge or updates which I acquired during grand rounds presentation.
- Some of the speaker are good
- The Cardiology Conferences and the Grand Rounds at Childrens keep me current which improves my clinical skills.
- have not attended any at WSU
- Our program is always a great learning experience. The participants are always looking to improve patient care. We have made several changes to our practice because of this event
- AAPS seminar helped in decisions related EHR.
- The teaching ones in STREME gave me new ideas to try in working with medical students and residents.
- No specific answer
- assisted in the refinement of my diagnosis of bipolar disorder; learned how to conduct transference focused psychotherapy; greater appreciation for substance abuse and psychoses.
- Tumor board at Dayton VAMC
- Up to date information
- Understand periopearative management of anticoagulation better.
- Provided information to enhance my practice abilities in blood management.
- Diversity of topics all relevant to surgical practice
- program on global surgery was very interesting and opened my eyes to the need in developing countries
- Learned how to better treat depression
- Topic areas are relevant to my clinical practice. Speakers are free of commericla bias.
- The information learned about cardiac injuries from trauma allowed me to create a question for the National Board of Medical Examiners this year. Also I learned how to screen for PTSD in my patients after one of our visiting professors talks.
- I have a better understanding of the role providers can play in preventing domestic violence and protecting child safetyl
- Multidisciplinary interactions help coordinate complex care plans for these children with cancer
- M&M provides examples of things that go wrong in surgery and what to watch for.
- Advances in surgical areas in which I do not usually participate.
- Review of recommended medications for postpartum patients was useful.
- Learning how to set boundaries with patients.

- Providing education that is relevant to my practice in the hospital.
- Made aware of multiple issues surrounding organ transplant.
- I know more about what consultants need to know in my referrals.
- I'm retired
- Many of conferences that I have attended help me understand ideas and give me information that I can pass on to the patients that I care for.
- I am even more cautious about avoiding persecution by Medicare than I was before the meeting.
- weekly I take the knowledge conveyed in grand rounds to my clinical experience and apply it appropriately.
- Difficult to say
- handling of abuse cases
- I am retired and the mandatory question in my case doesn't make any sense.
- This activity was beneficial in shaping my practice format to obtain new patients.
- It gave me a better appreciation of the varying cultural background/orientation of patients.
- provide local problems trends seen in the Miami Valley i.e., infectious disease, patterns seen with cultural shifts, etc... Discussion of resources with are avaible to practitioners in the area that I would otherwise not be familiar with, i.e., the Developmental Services at Children's Hospital...
- The venom lecture was a great review of treatment guidelines, guest rheumatology lecture was very informative on a topic we don't get much exposure to.
- I work for the county jailand the county health dept. Lots of pregnant women who drink while pregnant.
- I don't know why ACCME insists on this unanswerable question.
- By understanding the requirements for maintaining my license.
- By providing new knowledge about pediatric imaging
- LEARN AND USE TO IMPROVE MY CLINICAL SKILLS AN DMANAGEMENT
- Attendance of tumor board - to improve pathology reports
- I learned about an approach to psychotherapy I had not considered before.
- used what I learned at the conference in practice
- changes in areas of patient care based on information from program.
- Relevant topic discussions pertinent to case management.
- Become aware of the impact of the healthcare laws passed on the future of private medicine.
- preparing to give CME activity has been more helpful to me in terms of review of EBM/EBP, s/t in areas which I don't practice consistently
- I do not have a specific example to share at this time.
- Learned about leadership styles and clinical teaching
- Kept me up to date on newest guidelines.
- Kept up to date with regulatory issues
- Correlation of the clinical presentation & imaging features increased sensitivity to less common aspects of some tumors.
- Visit links provided by speakers.
- It has provided ongoing education related to my medical practice.
- I attend your seminar on HIV yearly to keep up with the latest information.
- I am game for them all
- We had a great presentation on transference focused therapy that I have been able to use with patients.
- better understanding of salmonella
- Subjects presented were interesting and were about robotic surgery and the impact that it has on training the residents. Since we have gyn residents this was interesting to me.
- More knowledge about factitious disorders
- by including CME document I can use for reporting

- Migraine treatment with Topiramate. Before the conference I was using othre meds
- Teaching about multidisciplinary approaches to specific pathologies.
- treatment of mild salmonella
- Grand rounds on breast disease was very helpful.
- The value of individual private practice
- It has made me more aware of the signs of fetal alcohol syndrome and how to handle it.
- thought provoking
- In depth discussion and up-to-dated information

Continuing Medical Education Mission Statement

The Continuing Medical Education Program of the Wright State University Boonshoft School of Medicine will support and enhance the vision of the School of Medicine, to "advance new models of academic excellence and community health care."

Purpose

The purpose of the CME program is to provide ACCME-accredited continuing medical education activities to inform the generalist and specialist physicians in West Central Ohio and surrounding regions. The program will provide a mechanism by which its constituents can improve competency, maintain board certification, and cultivate lifelong learning.

Content Areas

The content of CME activities produced by the School is determined and initiated by its member clinical departments. The CME program approves the departmental CME activities based upon needs assessment data to ensure that all offerings present current, state-of-the-art information. Specific areas of emphasis include:

- State-of-the-art clinical information
- Health systems administration
- Public health issues
- Educational methodology
- Professionalism in medicine
- Cultural proficiency

Target Audience

The primary target audience of the CME activities conducted by the School of Medicine is the generalist and specialist physicians in Southwest Ohio. The program serves community physicians, volunteer clinical faculty, and academic clinicians affiliated with the School. The program will also actively seek to broaden its audience through developing affiliations with CME providers throughout the state of Ohio and on the national level.

Types of Activities

The core activities presented by the CME program are live conferences and regularly scheduled grand rounds. The program actively encourages member departments to develop enduring materials as an evolving tool for continuing education. The program is committed to exploring the development of its capacity to expand resources in other educational techniques, including Web-based activities and point-of-care technologies.

Expected Results

As a result of participation in the Wright State University Continuing Medical Education program, practicing clinicians will:

- Improve competency;
- Maintain specialty board certification; and
- Cultivate lifelong learning.

These objectives will be achieved in a setting which is evidence-based, culturally sensitive, and free of commercial bias.

The CME office is committed to the practice of continuing program improvement. The office will actively explore new educational technologies, develop collaborative relationships with other CME providers, and seek to build the capacity to evaluate competency-based outcomes among the clinicians we serve.

Conclusion: Based on the responses to the survey our diverse audience is made up of physicians, medical students, medical residents, nurses, and others. Our physician audience is made up of generalist and specialists. The majority of the audience (66%) is within the Dayton area with 57% of the audience affiliated with the Boonshoft School of Medicine

The audience prefers live lectures and discussions. Live teleconferences and webinars do not seem to be preferred. If an activity is offered online, it should be self-paced. Performance improvement activates are preferred, but not the first choice for most learners. After discussing the results with a GME associate, podcasts are considered more for entertainment and most people do not intently listen to podcasts.

The majority of the audience takes (and uses) our courses for re-licensure, board certification, improving practice, and cultivating light long learning. When asked if the program helps maintain board certification, 62% answered "agree" or "strongly agree." When asked about improving competency, 83% answered "agree" or "strongly agree." When asked about cultivating live long learning, 77% answered "agree" or "strongly agree."

Boonshoft School of Medicine
WRIGHT STATE UNIVERSITY

2012

Program Evaluation

Karen Berkte
CME Program Coordinator
10/17/2012

My Report

Last Modified: 10/02/2012

1. *I graduated from medical school

#	Answer	Bar	Response	%
1	Before 1960		5	3%
2	1961-1970		9	5%
3	1971-1980		30	15%
4	1981-1990		34	17%
5	1991-2000		22	11%
6	2001-2010		25	13%
7	2011 or later		1	1%
8	I have not graduated medical school		73	37%
	Total		199	

Statistic	Value
Min Value	1
Max Value	8
Mean	5.53
Variance	4.78
Standard Deviation	2.19
Total Responses	199

2. *I am affiliated with Wright State University (check all that apply)

#	Answer	Bar	Response	%
1	I am a WSU medical student or resident		6	3%
2	I am a WSU fully affiliated faculty member		54	27%
3	I am a WSU voluntary/partially affiliated faculty member		30	15%
4	I am on staff at Miami Valley Hospital		43	22%
5	I am on staff at Good Samaritan Hospital		18	9%
6	I am on staff at Atrium Medical Center		4	2%
7	I am on staff at Upper Valley Medical Center		5	3%
8	I am on staff at Kettering Health Network (KMC, Sycamore, GMH, Grandview, etc) facility		18	9%
9	I am on staff at Children's Medical Center		40	20%
10	I am on staff at Springfield Regional Medical Center		3	2%
11	I am on staff at Dayton VAMC		26	13%
12	I am a practicing physician in the Dayton area (not described above)		11	6%
13	I am not affiliated with Wright State University or live out of the area		43	22%
14	I am not a healthcare professional		2	1%

Statistic	Value
Min Value	1
Max Value	14
Total Responses	199

3. *I am...

#	Answer	Bar	Response	%
1	Medical Student/Resident		7	4%
2	Physician		114	57%
3	Nurse		38	19%
4	Allied Health		10	5%
5	Other: describe below		30	15%
	Total		199	

Statistic	Value
Min Value	1
Max Value	5
Mean	2.71
Variance	1.29
Standard Deviation	1.14
Total Responses	199

4. Comments:

Text Response
Ultrasound Technologist
Paramedic and EMS Instructor
Vocational Rehabilitation Specialist, Research Committee
Emergency Manager
Medical Social Worker, MSW, LSW
Psychologist
none
Physician Assistant
PA
I would like to receive notices of grand rounds topics and other CME occurring at MVH.
Residency Office Coordinator/Coder
dietitian
Psychologist
nurse practitioner
The AAPS program was excellent in every way, but the evaluations were excessive and a total waste of time. I did not understand the evaluation questions and found them totally useless. I do not understand why Category I CME has to be so complicated.
RN
I am a Licensed Massage Therapist employeed by the Hospice of Dayton working at COD as a community outreach program.
I am a Physician Assistant
! am aretred facuty(Professor emeritus)deptoffamily medicne;WSU
Physician Assistant
CME Coordinator at MVH
PACS support
emt-p
Health Center Manager
Grand rounds at CMC are very informative and of practical value
EMT basic
Am an LPN but currently working as Nursing Assistant in the hospice unit of VA
Nurse practitioner
Director of Operations
Paramedic. I work for WSU-NCMR at Calamityville.
Nurse practitioner
hospital iv rm inpt. pharmacist (Pharm.D.)
MPH faculty
Respiratory Therapist
Pediatric Nurse Practitioner
Expanded Functions Dental Assistant
volunteer for InfraGard, an information sharing org sponsored by the FBI

Statistic	Value
Total Responses	37

5. *What is your medical specialty? (check all that apply)

#	Answer	Bar	Response	%
1	Anesthesia		3	2%
2	Dermatology		1	1%
3	Emergency Medicine		7	4%
4	Family Medicine		24	12%
5	Geriatrics		7	4%
6	Internal Medicine		21	11%
7	Internal Medicine sub-specialty		6	3%
8	Neurology		3	2%
9	Obstetrics/Gynecology		15	8%
10	Pathology		6	3%
11	Pediatrics		38	19%
12	Psychiatry		13	7%
13	Public Health		3	2%
14	Radiology		8	4%
15	Surgery		17	9%
16	Other: describe below		54	27%

Statistic	Value
Min Value	1
Max Value	16
Total Responses	199

6. My specialty is not described above...

Text Response
NUrsing education
Cancer Registrar in Oncology
Voc rehab
Veteran Womens' Health Clinic
Emergency Support Function #8
Family and Individual counseling, discharge planning, HIV medical case management, Oncology case management;
Physical Therapy pain management
Geriatrics
Clinical Psychology
Hematology Oncology
retired family practice,working full time in urgent care and doing aviation medicine
Microbiology
Urology
oncology clinical research
Aerospace Medicine
palliative care
Neurological surgery
orthopaedic surgery
genetics
Age Management Physician
none
Clinical Psychology
Pediatric Cardiology
Outpatient clinic - primary care
Adult health
pediatric neurosurgery nurse practitioner
discharge planning nurse
social work
orthopedic surgery
I am Compliance and Quality Officer
Skilled, Short and Long Term Rehabilatation
OH Licensed Massage Therapist
Pediatric Hematology Oncology
Orthopedics
Cardiology
Ophthalmology
Subspecialty: Trauma/Surgical Critical Care/Emergency General Surgery
Gynecologic Oncology
Work in outpatient setting in internal med, orthopedics and general surgery.
PRIMARY CARE NURSE IN A CLINIC
primary care / women's heath
N/A
None
critical care nurse
perinatal health - birth and breastfeeding
ID
Pediatric hematology oncology
Pediatric Pathology
Orthopaedics
Transfusion Medicine
pre-hospital care
Women's Health

Specifically, Preventive Medicine
hem/onc & i.d., & critical care
not a physician
critical care
Pulmonary/Respiratory Care. Manage the pulmonary diagnostic lab and health advocacy programs. On the Childhood Overeight and Obesity TaskForce
Gastroenterology
Dental
Cardiology
I'm also board certified and work in palliative and hospice medicine and integrative holistic medicine
none
Neurointerventional

Statistic	Value
Total Responses	63

7. *Estimated # of credits earned through WSU?

Text Response
as
s
14
16
3.5
?
18
unsure
40
0
35 / year
5
50-100+
8
3
??
6
9
1-5
five
~ 25
0
4
4
I do not know
10
too long ago....nor sure
20
6
Relatively few until WSU took over CME programs from MVH and GSH
15
5
BS from WSU in 1975
32-35
don't know
6
5
5 CME
12
3 hrs
6
30-40
10
2
20
3
17
unknown
4-5 per month
40
30 per year
10

20
2
24 CMEs yearly
3
14
9.5
16-20 / year
15
20
2%
20
3
1
10
5
0
4
10
~75
75
30
50/year
13
10
15
0
0
5-6
30-35/year
none
6?
?
6
20-25 hours/year
50
20
I do not know.
25
unknown
3 per year
13 hours
not sure
12
unsure
7
2-3 per year
4
0
This table has more than 100 rows. Click here to view all responses

Statistic	Value
Total Responses	199

*Estimated # of credits earned through WSU?
0
0
0
0
0
0
0
0
0
0
0
0
0
2%
1
1
1
1
1
2
2
2
2
2
2
2
3
3
3
3
3
3
3.5
3.5
4
4
4
4
4
5
5
5
5
5
5
5

*Estimated # of credits earned through WSU?
6
6
6
6
6
6
6
6
6
6
6
7
7
7.5
8
9
9.5
10
10
10
10
10
10
10
12
12
12.5
13
14
14
14
15
15
15
15
15
15
16
17
18
18
20
20
20
20
20

*Estimated # of credits earned through WSU?
20
20
20
20
23
25
25
25
30
30
30
40
40
40
40
40
45
50
50
50
50
55
75
8 hours
I do not know.
?
?
?
?
?
? don't care. I do separate CE's thru Pharmacist accredited programs.
??
~ 25
~75
13 hours
15 credits
15/yr
15-20. There are many conferences in which I have participated which are not reflected in the list emailed to me.
16-20 / year
2 hours/month on average
20 hours including the ones mentioned / 8/29/11 - M&M / 10/24/11 - Dayton VAMC Tumore board / 11/07/11 - VA Basic Life Support update / 11/21/11 - City-Wide Medical Educations Evaluation Workshop / 4/25/12 - Leading with Emotional Intelligence / 11/11 - 9/12 - All bimonthly Tumor boards except 2 /
20 or more
20-25 hours/year
2-3 per year

*Estimated # of credits earned through WSU?
24 CMEs yearly
3 hrs
3 per year
30 per year
30-35 CME hours per year
30-35/year
30-40
32-35
35 / year
36-graduate school
4-5 per month
45-50
5 CME
50/year
50+
50-100+
6 Credit Hours
6?
80 credits/yr CME 1
Approxiamtely 50 credits per year
At least 56, every one of them worth more than most CME.
attended sessions, but did not seek (or need) CME credits
BS from WSU in 1975
BSN
Can't remember.
credit for BLS and ACLS
don't know
don't know
five
Four years of med school
Genetics / 20
I am not sure
i am not sure /
I do not know
I have been employed with DCMC for 11 years - i have attended Grand Rounds for many years!
more than those on my record
na
no idea
none
NONE
None
none
None, I graduated from Kettering College of Medical Arts, Physician Assistant Program 1987.
not sure
not sure
Not sure

*Estimated # of credits earned through WSU?
one
Relatively few until WSU took over CME programs from MVH and GSH
too long ago....nor sure
unknown
unknown
Unknown
unsure
unsure
unsure
Zero
Zero

8. *Please rank the importance of why you attend CME activities at Wright State University

#	Question	Extremely Important	Very Important	Neither Important nor Unimportant	Very Unimportant	Not at all Important		Mean
1	Improve patient care skills competence	78	56	8	0	3	145	1.58
2	Enhance performance measures in patient care	59	60	20	2	4	145	1.84
3	Increase patient care outcomes	79	54	9	1	2	145	1.57
4	Continue commitment to life long learning	96	43	5	0	1	145	1.39
5	Maintain culture of professionalism in practice	83	50	9	1	2	145	1.54

Statistic	Improve patient care skills competence	Enhance performance measures in patient care	Increase patient care outcomes	Continue commitment to life long learning	Maintain culture of professionalism in practice
Min Value	1	1	1	1	1
Max Value	5	5	5	5	5
Mean	1.58	1.84	1.57	1.39	1.54
Variance	0.61	0.83	0.58	0.39	0.58
Standard Deviation	0.78	0.91	0.76	0.63	0.76
Total Responses	145	145	145	145	145

9. *What are your usual sources for Category 1 Credit? (Check all that apply)

#	Answer	Bar	Response	%
1	WSU - Grand Rounds and Case Conferences		64	44%
2	WSU live activities (symposiums, annual events, etc.)		26	18%
3	WSU joint sponsored Grand Rounds and Case Conferences		19	13%
4	WSU joint sponsored live activities (symposiums, annual events, etc.)		25	17%
5	Local live courses (not WSU)		40	28%
6	Live courses - not in Dayton		63	43%
7	Online Courses		58	40%
8	Journal Based		44	30%
9	Point of Care		8	6%
10	Self Study		60	41%

Statistic	Value
Min Value	1
Max Value	10
Total Responses	145

10. *Please rate the items with level of agreement

#	Question	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree		Mean
1	The program meets my needs	77	63	4	0	1	145	1.52
2	The overall quality of the program is high	78	59	6	1	1	145	1.54
3	Learner objectives are met	78	60	6	0	1	145	1.52
4	The content is relevant to my clinical practice	68	64	10	2	1	145	1.65
5	The quality of speakers is high	72	64	6	1	2	145	1.60
6	The program helps to improve my competence	70	65	8	1	1	145	1.61
7	The program presents evidence-based information	68	69	6	1	1	145	1.61
8	The program presents culturally sensitive information	52	63	25	4	1	145	1.89
9	The program cultivates life long learning	79	55	10	0	1	145	1.54
10	The activities are free of commercial bias	89	51	4	0	1	145	1.43

Statistic	The program meets my needs	The overall quality of the program is high	Learner objectives are met	The content is relevant to my clinical practice	The quality of speakers is high	The program helps to improve my competence	The program presents evidence-based information	The program presents culturally sensitive information	The program cultivates life long learning	The activities are free of commercial bias
Min Value	1	1	1	1	1	1	1	1	1	1
Max Value	5	5	5	5	5	5	5	5	5	5
Mean	1.52	1.54	1.52	1.65	1.60	1.61	1.61	1.89	1.54	1.43
Variance	0.39	0.46	0.42	0.54	0.53	0.48	0.45	0.70	0.47	0.39
Standard Deviation	0.62	0.68	0.65	0.73	0.73	0.69	0.67	0.83	0.69	0.62
Total Responses	145	145	145	145	145	145	145	145	145	145

11. *Which educational format do you prefer

#	Question	Strongly Like	Like	Neither like nor dislike	Dislike	Strongly Dislike		Mean
1	Lecture- Live	81	53	5	4	2	145	1.57
2	Moderator/Panel Discussion - Live	43	78	18	3	3	145	1.93
3	Small Group/Specialty-Based Learning - Live	41	51	42	8	3	145	2.18
4	Teleconference	6	40	63	29	7	145	2.94
5	Performance Improvement	15	65	56	3	6	145	2.45
6	Self Paced Learning - Internet Enduring	32	59	37	16	1	145	2.28
7	Web-based Training - Live	17	49	52	24	3	145	2.63
8	Podcasts - Enduring	10	34	69	27	5	145	2.88

Statistic	Lecture- Live	Moderator/Panel Discussion - Live	Small Group/Specialty- Based Learning - Live	Teleconference	Performance Improvement	Self Paced Learning - Internet Enduring	Web-based Training - Live	Podcasts - Enduring
Min Value	1	1	1	1	1	1	1	1
Max Value	5	5	5	5	5	5	5	5
Mean	1.57	1.93	2.18	2.94	2.45	2.28	2.63	2.88
Variance	0.65	0.69	0.95	0.84	0.75	0.91	0.93	0.83
Standard Deviation	0.81	0.83	0.98	0.91	0.87	0.95	0.96	0.91
Total Responses	145	145	145	145	145	145	145	145

12. *Based on your participation in WSU CME activities....

#	Question	Agree	Neither Agree nor Disagree	Disagree		Mean
1	I have improved my competence	121	23	1	145	1.17
2	I have enhanced professional performance	118	26	1	145	1.19
3	I have increased patient outcomes	100	42	3	145	1.33

Statistic	I have improved my competence	I have enhanced professional performance	I have increased patient outcomes
Min Value	1	1	1
Max Value	3	3	3
Mean	1.17	1.19	1.33
Variance	0.16	0.17	0.26
Standard Deviation	0.40	0.41	0.51
Total Responses	145	145	145

13. *Please provide a specific example of how WSU CME has improved your competence in the past year:

Text Response
asd
dadasdas
New information
Enhanced communication skills provide opportunities to improve all communication interactions with co-workers and patients.
I maintained my required BLS certoification, for lifesaving skills.
I believe medical licensing boards should be eliminated as they are all corrupt and cannot be otherwise.
Provided updated clinical practice guidlines on medical managment
Stay upto date on current tx regimes for Ca patients
I am able to find out the outcomes of interesting cases.
unknown
More sensitivity to diagnostic entities
applied principles of whole person care in practice
Increased competence in relation to basic support - also new data related to compressions and breaths (if needed at all).
treating ear infections in pediatrics
headache evaluation more complete
I have the knowledge to direct our patients to the right sources in order to keep up with their health care issues.
the Pediatric Forum articles added to my knowledge base.
communication skills
I have greater operational knowledge and understanding of emergency response medical field services.
Programs Help me to understand Perinatal concepst more deeply, i.e., Anatomy & physiology
Found the audience participation presentations helping to assess my current level, it also engages me more.
Reminding staff how important it is to listen thoroughly to patients and not make them feel bad about non adherence issues. To work on resolutions.
No chnage
N/A
Provided me with BLS update
Tumor board has made me more knowledgeable about different cancers which enables me to teach patients about there cancers and therapies
As a retired school nurse, I feel that these symposiums help me remain current in sports-related & pediatric issues
increased knowledge in different areas of medicine translated in ordering specific tests to diagnoses certain conditions (eq. ABPA: IgE, Aspergillus Antbdoies, CF genotype-_>CF dx
in the last two years I have gone to the pediatric orthopedic meeting and this has made me more acquaied with pediatric problems which I see in urgent care
It's really not applicable. See above, I cant tell you how I have improved because I dont think the WSU CME has been the reason for it.
Increased compliance with surgical performance measures
No
very little relates to my specialty
I have learned more about different kinds of cancer and treatments available
Better understanding of patient management with certain conditions
better attention to whole patient
better understanding of NCCN guidelines
Unsure
better understanding of iron deficiency
learned some thing new
Improved brief psychotherapy skill with college students
EFM
recent orthopedic lectures are very practical
Helping the ObGyn. Residents at the MVH Clinic Patients care.
better tx of ha's
Cardiac cath conference helps with case selection.
better decision making about triage & pt referral
learning more about stroke
I learn about how I can answer clinical questions that involve newer standards of care....immunology tests.
Easy example is that is started using topiramate for chroic headaches after hearing a grand rounds lecture at Dayton Children's.
continued to improve care in geriatric population

Unknown specific example
Recognizing dermatological disorders of he vulva more accurately
Given me up to date information on patient management.
x
Better communication between first responders and the ER
evaluation and management of patients based on the current evidence based performances
Improved understanding of the borderline CF cases
Recognizing and managing skin infections
No current practice
New information on EBM for LTC
I like having a community of liked minded individuals to meet with once per year
provided peds ortho knowledge and neuro stroke info that was applied to patient care.
better tools for practice
New information about treatments
It helped me understand the local susceptibilities of MRSA in the Dayton/Springfield area. By achieving this, I feel much more comfortable giving trimethoprim/sulfamethoxazole for patients who need antibiotics versus the less-well-tolerated clindamycin.
Diagnosic Education helps improve accuracy
Orthopedic Surgical Emergies were discussed
Care of nursing facility residents, especially people with dementia.
care of critically ill/patients with ingestions
Visiting professors at GR.
Educated me on identifying newborn feeding disorders because of tongue anomalies
Improved psychotherapy skills
i better understand how negatively a government mandated healthcare affects the patient physician relationship in the present medical practice environment.
increased my awareness and concern for pulmonary embolism - especially in hospitalized patients.
Increased awareness of serotonon syndrome
I thought the course was good.
Taught me more about PACT
N/A
better discussion of obesoty issues with patients
This was my first WSU CME it was really informative but I have not had any of these patients since this CE
Ongoing learning of the great variety of lectures.
cpr courses
I don't know.
Have a chance to discuss individual patients and best choose options to help them.
Wide range of topics beneficial
learn new knowledge thru cinference
Assists with clinical practice.
Improved use of a variety of evaluation and feedback techniques for residents/students.
Brought our Women's Team closer together and taught useful skills in dealing with women's emotions and health issues
researching and apply evidence based medicine to trasfusion medicine. Improving knowledge in tissue banking.
understanding relationship of obesity to sleep disturbance as well as orthopedic probelms
provided a clear perspective
increased understanding of disease process
given me a better depth of knowledge to treat women patients
improved knowledge of management of CNS tumors
Has helped me to see different perspectives of health care... patient, parent and health care worker related perspectives.
cant think of 1 right now
I make sure all temps on infants are rectal. I make sure to ask about chemotherapy and check blood counts on febrile children.
This table has more than 100 rows. Click here to view all responses

Statistic	Value
Total Responses	145

*Please provide a specific example of how WSU CME has improved your competence in the past year:
New information
Enhanced communication skills provide opportunities to improve all communication interactions with co-workers and patients.
I maintained my required BLS certoification, for lifesaving skills.
I believe medical licensing boards should be eliminated as they are all corrupt and cannot be otherwise.
Provided updated clinical practice guidlines on medical managment
Stay upto date on current tx regimes for Ca patients
I am able to find out the outcomes of interesting cases.
unknown
More sensitivity to diagnostic entities
applied principles of whole person care in practice
Increased competence in relation to basic support - also new data related to compressions and breaths (if needed at all).
treating ear infections in pediatrics
headache evaluation more complete
I have the knowledge to direct our patients to the right sources in order to keep up with their health care issues.
the Pediatric Forum articles added to my knowledge base.
communication skills
I have greater operational knowledge and understanding of emergency response medical field services.
Programs Help me to understand Perinatal concepst more deeply, i.e., Anatomy & physiology
Found the audience participation presentations helping to assess my current level, it also engages me more.
Reminding staff how important it is to listen thoroughly to patients and not make them feel bad about non adherence issues. To work on resolutions.
No chnage
N/A
Provided me with BLS update
Tumor board has made me more knowledgeable about different cancers which enables me to teach patients about there cancers and therapies
As a retired school nurse, I feel that these symposiums help me remain current in sports-related & pediatric issues
increased knowledge in different areas of medicine translated in ordering specific tests to diagnoses certain conditions (eq. ABPA: IgE, Aspergillus Antbdoies, CF genotype-_>CF dx
in the last two years I have gone to the pediatric orthopedic meeting and this has made me more acquaied with pediatric problems which I see in urgent care
It's really not applicable. See above, I cant tell you how I have improved because I dont think the WSU CME has been the reason for it.
Increased compliance with surgical performance measures
No
very little relates to my specialty
I have learned more about different kinds of cancer and treatments available
Better understanding of patient management with certain conditions
better attention to whole patient
better understanding of NCCN guidelines
Unsure
better understanding of iron deficiency

*Please provide a specific example of how WSU CME has improved your competence in the past year:
learned some thing new
Improved brief psychotherapy skill with college students
EFM
recent orthopedic lectures are very practical
Helping the ObGyn. Residents at the MVH Clinic Patients care.
better tx of ha's
Cardiac cath conference helps with case selection.
better decision making about triage & pt referral
learning more about stroke
I learn about how I can answer clinical questions that involve newer standards of care....immunology tests.
Easy example is that is started using topiramate for chroic headaches after hearing a grand rounds lecture at Dayton Children's.
continued to improve care in geriatric population
Unknown specific example
Recognizing dermatological disorders of he vulva more accurately
Given me up to date information on patient management.
x
Better communication between first responders and the ER
evaluation and management of patients based on the current evidence based performances
Improved understanding of the borderline CF cases
Recognizing and managing skin infections
No current practice
New information on EBM for LTC
I like having a community of liked minded individuals to meet with once per year
provided peds ortho knowledge and neuro stroke info that was applied to patient care.
better tools for practice
New information about treatments
It helped me understand the local susceptibilities of MRSA in the Dayton/Springfield area. By achieving this, I feel much more comfortable giving trimethoprim/sulfamethoxazole for patients who need antibiotics versus the less-well-tolerated clindamycin.
Diagnosic Education helps improve accuracy
Orthopedic Surgical Emergies were discussed
Care of nursing facility residents, especially people with dementia.
care of critically ill/patients with ingestions
Visiting professors at GR.
Educated me on identifying newborn feeding disorders because of tongue anomalies
Improved psychotherapy skills
i better understand how negatively a government mandated healthcare affects the patient physician relationship in the present medical practice environment.
increased my awareness and concern for pulmonary embolism - especially in hospitalized patients.
Increased awareness of serotonon syndrome
I thought the course was good.
Taught me more about PACT
N/A
better discussion of obesoty issues with patients
This was my first WSU CME it was really informative but I have not had any of these patients since this CE

*Please provide a specific example of how WSU CME has improved your competence in the past year:
Ongoing learning of the great variety of lectures.
cpr courses
I don't know.
Have a chance to discuss individual patients and best choose options to help them.
Wide range of topics beneficial
learn new knowledge thru cinference
Assists with clinical practice.
Improved use of a variety of evaluation and feedback techniques for residents/students.
Brought our Women's Team closer together and taught useful skills in dealing with women's emotions and health issues
researching and apply evidence based medicine to trasfusion medicine. / Improving knowledge in tissue banking.
understanding relationship of obesity to sleep disturbance as well as orthopedic probelms
provided a clear perspective
increased understanding of disease process
given me a better depth of knowledge to treat women patients
improved knowledge of management of CNS tumors
Has helped me to see different perspectives of health care... patient, parent and health care worker related perspectives.
cant think of 1 right now
I make sure all temps on infants are rectal. I make sure to ask about chemotherapy and check blood counts on febrile children.
More confident and can approach tough case scenerios better / Using better teaching strategies
I like attending the tumor board conference
Interdepartmental case reviews (tumor board) hearing clinical impact/treatrment based upon pathologic diagnoses.
knowledge of how to improve communication skills with patients via standardized patient training
Better treatment of UTIs
Understanding the initial treatment of PF
improving knowledge
n/a
Through practice related education program
By participation in the Medical Staff Quality Committee, it has given me insight into how we can improve on both a system and individual levels.
None since have not participated in any emergency event in our Unit.
WSU has not done anything to improve my competence. The lectures were very helpful, but the question of how competence was improved and the waste of my time in responding to it is ridiculous. I'm not even sure I understand the question
training specific needs
I have taken many key points and incorporated them into my nursing career
Anytime that I can increase my learning, I have have more tools and information to help my patients.
Discussion of cases at tumor board helps manage patients I encounter with similar problems
Improved knowledge/awareness of new of brain death criteria in children.
I have learned more about certain medications and how they affect the surgical patient.
Topics are current
Added knowledge on what conditions delay surgery, and how I can prevent delays in care.

*Please provide a specific example of how WSU CME has improved your competence in the past year:
n/a
Discussion of recent management of diverticulosis
cannot specify
Improved relationships with collegues. Medicine/Spirituality course sparked my interest in mindfulness programs on campus and improved my ability to discuss these practices with patients.
attending WSU surgery grand rounds, I became more aware of and informed about current surgical therapy
can not recall
I do not recall much detail of the specific CME to be able to give an example.
Competence in research
N/A
i learned different ways to interview pt.
Faculty developement programs have improved my effectiveness as a teacher.
I have used the open ended questions to allow the patients to open up about their problems

14. Please provide a specific example of how WSU CME has enhanced your professional performance in the past year:

Text Response
asd
Better patient care
See above.
Maintain my CEU's for certification
referral for management of obesity in children
learning from other specialities
I have been able to teach better our veteran community base patients and apply to myself important aspects related to personal health and wellbeen.
patient specific private care
NA
in all ways, with Nurse /MD communication, and in understanding diagnosis & care protocols
Speaking to patients in a kind and pleasant manner. Making patients feel important.
No change
Provided me with BLS update
Recognizing when a sports injury needed further medical evaluation
better leadership skills
picked up previously undiagnosed scoliosis today in a 16 yo female.I have diagnosed several Ehlers-danlos patients in last couple years.
My own specialty CME is what really enhances my performance.
No
caring for patients
collaboration with the Gyn-Onc team
Unsure
tests ordered are more base in current knowledge
none particular
Learned new approaches to treating patients with pain disorder.
better tx of ha's
We have instituted STOP criteria after small group discussions and online learning.
Unknown specific example
Review of twin management
x
Same as above
better judjment in managing patient.
practicing on a medical home model
N/a
better tools for practice
Provided information about new resources
It has allowed me to meet subspecialists face-to-face. This is invaluable to me as I did not do my residency in this area.
Provided an explanation of how surgical cases are rated
expanded knowledge base
Improved psychotherapy skills
As above, while attending on the wards, I advised the team to rule out PE in one of our patients and to treat with full anticoagulation while awaiting the test. It was positive for PE.
NA
In my approach to families of children with chronic illness.
With the learned education I can apply to my working environment.
cpr course
Whether to order a cardiac CT, a cardiac MRI, or perform cardiac catheterization in order to answer a particular issue with a patient
Increased attention to well-being of colleagues and learners.
Same as above. I mostly am a speaker at these events.
enhanced interviewing skills
advised on better evaluation for preconception needs
same
I have learned how to lead with emotional intelligence and I feel I can better evaluate peers and residents and be a better leader using emotional intelligence.

Providing for tumor board and reviewing literature on interesting cases.
networking opportunities
n/a
I applied the facts learnt during the educational event to my practice. Listening to patient had been very beneficial towards planning their care
Awareness of Emergency Equipment
My professional performance is already at a high level, and the lectures improved my understanding of the practice of medicine. The evaluation questionnaires, however, were a distraction and a waste of my time. I strongly wish that CME could be provided in a simple and efficient manner.
approach to patient care
Grand rounds teaches about things outside my general practice hence I can be more cogninzant about other thngs for pts
Enhanced leadership skills via Faculty Leadership Academy
I have learned more about clues from history taking that would trigger more investigation prior to elective surgery.
Keeps me up to date
n/a
TBL Sessions
cannot specify
attending WSU surgery grand rounds, I increased my skills to enhance communication between pathologist and clinicians
better awareness of newer surgical methods
I do not recall much detail of the specific CME to be able to give an example.
N/A
Was able to enrol more patients into MOVE program
Helps meet requirements for recertification
Learned alot about different praocedures and what it takes to diagnos a patient
Quality and Outcomes
presenting myself better
Healer's art retreat has improve my satisfaction with practice of medicine by being with stimulating colleagues about topics important to me. Improvement in my teaching of others.

Statistic	Value
Total Responses	76

15. Please provide a specific example of how WSU CME has increased patient outcomes in the past year:

Text Response
fewer infections
See above.
Pts presented at conference to determine best cancer care, diagnosis work up and treatment for each one individualy
Patient have participated more in clinics and programs offered by our institution like, Move Program to loose weight, Tobacco sesation classes, Diabetic Clinic and Annual Womens' Health Screening.
enhanced patient satisfaction
NA
our BF rates have greatly improved. Our RN education with S&S in very ill OB patients has increased.
Providing better education and resources.
No change
Provided me with BLS update
As a school nurse I can follow up with injured students, evaluate proper crutch-walking skills & reinforce physician & therapist instruction to students
very difficult to measure this type of outcome
unknown
nonw
No
New knowledge makes me a better nurse
better paitient care
hopefully - patient goals and expectations are clear and are met
Unsure
better diagnoses
none particular
better tx of ha's
quick referrals to surgeons or other specialists for prompt care
We have improved patient access to quality MRI in cardiac evaluations.
Unknown specific example
Treatment of pain management for substance abuse patients
x
Not sure
improved outcomes
managing child maltreatment
N/a
better tools for practice
none come to mind
I cannot actually cite a specific example at this time.
-
The above patient was not being anticoagulated until I advised the team to do so. He may well have had a poor outcome without that intervention.
NA
N/A
unknown
We have provided our pediatric thoracic surgeons the best information possible if we choose the most appropriate study
No change
Reminded of techniques for patient involvement in decision-making.
I do not have access to patient outcome information. we work in a blood center
same as above/networking
increased my understanding of current data on common mental problems in female patients, and the link with physical health. referral to mental health has improved patient satisfaction
Participation in neuro-oncology clinic
Tumor Board discussions using NCCN guidelines and interdisciplinary discussions did help choose the right strategy on multiple patient management and better outcomes regarding quality of life and treatment tolerability
Interdepartmental case review (tumor board) as a collaborative effort in treating patients directly influencing/impacting patient treatment and outcome.
motivational interviewing upholds our organization's patient centered care initiative

providing updates on important pediatric topics
I feel patient had more confident in me when they are listened to
None since have not participated in any emergency event in our Unit.
WSU CME has done absolutely nothing to improve patient outcomes, but the lectures were very helpful to me in my professional development.
good performance measures
Tumor bd has directed care in best direction with interactions between surgery,pathology,radiation oncology and oncology
NA
I have actitually discovered certain abnormalities on patients, especially vascular, that needed to be resolved prior to surgery
Evidence based patient care
n/a
Discussion of 5 minute Evidence-based reviews at Surgery Grand Rounds
cannot specify
cannot cite a specific example
less thromboembolic events through better DVT prophylaxis
I do not recall much detail of the specific CME to be able to give an example.
N/A
I altered the algorithm I use to treat patients based on information I learned ar a grand rounds presentation
Medication adherence and hence better bp control. Still too early to say, would be better able to answer this next year.
Learning from M&M conferences
Outcomes
listening for right information during interview and looking at body language

Statistic	Value
Total Responses	71

16. How can we better meet your needs for CME?

Text Response
as
Present packages on the effects of estrogen deficiency on the brain and the effects of estrogen replacement on the brain.
*
podcasts
We always hungry for more I personally will be glad to come to your activities every time you have one planned.
Continue to provide emergency / disaster related activities designed for a broader audience.
No recommendations at this time
None
–
Keep offering these symposiums!
WEEKLY Grand rounds at MVH
uncertain
Family Medicine CME needs are not really met by having a local doc who wants to increase his subspecialty business to give a talk. CME topics need to be generated by the target audience not the speaker. dont' schedule primary care updates on the tail of longstanding community programs like Grandview's Fam Med review or the Miami Valley Academy of Family Medicine's CME day.
n/a
keep doing what you are doing
Move away from lectures to active learning
more pediatric courses
better advertising of what is available
Make it less cumbersome to have ongoing educational programs certified. I learn very much in specialty conferences, but many do not offer credit!
Topics that relate directly to the outpatinet care of children.
More clinically relevant topics. Bring in outside experts
continue CME grand rounds.
x
I am good, that you
consider biannual events
more case-based, evidence based clinical topics
Support OMDA
enduring materials; please record and post guest speakers for grand rounds especially - not always convenient to attend, but frequently fascinating especially genetics speakers~
Continue to promote topics on primary care with specifics on Dayton area resources.
Provide money to attract high quality speakers
Doing a good job. No suggestions.
NA
unknown
Continue to make our weekly conference available to us
Continue to offer internet based opportunities for CME.
No comment
continue what you are doing.
Provide more live conferences at the VAMC and CME credit for Tumor Board
None
no suggestions at this time
?
Present more evidence based,practice related learniing
No specific recommendation, your just doing fine
1. Do away with worthless evaluations. Simply ask one simple question–whether or not the activity was helpful. 2. Make Category I CME easy, efficient, and less costly. The cost paid for attending this course could have been much cheaper had the organization not been forced to pay ridiculously high rates for the CME, and had not been required to complete mounds of worthless paper in order to obtain accreditation. 3. If no. 1 and no. 2 cannot be met, Category I CME should no longer be required of physicians. Physicians will obtain CME anyway, and the hurdles and obstacles being implemented in obtaining CME are now excessive and counterproductive.
regular feedback of upcoming CME topics
It is important to continue to learn in the medical field. Continue to offer live learning sessions.
Exposure to more basic science topics for collaboration between research and the clinicians
More ethics and professionalsim competence/topics

Most all the surgical specialties have been represented in lecture but would like to see something orthopedic specific once in a while.
n/a
More teaching money for departments for guest lecturers with resident/student case conference presentations; More opportunities for Leadership/Management skills;
keep up
involve younger faculty and practitioners in CME planning (those within 5 years of completing residency or fellowship)
OK as is
Offer a catalogue of CME that can be completed online.
DOING WELL
Bring in more national, thought leaders/experts in individual specialties to speak. CME is less important today because I earn most of my required CME through board recertification. It is the knowledge and the exposure that makes the program valuable - not the credits
Have more similar programs throughout the year.
no ideas at this time
N/A at this time
continue programs in spirituality in medicine and regional healer's art retreat.

Statistic	Value
Total Responses	62

Engagement with the Environment

Improving professional practice

Wright State University Boonshoft School of Medicine School of Medicine ("the school") integrates CME into the process for improving professional practice in multiple settings including hospital, clinical departments, and annual activities. The school has close ties with community hospitals reaching not only faculty, but community physicians on a daily basis. We use regularly scheduled series CME such as quality and case conferences that are explicitly geared toward the improvement of patient care and patient care outcomes. The school improves educational and teaching skills of faculty members through clinical department sponsored CME events such as the Internal Medicine Faculty Development program, a series of 11 topics, offered in multiple locations, to improve the way faculty teach medical students and residents and the Stanford Teach the Teacher series. Annual discipline specific activities on developments including women's health and trauma provide new diagnostic and therapeutic advances in professional practice.

Non-education Strategies

In appropriate activities, the school and its educational partners uses non education strategies to enhance change as an adjunct to its educational activities. The school has developed laminated cue cards in conjunction to an End of Life seminar to reinforce learning and improvement. These corollary educational aids promote consistent decision making with patients and families. They also provide a map to communicate with the family on expectations and goal setting. In addition, the school and its educational partners recognize that health care does not start nor end in the physician's office. Children's Medical Center publishes monthly public newsletters on timely topics oriented to public education regarding preventive strategies.

Identifying factors outside of control that impact on patient outcomes.

All planning committees are asked to identify factors outside of its control that will have an impact on patient outcomes. Two main obstacles that impact patient outcomes are adherence and access to care. These factors are ubiquitous across healthcare. Adherence factors such as patient education, patient/physician communication, physical resources, and patient support system and beliefs have a great impact on healthcare. The school and its educational partners have developed various educational activities focusing on techniques like motivational interviewing to help reduce this barrier. In addition, patients and the healthcare team struggle with access to care such as the ability to afford healthcare, support systems such as transportation, and the knowledge/ability to use the system. Recently, the school has partnered with the local Alcohol, Drug Addition, and Mental Health Services board to develop education to discuss strategies on how to help this population with decreasing resources.

The school is also involved with a consortium of all medical school CME Directors in Ohio called CME Ohio. In recent years, CME Ohio has focused on state-wide initiatives to improve patient outcomes. This

initiative is called Ohio Partnership for Adherence through Collaborative Education (Ohio PACE). Pfizer has awarded CME Ohio a two year initial grant to create a block grant program and annual meeting focusing on patient adherence. The school has been awarded funding to help family practice and internal medicine physicians with the activity "Improving Patient Adherence and Self-Management."

Removing factors outside of control to physician change

The school recognized a need for a system change to remove barriers redefining educational partners and the CME mission. Many physicians were shared by the school and local hospitals, all working from different educational missions and approaches. We are achieving the new mission through redefined focus on our academic partners in the community in planning and accrediting activities designed to improve patient outcomes. This allows us to formulate a continuous learning environment from medical school, through residency and into professional practice in the Dayton area.

We have also adopted a reflective component to participation evaluations. This opportunity to reflect and formulate a plan to implement change while information is new that allows the physician to improve application of activity educational carry over into real world situations.

Collaborative or cooperative relationships

The school has a collaborative relationship with Premier Health Partners, a group of four local hospitals and numerous community practices. It contains the regions only level 1 trauma center and busiest emergency room in the state of Ohio. Each hospital operated independent medical education units with disconnected missions. Under the school's leadership, we have redefined a common trajectory for medical education for medical staff and our faculty in this system. This consolidated partnership meets on a quarterly basis to discuss common problems and initiatives. This collaboration is not limited to CME, it also includes a new Neuroscience Institute and Clinical Trials Research Initiative. The school's department of Geriatrics was also initially funded by Premier Health Partners.

The school collaborates through CME Ohio with the other Ohio medical school CME programs to identify statewide initiatives for CME program planning. Adherence was identified in 2009 for educational focus. A block grant was provided by Pfizer pharmaceuticals and a two year cycle of funding was provided for development and implementation of educational activities. The school participated in all aspects of the initiative including statewide conferences, grant reviewing and instructional programming. The school received the Alliance for Continuing Medical Education "Innovation in Continuing Professional Development" award in 2012 as a result in participating in this initiative.

The school's CME program has redefined its footprint and uses CME as a way to develop other relationships in the community including Children's Medical Center, Dayton Veteran's Affairs Medical Center, Springfield Regional Cancer Center, and other affiliated institutions.

Framework for quality improvement

As a community based medical school, we collaborate within our organization, with faculty clinicians, and with other educational partners including community hospitals to create an overall system of quality improvement. Champions attend planning committee meetings to identify topics and activities to improve quality measures. Community hospital quality Improvement departments have the unique ability to timely identify problems, propose resolutions, track outcomes measures, and construct preventative interventions within the CME Framework.

A newly created Patient Safety and Quality Improvement project based on findings from the Institute of Medicine and other national measures of excellence has been created in partnership with our clinical departments and community hospitals. This new focused initiative will identify deficiencies and strategies to improve patient safety including reducing infections, medication errors, and patient-centered care. The collaboration between hospitals and clinical departments will provide a reliable data base to develop a framework of continuous learning and improvement.

Influence the scope and content of activities/educational interventions

In 2011, the school's CME committee met to discuss the ACCME worksheet "Positioning Your CME Program for Organizational Impact." As a result our new CME mission statement was developed to closely align the CME mission to the school's relationships with recently acquired community hospital partners. Through the refined mission statement to include only our major educational institutions we have focused and integrated faculty and trainees engaging in patient care and serving on hospital committees that determine scope and content of CME activities.

Our future goals for CME with our new integrated model of continuing professional development is to develop an institutional set of patient safety and quality improvement objectives to better measure overall outcomes. The consolidated CPD enterprise that we have been able to create during the past 18-24 months provides us with new and promising educational opportunities to bring CME efforts in the Dayton region to a higher level of impact.