

SESSION DOCUMENTATION FORM

July 1, 2009 – June 30, 2012

*****POST THIS FORM WITH SIGN-IN SHEETS AND CONFLICT OF INTEREST SUMMARY AT ALL ACTIVITIES*****

PLEASE TYPE OF PRINT NEATLY

Contact Name: _____ Fax Number: _____ People Ware/RSC Code: _____

RSC Title: _____

Presenter: _____ Session Date: _____

Topic: _____

Overall Goals of this RSC: _____

Required Acknowledgments To Participants:

This session received commercial support (circle): YES NO Educational Grant Exhibit

If yes, Funder name: _____ Amount: \$ _____

SDF REPORTING PROGRAM DIRECTOR VERIFICATION

Instructions in order to qualify for CME Credit.

- You must post this completed form at the RSC/RSS session so that participants can view it prior to the session.
- You must post the presenter and planners COI disclosure forms at the RSC/RSS session so that participants can view it prior to the session. All sessions must be pre-registered in the Session Registration Database (SRD) and any conflicts resolved prior to the start of the session.
- You must complete the online Session Documentation Reporting Process AND send this form to the Office of CME via fax/mail.

Accreditation Information

Jefferson Medical College of Thomas Jefferson University is accredited by the ACCME to provide continuing medical education for physicians.

Jefferson Medical College designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

ACCME New Criteria-√ Check all that apply.

- Increasing participants' knowledge
- Promotes change in competence
- Promoting change in clinical performance and/or patient care.
- Implementing a clinical tool in practice to improve patient care
- Reviewing practice data to measure performance improvement
- Other: _____

Patient Safety/Risk Management

Indicate which Patient Safety/Risk Management topic(s) this session addresses in order to qualify for PA-required credit. **√ Check all that apply.**

- Mortality/Morbidity Conferences
- Improving communication among physicians and other health care personnel
- Communications between physicians and patients
- Medical team building
- Human error factors
- Theory of error reduction
- Medical error identifications/ avoidance strategies
- Technology and information systems to improve practice
- Preventive medicine education
- Improving medical records systems
- Patient health monitoring methodologies
- Health Care quality improvements
- Medication Safety

Planner and Presenter Conflict of Interest Forms were Posted for Participants to see before the session started (circle): YES NO

I certify this information is accurate:

Signature of Program Director _____ Date _____

FAX THIS FORM TO DAPHNEY WRIGHT in the OFFICE OF CME 215 923 3212

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