

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

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Jefferson Medical College and (insert Joint Sponsor name).

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 *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

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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