



THE OFFICE OF LIFELONG LEARNING

LECTURE SERIES / GRAND ROUNDS REQUEST FORM

PLEASE TYPE

1. Program Information:

Program Title: _____

Day Of Week Lectures Are Presented: _____ Times: _____

Location of Lectures: _____

Applying For: ___ 1st Quarter (September-November) ___ 3rd Quarter (March-May)

___ 2nd Quarter (December-February) _____ Other

FISCAL YEAR: _____

2. Program Director:

Name _____ Phone: _____

Department _____ E-Mail _____ FAX#: _____

Administrative/Assistant's Name _____

Joint Sponsor:

Name _____ Phone: _____

Department _____ FAX#: _____

Address _____

City/State/Zip _____

Administrative/Assistant's Name: _____

3. Needs Assessment:

A. Please identify the educational needs of the target audience.

Inherent in medical education and residency training, are competent clinical faculty who are assigned to teaching and training of current clinical techniques and trends in healthcare delivery. Meharry Medical College conducts grand round series in each clinical department to provide clinical faculty with continuing medical education, which assures that students and residents are trained in current evidenced-based findings in medical research and the practice of medicine, while providing the teaching and practicing physician with knowledge that ultimately results in optimal patient care.

As a medical teaching and training institution, Meharry Medical College is accredited by the Liaison Committee on Medical Education (LCME), which requires that schools provide continuing medical education activity for physicians and incorporate the concept of lifelong learning into the curriculum design. Individual topics within the various series are decided upon by clinical committees that

review medical journals, monitor health status trends and conduct discussions among colleagues for topic presentations.

B. Please indicate how the needs were established. Attach representative documents of how needs were determined. You must designate one of the following besides faculty perception (if used).

Survey Self-Assessment Peer review
 Patient Care Audit Faculty Perception Quality assurance
 Consensus of Experts Mortality/Morbidity Statistics
 Prior Lecture Evaluations Other Method (specify): _____

4. **Educational Objectives:** Please state the overall educational objectives for this lecture series. At the conclusion of this course, the participant should be able to:

(1) _____
(2) _____
(3) _____

5. **Statement of Program Content and Faculty Involved in Presentation:** Attach a copy of proposed program content and faculty, i.e., flyers with topics listed and faculty, including complete name, title, department, and/or institutional affiliation.

6. **Educational Design: Check educational methods to be used for this activity.**

Lecture(s) Film/Slide Presentations Workshops
 Hands-on Lab Case Presentations Question/Answer Sessions
 Panel Discussions Video Presentations
Other (specify): _____

7. **Target Audience:** MDs _____ Others _____

Please specify physician specialties and other _____

8. **Evaluation:** The program will be evaluated by a questionnaire developed by the Office of Lifelong Learning. Please indicate if you plan to use *additional* evaluation methods:

Pre-Test Skills Assessment Post Test Interviews Written Questionnaire

9. **Commercial Support:** Please indicate if this program will receive financial support from pharmaceutical companies and/or vendors. Programs must abide by the Standards for Commercial Support of Continuing Medical Education. Invited guest speakers will be sent a Disclosure Policy and asked to complete the Disclosure Declaration.

Yes No

Please attach a list of possible commercial support contributors.

Signature: Program Director

Signature: Department Chairperson

Date Submitted: _____

The course request form must be completed and returned to the office of lifelong learning before any arrangements are made. A copy of the request will be returned after review and approval of the program. the final galley proofs of flyers, handouts and/or written materials must be approved by the office of lifelong learning **before** printing.

FOR THE OFFICE OF LIFELONG LEARNING USE ONLY:

Program Number: _____

Date: _____

Approved

APPROVED FOR AMA/PRA CATEGORY 1

Number of Hours Approved Per Lecture

NOT APPROVED DUE TO:

Insufficient planning involvement by the Office of Lifelong Learning

Insufficient time before program presentation

Needs assessment insufficient

Education objectives lacking, insufficient or inappropriate

Non-compliance with Standards for Commercial Support of Continuing Medical Education

Non-compliance with Disclosure Statement for Continuing Medical Education

Other: _____

INCOMPLETE APPLICATION:

Proposed program incomplete

Evaluation instrument insufficient Program printed without galley proof review

Program not within definition of Continuing Medical Education

Other, please specify: _____

Approved by: _____

Date: _____

Renee Ewing Bowen, RN, JD
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Director, Office of Lifelong Learning