



**OFFICE OF CONTINUING MEDICAL EDUCATION
STONY BROOK UNIVERSITY
SCHOOL OF MEDICINE**

*Performance Improvement Activity
For physicians improving their practice of
colorectal cancer screening*



CONTINUING MEDICAL EDUCATION CREDITS

The School of Medicine, State University of New York at Stony Brook, is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The School of Medicine, State University of New York at Stony Brook designates this activity for a maximum of 20 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

OFFICE OF CONTINUING MEDICAL EDUCATION
STONY BROOK UNIVERSITY SCHOOL OF MEDICINE

PERFORMANCE IMPROVEMENT (PI) CME PROCEDURE

A Performance Improvement (PI) project is a structured and long-term project based on processes by which a physician or group of physicians can learn about the use of specific evidence-based performance measures, (e.g. a mechanism that enables the learner to quantify the quality of a selected aspect of care by comparing it to a criterion), to retrospectively assess their practice, apply these measures prospectively over a useful interval, enhance their knowledge or competency, as necessary, modify practice as warranted, and re-evaluate performance.

Credit for PI Activities:

Physicians may be awarded incremental AMA PRA Category 1 Credit for completing each successive stage of a PI activity. Incremental credits for PI activities are awarded as follows:

- Five (5) AMA PRA Category 1 Credits can be obtained for the completion of each of the 3 stages (A, B and C). Completion of the full PI cycle is not required.
- Physicians completing, in sequence, all 3 stages (A-C) of a structured PI activity may receive an additional five (5) AMA PRA Category 1 Credits, for a maximum of twenty (20) AMA PRA Category 1 Credits. This credit allocation acknowledges the best learning is associated with completing a PI activity.

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To be eligible for CME Credit:

1. Provide the CME office with your objectives and the proposed timeline of the PI activity ***If you are interested in applying for credit for the PI activity, you must submit the information (page 1 of documentation form) to the CME office for approval PRIOR to submitting Stage A***

2. All participants in the activity must complete a disclosure form and identify any potential conflicts of interest and a mechanism to resolve any potential conflicts.

3. Complete and submit the attached form for each stage of the process (A, B &C) that credits are requested

The information collected on the documentation form addresses the following areas:

Section I: Activity Planning (process that links needs with expected results):

Purpose/Objectives: describe in terms of knowledge, competence (knowing how to do something, but skills not yet implemented in practice) and/or performance (application of skills in practice). Specify the project timeline.
Disclosure/Commercial Support: It is the policy of the Stony Brook University Office of Continuing Medical Education to ensure balance, independence, objectivity and scientific rigor in all CME activities. Anyone engaged in content, development, planning or presentation must complete a disclosure form. Persons who fail to complete this form may not receive CME credit for the PI activity.

Section II: Needs Assessment:

Needs are derived from an assessment of current practice, using selected performance measures. Participants are actively involved in the data collection /analysis process. **Stage A** involves learning from current practice performance assessment and recognition of practice based need.

Section III: Application of PI to patient care (implementation):

Stage B. Participants identify an appropriate intervention and demonstrate learning from applying a practice change and assessing its impact on performance change.

Section IV: Measure effectiveness of activity:

Stage C. Based on the pre/post intervention analysis, all practice, process and/or outcome changes that resulted from conducting the PI activity are summarized.

**PLEASE CONTACT DOROTHY LANE, MD, MPH IF YOU HAVE ANY QUESTIONS:
PHONE: 631-444-2094 E-mail: dorothy.lane@stonybrook.edu**

OFFICE OF CONTINUING EDUCATION
STONY BROOK SCHOOL OF MEDICINE/HEALTH SCIENCES CENTER
STATE UNIVERSITY OF NEW YORK AT STONY BROOK

PERFORMANCE IMPROVEMENT (PI) CME DOCUMENTATION FORM

Name of Participant: _____
(please print)

Address: _____

City, State, Zip

Phone: _____
E-mail Address: _____
Date: _____
Signature: _____

Focus of PI Activity: Colorectal cancer screening

Section I - PI Activity Planning

1. Purpose of PI activity (e.g. identifying a question in practice):

To assess the performance of colorectal cancer screening in my practice.

Specify the objectives of your PI activity in terms of knowledge, competence and/or performance in practice:

(1) Knowledge: Demonstrate knowledge of recommendations for colorectal cancer screening in practice; (2) Competence: Demonstrate competence in performing or referring colorectal cancer screening; (3) Performance in practice: Demonstrate an increase in referrals/recommendations for colorectal cancer screening exams according to national guidelines among my age-eligible patients who are due for screening.

2. What is your anticipated timeline?

a) Specify below the number of weeks or months you anticipate taking to conduct each stage you intend to complete (stages are described on subsequent pages of form):

<u>Stage</u>	<u>Length of Time</u>
A	_____
B	_____
C	_____

b) Please sign the attached disclosure form.

To obtain approval to begin the PI process as a Category 1 CME activity, please send a copy of both the signed disclosure form and this page with a check for \$25 to:

**Office of Continuing Medical Education
HSC, Level 2 Room 142
Stony Brook, NY 11794-8222**

FOR CME USE ONLY

Further information needed? No Yes, specify _____
Date _____

Approved _____

Name of Participant: _____ **Date:** _____

OFFICE OF CONTINUING EDUCATION
STONY BROOK SCHOOL OF MEDICINE/HEALTH SCIENCES CENTER
STATE UNIVERSITY OF NEW YORK AT STONY BROOK

PERFORMANCE IMPROVEMENT (PI) CME DOCUMENTATION FORM

Focus of PI Activity: Colorectal cancer screening

Section II - Needs Assessment

Stage A. Evidence of learning from current practice performance assessment

1. What performance measures are you using for your current practice assessment?

Completion or referral for colorectal cancer screening (CRC) according to national guidelines for CRC (e.g., FOBT/FIT annually; or annual FOBT/FIT plus sigmoidoscopy every 5 years; or sigmoidoscopy alone every 5 years; or colonoscopy every 10 years; or double contrast barium enema every 5 years.

2. Specify the data source(s) you will examine in your practice assessment, e.g., chart reviews and attach a sample of any data collection form to be used.

A retrospective review of charts for patients age-eligible for CRC screening who visited the office during a typical week(s) up to a minimum of 60 charts will be performed using the attached audit form. The attached Stage A attachment will also be completed to learn from my current practices for screening for CRC.

3. Describe the outcome of the measurement of your own performance in practice or append it to this form:

See attached completed evaluation and the baseline and post-intervention chart audit forms.

Signature: _____

Chart Review

Baseline Post-intervention

Clinician name: _____ Date: _____

Criteria for audit: Patients age eligible for CRC screening.

Chart	(1) CRC screening status documented on last visit.		(2) Is patient due for CRC screening? [NOTE: if yes, go to #3; if no go to #4]		(3) CRC screening recommendation / referral made. [NOTE: if yes, go to #4]		(4) Has CRC screening been recommended according to national guidelines*?	
	Yes	No	Yes	No	Yes	No	Yes	No
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotal								

*National guidelines for CRC screening: FOBT/FIT annually; or annual FOBT/FIT plus sigmoidoscopy every 5 years; or sigmoidoscopy alone every 5 years; or colonoscopy every 10 years; or barium contrast enema every 5 years.

Chart Review continued

Baseline Post-intervention

Clinician name: _____ Date: _____

Criteria for audit: Patients age eligible for CRC screening.

Chart	(1) CRC screening status documented on last visit.		(2) Is patient due for CRC screening? [NOTE: if yes, go to #3; if no go to #4]		(3) CRC screening recommendation / referral made. [NOTE: if yes, go to #4]		(4) Has CRC screening been recommended according to national guidelines*?	
	Yes	No	Yes	No	Yes	No	Yes	No
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotal								
Subtotal page 1								
Total								

*National guidelines for CRC screening: FOBT/FIT annually; or annual FOBT/FIT plus sigmoidoscopy every 5 years; or sigmoidoscopy alone every 5 years; or colonoscopy every 10 years; or barium contrast enema every 5 years.

Colorectal Cancer Screening Evaluation

Self-report of Baseline Practices

Stage A

Learning from current practice performance assessment

1. Approximately what percentage of your age-eligible asymptomatic, average risk patients do you recommend CRC screening: _____%

2. At what age do you recommend your average risk, asymptomatic patients begin CRC screening? _____

3. Is there an age at which you no longer recommend CRC screening to your asymptomatic, average risk patients? Yes, specify age _____ No

4. How do you assess if a patient will follow-up with a recommendation for CRC screening (e.g. is ready for screening)?

5. Which of the following CRC screening exams do you recommend to your patients? (Circle all that apply)

a. FOBT* b. FIT** c. Sigmoidoscopy d. Colonoscopy

e. Double contrast barium enema f. Other (describe)_____

6. Do you involve patients in the selection of the desired type of CRC screening exam?
 Yes No

7. Do you use a single stool guaiac (FOBT card) at the time of a digital rectal exam as their CRC screening test? Yes No

8. What method do you use to document CRC screening in the patient's chart? Please describe.

9. Which of the following do you recommend to your asymptomatic, average risk patients as an initial follow-up step to a positive FOBT / FIT? (Circle all that apply)

a. Repeat FOBT*/ FIT** b. Sigmoidoscopy c. Colonoscopy

d. Double contrast barium enema e. Other (describe)_____


* FOBT = fecal occult blood test

** FIT = fecal immunochemical test

10. Do you track FOBT* / FIT** kits that are not returned? If yes, how?

11. How do you follow-up on referrals for screening endoscopy exams?

12. Check which of the following are barriers to your decision to order CRC screening with FOBT*, FIT**, sigmoidoscopy, or colonoscopy for asymptomatic, average risk patients.

	FIT	FOBT	Colonoscopy	Sigmoidoscopy
a. The test is not efficacious (too many false negatives/positives).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The test is too inconvenient for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Poor patient compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The test is too expensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Inadequate reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Patients are poorly educated about risks and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I forget that the exam is due	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other health concerns take precedence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Lack of time to perform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Requests are rejected/denied by insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. No available performing providers			<input type="checkbox"/>	<input type="checkbox"/>
l. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you feel your current practices for CRC screening are effective?

14. How would you describe your (& staff) educational needs about CRC?

* FOBT = fecal occult blood test

** FIT = fecal immunochemical test

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PERFORMANCE IMPROVEMENT (PI) CME DOCUMENTATION FORM

Name of Participant: _____ **Date:** _____

Focus of PI Activity: _____

Section III - Participating in/initiating an intervention/educational activity to alter your knowledge, competence or performance and integrate what is learned into patient care.

Stage B. Evidence of learning from the application of PI to patient care

1. Describe the intervention that you implemented based on the performance measures you selected in Stage A. Specify use of any tracking tools, (e.g., flow sheets):

(insert your response to above)

The attached Stage B evaluation was also completed to demonstrate learning from the application of performance improvement to patient care.

2. Did you obtain guidance on the appropriate parameters for applying an intervention and assessing performance change that is specific to the performance measure and your patient base (e.g. how many patients with a given condition, seen for how long, will produce a valid assessment)? The OCME can provide assistance if needed.

Yes No

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PERFORMANCE IMPROVEMENT (PI) CME DOCUMENTATION FORM

Signature: _____
Name of Participant: _____ **Date:** _____

Focus of PI Activity: _____

Section IV - Evaluating your own performance improvement effort as a part of the performance improvement activity.

Stage C. Evidence of learning from the evaluation of the PI effort

1. After re-evaluating and reflecting on your performance in practice (Stage B), by comparing it to the assessment done in Stage A, summarize below (or attach) any practice, process and/or outcome changes that resulted from conducting the PI activity:

See attached post-intervention chart audit and completion of Stage C evaluation.

2. Specify practice changes that have followed from your practice assessments:

(insert your response to above)

Signature: _____

Chart Review

Baseline Post-intervention

Clinician name: _____ Date: _____

Criteria for audit: Patients age eligible for CRC screening.

Chart	(1) CRC screening status documented on last visit.		(2) Is patient due for CRC screening? [NOTE: if yes, go to #3; if no go to #4]		(3) CRC screening recommendation / referral made. [NOTE: if yes, go to #4]		(4) Has CRC screening been recommended according to national guidelines*?	
	Yes	No	Yes	No	Yes	No	Yes	No
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotal								

*National guidelines for CRC screening: FOBT/FIT annually; or annual FOBT/FIT plus sigmoidoscopy every 5 years; or sigmoidoscopy alone every 5 years; or colonoscopy every 10 years; or barium contrast enema every 5 years.

Chart Review continued

Baseline Post-intervention

Clinician name: _____ Date: _____

Criteria for audit: Patients age eligible for CRC screening.

Chart	(1) CRC screening status documented on last visit.		(2) Is patient due for CRC screening? [NOTE: if yes, go to #3; if no go to #4]		(3) CRC screening recommendation / referral made. [NOTE: if yes, go to #4]		(4) Has CRC screening been recommended according to national guidelines*?	
	Yes	No	Yes	No	Yes	No	Yes	No
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subtotal								
Subtotal page 1								
Total								

*National guidelines for CRC screening: FOBT/FIT annually; or annual FOBT/FIT plus sigmoidoscopy every 5 years; or sigmoidoscopy alone every 5 years; or colonoscopy every 10 years; or barium contrast enema every 5 years.

Colorectal Cancer Screening Evaluation Self-report of Post Intervention Practices

Stage C.

Learning from the performance improvement effort.

1. How have you used or plan to use the analysis of the chart audit data to enhance screening of age-eligible asymptomatic, average risk patients for CRC? _____

2. Do you feel your current practices for CRC screening are effective? _____

3. What are your overall impressions of this CRC screening evaluation project? _____

4. What other improvements can you implement in your practice for enhance screening of age-eligible asymptomatic, average risk patients for CRC? _____

5. How would you describe your (& staff) educational needs about CRC? _____

6. Approximately what percentage of your age-eligible asymptomatic, average risk patients do you recommend CRC screening: _____%

7. At what age do you recommend your average risk, asymptomatic patients begin CRC screening? _____

8. Is there an age at which you no longer recommend CRC screening to your asymptomatic, average risk patients? Yes, specify age _____ No

9. How do you assess if a patient will follow-up with a recommendation for CRC screening (e.g. is ready for screening)? _____

10. Which of the following CRC screening exams do you recommend to your patients? (Circle all that apply)

- a. FOBT* b. FIT** c. Sigmoidoscopy d. Colonoscopy e. Double contrast barium enema f. Other (describe)_____

11. Do you involve patients in the selection of the desired type of CRC screening exam?
 Yes No

12. Do you use a single stool guiac (FOBT card) at the time of a digital rectal exam as their CRC screening test? Yes No

13. What method do you use to document CRC screening in the patient's chart? Please describe.

14. Which of the following do you recommend to your asymptomatic, average risk patients as an initial follow-up step to a positive FOBT / FIT? (Circle all that apply)

- a. Repeat FOBT / FIT b. Sigmoidoscopy c. Colonoscopy d. Double contrast barium enema e. Other (describe)_____

15. Do you track FOBT* / FIT** kits that are not returned? If yes, how? _____

16. How do you follow-up on referrals for screening endoscopy exams?

* FOBT = fecal occult blood test

** FIT = fecal immunochemical test

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School of Medicine – Stony Brook University
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CME Activity Title: _____

Title of Presentation: _____

Live Presentation Date: _____ - or - **Home Study/Enduring Materials**

Please indicate your role in this CME activity: Presenter Author Course Director Moderator
(check all that apply) Planning Committee Member

Name: _____ **Title:** _____

Phone: _____ **E-mail:** _____

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YES **NO** Have you (or your spouse/partner) had a personal financial relationship **in the last 12 months** with the manufacturer of the products or services that will be presented in this CME activity (planner) or in your presentation (speaker/author)?

If **NO**, skip to **DECLARATION** section below. If **YES**, please list your disclosures and resolutions below.

Commercial Interest	Nature of Relevant Financial Relationship
Name of Company	Employee, Grants/Research Support recipient, Board Member, Advisor or Review Panel member, Consultant, Independent Contractor, Stock Shareholder (excluding mutual funds), Speakers' Bureau, Honorarium recipient, Royalty recipient, Holder of Intellectual Property Rights, or Other (specify)
1.	
2.	
3.	
4.	
5.	

RESOLUTION OF CONFLICT OF INTEREST

Presenter/Authors

I will support my presentation and clinical recommendations with the "best available evidence" from the medical literature.

I will refrain from making recommendations, regarding products or services, e.g., limit presentation to pathophysiology, diagnosis, and/or research findings.

I will recommend an alternative presenter for this topic for the planning committee's consideration.

I will submit my talk in advance to allow for adequate peer review.

I will or have divested myself of this financial relationship.

Planners

To the best of my ability, I will ensure that any speakers or content I suggest is independent of commercial bias.

I will excuse myself from planning activity content in which I have a conflict of interest.

DECLARATION

I will uphold academic standards to ensure balance, independence, objectivity, and scientific rigor in my role in the planning, development or presentation of this CME activity. In addition, I agree to comply with the requirements to protect health information under the Health Insurance Portability & Accountability Act of 1996. (HIPAA)

Signature _____ Date _____

Additional information may be requested to resolve any conflict of interest. All identified conflicts of interest will be resolved, and disclosure will be made to activity participants.

Please return completed form to: **Dorothy S. Lane, MD, Associate Dean for CME, School of Medicine, HSC, Level 2, Room 142
Stony Brook University, Stony Brook, New York 11794-8222. Fax Number 631-444-2202**

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- Any relevant financial relationship with the provider of commercial products or services discussed in the educational presentation or that have directly supported the CME activity through an educational grant to the sponsoring organization(s).

And

- If the product he/she will be discussing is not labeled for the use under discussion or that the product is still investigational.

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