This new seminar will describe the current major areas of malpractice risk and how to reduce those risks. Attendance at this seminar is a qualifying activity for the URMC Malpractice Premium Differential program. Objectives:

✓ Describe key documentation, communication, and disclosure styles that increase or decrease the risk of claims and suits.
✓ Describe how you can work toward high reliability and reduced error despite factors that increase risk.
✓ Describe what is a Just Culture and how it promotes improved performance.

Course Director
Robert J. Panzer, MD

Planning Committee
Robert Panzer, MD and Spencer Studwell, Esq

Presenters
Spencer L. Studwell, Esq
Associate VP for Risk Management
Sr. Associate General Counsel

Robert J. Panzer, MD
Associate VP for Patient Care Quality & Safety
Georgia & Thomas Gosnell Professor in Quality & Safety
The University of Rochester School of Medicine and Dentistry is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Rochester School of Medicine and Dentistry designates this live activity for a maximum of 3.75 AMA PRA Category 1 credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The University of Rochester Center for Nursing Professional Development is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Participants will receive 3.75 Nursing Contact Hours. Nurses must attend the live session and complete the Blackboard evaluation to receive the Nursing Contact Hour Certificate.

To Register:

Print this page and:

Mail to: Heidi Poltorak, Box 612
Or Fax to 273-1118, Attn: Heidi Poltorak
OR email send message with “Risk Management Seminar 2015 in the subject line and information below in the body of the email to:

Heidi_Poltorak@urmc.rochester.edu

Please register by the Monday before the course date.

Risk Management Seminar
7:45 am – 12:00 pm

Name: ______________________________
Email: ______________________________
Department Name: ____________________
Credentials (e.g. MD, RN): _____________
Date of Birth (mm/dd): ________________
(For CME record keeping purposes)