

URMC Malpractice Premium Differential Program Application (July 7, 2017)

To qualify for the next year 2018 (January – December) 15% premium differential, the physician must:

- be insured for professional liability through the University of Rochester and MCIC
- successfully complete one of the qualifying risk management education activities listed between Jan 2017 & Dec 2017; and
- **complete and submit this application by the deadline, including any required certificates.**

Please check one of the following activities that you have completed, fill in your identification information below, sign the attestation, and submit this directly to us or through your Department Administrator:

- 1) Participated in a full URMCTeamSTEPPS Fundamentals Course – either a General, Office Practice, or Coach Course
This is the only option for those who have not previously participated in a TeamSTEPPS Fundamentals Course **
☐ SMH Date: _____, 2017
☐ HH Date: _____, 2017
- 2) Participated in a URMCTeamSTEPPS Simulation program - not offered this year
☐ Date: _____, 2017
- 3) Participated in an URMCTeaching for Quality (Te4Q) Faculty Development Program
☐ Te4Q Didactic Program: Dates: _____ 2017
☐ Te4Q project: Dates: _____ 2017
- 4) Participated in a completed **URMC-sponsored** ABMS MOC Part IV **Portfolio** Quality Improvement Effort
☐ Dates: _____ 2017
- 5) Participated in a URMCPatient Safety Certificate Course and received a certificate by attending at least 8 of 11 sessions, either:
☐ January 2017 – June 2017, or
☐ September 2017 – January 2018 (if needed the final 2 sessions in January 2017 can be counted)
- 6) Participated in a general URMCRisk Management Seminar
☐ Date: _____ 2017
- 7) Participated in a Physicians and Attorneys Cooperative Education (PACE) program *** Submit certificate with application.
☐ Date: _____ 2017
- 8) Participated in a URMCPFCC advanced training program - either individual coaching or sufficient attendance at a PFCC face-to-face program
☐ Date(s): _____, 2017 *** Submit certificate with application.
- 9) Participated in the Medical Faculty and Clinician Wellness Series and received a certificate by attending at least 7 different 2017 sessions.
☐ Date(s): _____, 2017 *** Submit certificate with application.
- 10) Participated in a full URMCCrucial Conversations Course)
☐ Dates: _____, 2017 *** Submit certificate with application.
- 11) Participation in a service specific risk management seminar or series education program *** Submit certificate with application.
☐ RQI [] Geriatrics [] Orthopaedics
☐ Hospital Medicine [] Primary Care Network
Date(s): _____, 2017
- 12) For those practicing Obstetrics: completion of the APS OB GNOSIS Fetal Assessment & Monitoring Course **and** 1 Obstetrics simulation
Completed [] APS OB GNOSIS Fetal Assessment & Monitoring Course, **and**
Completed multidisciplinary Obstetrics simulation during 2017
[] SMH Date: _____, 2017 **or** [] HH Date: _____, 2017
- 13) For Neonatologists: participation in 6 CME Fellows conferences **and** 1 Obstetrics simulation
☐ Completed 6 CME Fellows conferences during 2017, **and**
☐ Completed multidisciplinary Obstetrics simulation during 2017
☐ SMH Date: _____ or HH Date: _____
- 14) Successful completion during 2017 of an equivalent face to face (not online) program of patient safety or risk management education, with approval based on submission of the program's agenda, and confirmed through receipt of at least 4 hours of safety or risk management related AMA Category 1 CME credits or equivalent. (Attach copy of agenda and copy of CME credit certificate).
☐ Program name: _____

Name (print or type): _____ Department: _____

I attest that I personally fully participated in the above checked activity:

Signature: _____ Date: _____

Please submit this form directly or to your Department Administrator for submission to:
Dr. Robert Panzer, Directors Office, Box 612, to be received no later than January 8, 2018.

Forward any questions to Heidi_Poltorak@urmc.rochester.edu