**Risk Management Request Form**

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| **Session Learning Objectives:** | |
| 1. |  |
| 2. |  |
| 3. |  |

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| **Series Title:** |  |
| **Session Date:** |  |
| **Session Topic:** |  |
| **Session Speaker(s):** |  |

**Risk Management Topics**Risk management study can include instruction on any of the items in the list below.Please check-off, from the below list, which topic will be discussed during this session:

Medical Ethics

Medical Legal Issues/Malpractice  
 Quality Assurance  
 Improving Patient Relations  
 Review/Improvement of Non-Economic Aspects of Practice Management  
 Implicit Bias in Healthcare  
 End of Life Care  
 Opioid Education and Life Management  
 Physician Burnout

**Risk Management Rationale:**

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| **Please explain why this session meets the criteria for Risk Management in Massachusetts:** |
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Course Director’s Signature: Date: