**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: