

# CMIE Application and Coordinator Guide

May 2022

# Agenda

- Planning Process
- MOC Credit
- Content Validation
- Disclosures and “Mitigating Financial Interests”
- New Forms
- Checklist
- Application – Changes and Updates
- Creating Sessions
- Running Reports
- Q/A



# Terms to Acronyms to know


**CMIE** – Continuing Medical and Interprofessional Education



**ACCME** – Accreditation Council for Continuing Medical Education



**AMA** – American Medical Association; **ANCC** – American Nurses Credentialing Center; **ACPE** – Accreditation Council for Pharmacy Education



**AAPA** – American Academy of Physician Assistants; **ASWB** – Association of Social Work Boards



**MOC** - Maintenance of Certification

APPLICATION CHECKLIST

Submitter name:

E-mail Address:

Name of Activity

Leadership Tab:

- I have entered a course director (this person assumes responsibility for the program content - should be a physician, nurse or pharmacist depending on the target audience).
- I have entered all the planners for this activity. Please make sure that a planner is listed for each target audience.
- I have listed all the faculty/speakers (for a conference). If this is a regularly scheduled series (RSS), please list the speakers scheduled to date. Please make sure to include a speaker to represent each of the target audience groups.

Activity Development Tab:

- Agenda, Location and Educational Format - I have included: a brief description of the activity; the Venue/Room, City and State and indicated if it is in-person, live streamed or an online course; the first session/speaker for my RSS or the full schedule including breaks/lunches/dinners for my conference; any sensitive topics and any topics which might help address VT Licensing requirements. I have answered all the educational format questions.
- Budget and Financial Relationships - I have included all information with regards to support from Ineligible and Eligible Companies and answered all the financial questions about my activity. If I am collecting outside funds or tuition, I will upload the Income and Expense Sheet. I understand I need to submit a final income and expense report once the activity has concluded (if applicable). If I am not the financial representative for this program, I have included the contact information for the person who is.
- Practice Gap and Educational Need - I have completed all this information and uploaded evidence to support my gap. For RSS programs, please select a gap for your program as a whole, not for one presentation.
- Target Audience - I have checked all the credit types for which I am applying, and I have indicated if the program is open to the public or limited to certain participants.
- Competencies and Barriers - I have selected all the applicable competencies and barriers; included information on what outcomes will be measured: Learner/Team Competence, Learner/Team Performance, Patient Health, Community/Population Health and Learner Knowledge. I have uploaded information on how I plan to measure this 1-2 months after the activity ends.

- Stakeholders and Joint Providership - I have indicated if there are any internal or external stakeholders. I have included my information about my hospital/ organization.



Supporting Documentation Tab:

- Announcement/brochure and/or any marketing pieces that mention credit are attached.
- Support Letter of Agreement for any funds collected from ineligible companies to support your program (if applicable).
- Disclosure Mitigation Form is attached (if applicable) - for any planner, faculty/ speaker who indicated a financial relationship with an ineligible company. To find this information, please check on the leadership tab, under their name and click on financial disclosure to view.
- Gap Documentation - Evidence of what you listed as your gap.
- Planning Committee Minutes Form is completed, signed and attached.
- The content for this activity has been validated and I have uploaded the completed and signed Course Director Attestation form.
- Monitoring Form completed for your first session for RSS. For conferences, please upload a Conference Disclosure Form.
- Additional Information - budget, income/expense, how you plan to measure the success your activity had on skills/strategy, performance and/or patient outcomes.

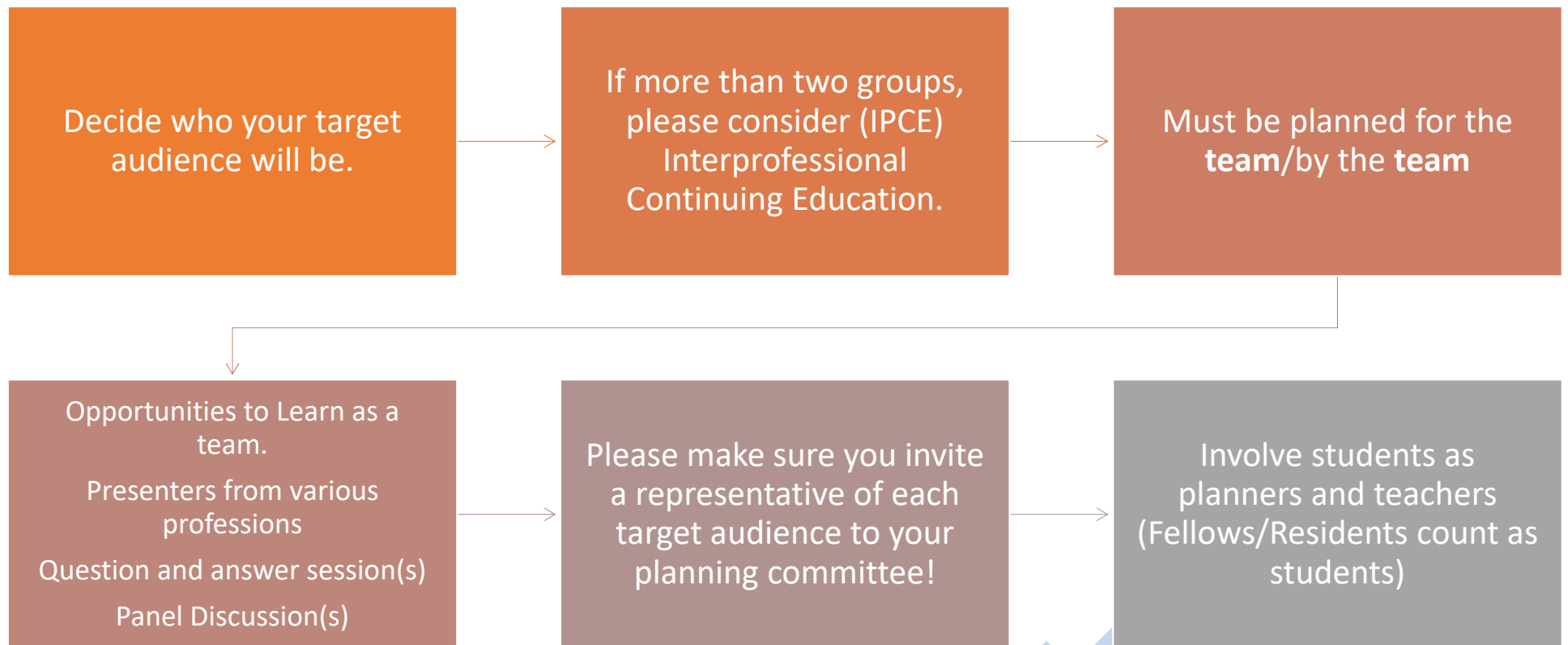
Preview, Finalize and Submit!

Important Information:

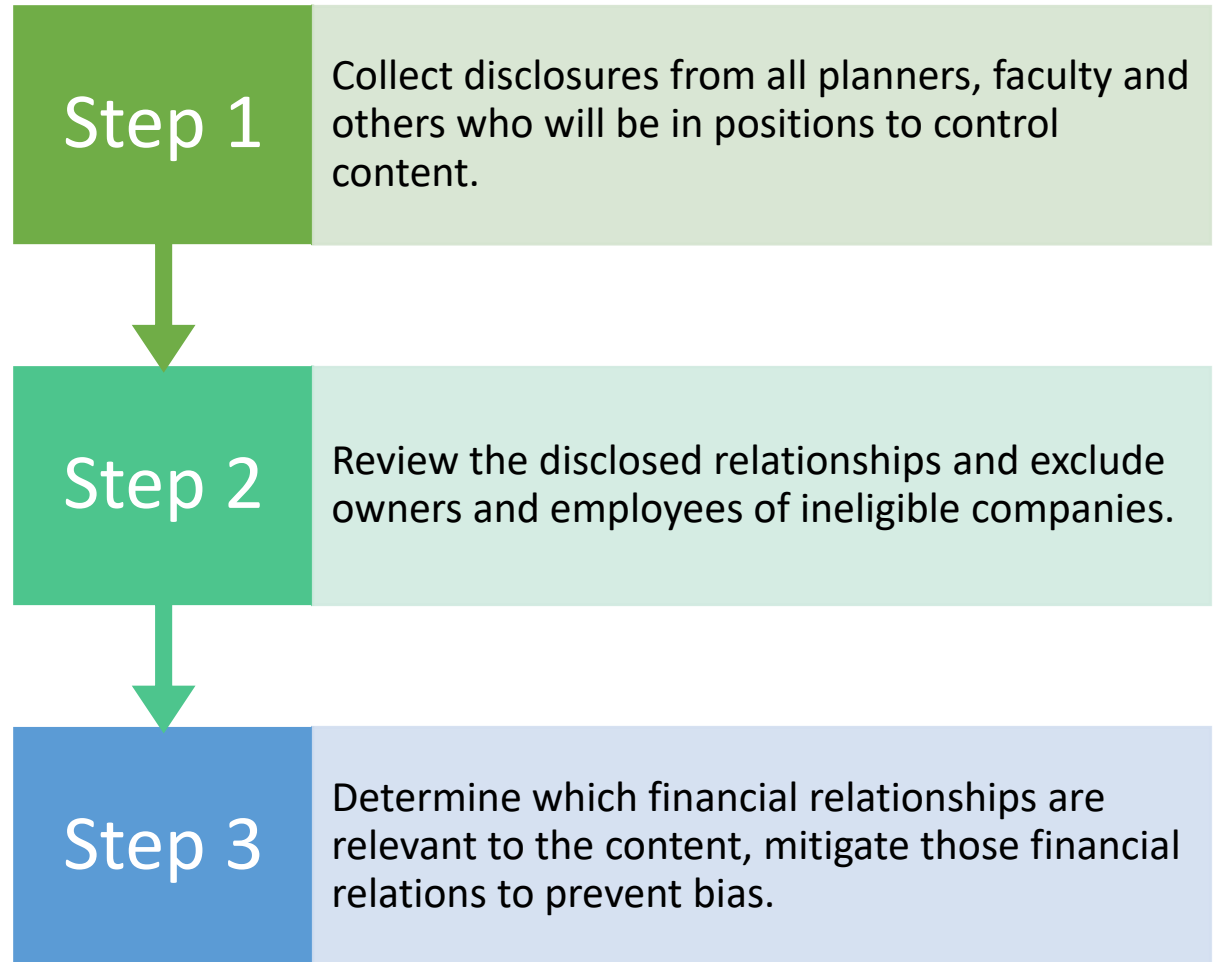
- Please note that applications are due 30 days prior to the start of the activity. If it is not within that deadline, but within 10 business days of the activity, there will be a rush fee of \$500. Applications received less than 10 business days will not be considered. We suggest you start at least 45 days prior to allow enough time for faculty to complete their financial disclosures.
- All forms required can be located at <https://med.uvm.edu/cme/grand-rounds/forms>
- All learners who wish to receive credit must do so in their MyCredits account within 30 days after the activity ends.



# Where to begin!



# Planning an Activity



## The Course Director Must Ensure that Clinical Content is Valid

- Recommendations for patient care will be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- All scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
- If any new and evolving topics for which there is a lower (or absent) evidence base will be offered, it will be clearly identified as such within the education and individual presentations.
- Will avoid advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning.
- Will exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
- Excludes promotion of stereotypes, bias, shame or stigma in presentations of images and words in reference to any differences between people including, but not limited to: Age, Behavior, Physical or Mental Disability, Gender, Immigration Status, Incarceration Status, Mental Health and Substance Use, Nationality, Language, or Culture, Political Affiliation, Poverty or Socio-economic Status, Profession or Discipline, Race or Ethnicity, Religion, Faith Tradition or Belief System, Rural Residents, Sexuality, Sexual Behavior, or Sexual Orientation, Weight or BMI.



# Disclosures and Mitigating

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Disclosures need to be completed once every **24 months!**

No longer need to list spouse/partner financial interests!

But do need to list ALL financial interests regardless of relevance.

- The course director/planners will review/mitigate.

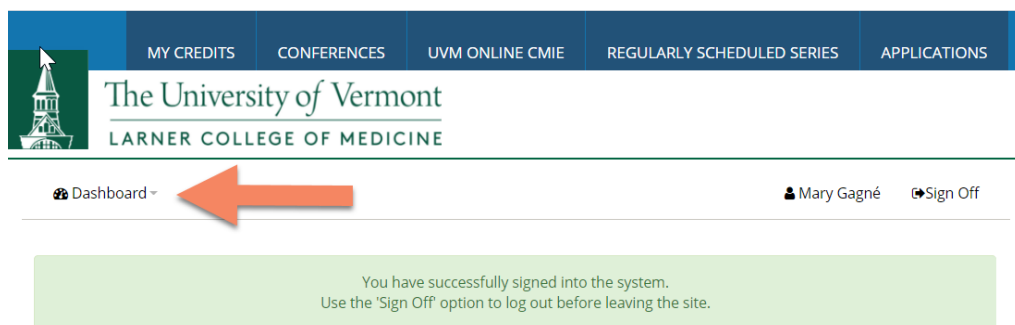


# How to gather disclosures:

<https://www.highmarksce.com/uvmmed/>

or

<http://www.med.uvm.edu/cmie/>



MY CREDITS CONFERENCES UVM ONLINE CMIE REGULARLY SCHEDULED SERIES APPLICATIONS

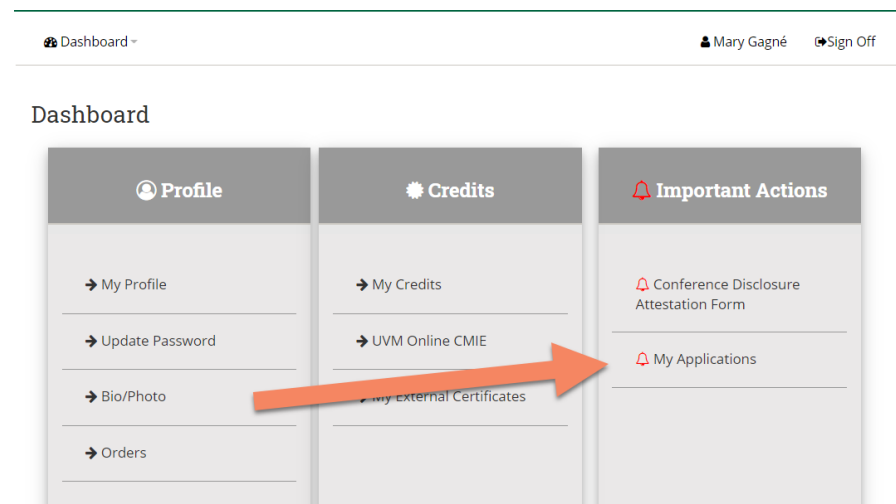
The University of Vermont  
LARNER COLLEGE OF MEDICINE

Dashboard Mary Gagné Sign Off

You have successfully signed into the system.  
Use the "Sign Off" option to log out before leaving the site.

## My Credits

Use this section to manage your credits. You can claim credit, edit your evaluations, and print your transcript or certificate.



Dashboard Mary Gagné Sign Off

### Dashboard

Profile	Credits	Important Actions
→ My Profile	→ My Credits	Conference Disclosure Attestation Form
→ Update Password	→ UVM Online CMIE	My Applications
→ Bio/Photo	→ My External Certificates	
→ Orders		

# Either Duplicate or Create a New Application:

## My Applications

Use the options below to submit or review an application for credit at the University of Vermont.

### Application Submissions

Incomplete applications can be continued by clicking their title. You will be unable to edit an application once it is finalized.

If you have any questions, contact [mary.gagne@med.uvm.edu](mailto:mary.gagne@med.uvm.edu) or call 802/656-2275.

Create Conference

Create Enduring Material

Create Regularly Scheduled Series (RSS)

#### 1. 847 - Women in Medicine Conference - Philadelphia FY 2020

Activity: 2019 Women in Medicine Conference

Application Type: Conference

Submission Status: Completed

[View/Print](#) | [Duplicate](#)

#### 2. 796 - 2019 Hospital Medicine Conference

Activity: 2019 Hospital Medicine Conference

Application Type: Conference

Submission Status: Completed

[View/Print](#) | [Duplicate](#)

↘

Where to enter  
your course  
director,  
planner and  
speakers:

1270 - New Standards

Incomplete

1. Title 2. Leadership 3. Activity Development 4. Supporting Documentation 5. Preview 6. Finalize

### \*Leadership

Use the fields below to identify people who will be involved in this activity's planning and administration.

- Contact Person - The person responsible who could answer logistical questions about the program and any outstanding paperwork.
- Course Director - The person who assumes responsibility for the program content.
- Submitter - The person completing the application.
- Planning Committee Member - Please list all planning committee members.

One or more forms required to be completed by the persons selected are missing.

### Main Contact

1. [Mary Gagné](#)

[Edit/Reorder](#) | [Remove](#)

[Financial Disclosure \(Completed\)](#)

### Course Director(s)

1. [Mary Gagné](#)

[Edit/Reorder](#) | [Remove](#)

[Financial Disclosure \(Completed\)](#)

### Planning Committee Member(s)

1. [Karen M. Whitcomb](#), n/a

[Edit/Reorder](#) | [Remove](#)

[Financial Disclosure \(Update/Confirmation Required\)](#) 

[Contact Now](#)

Click on the words  
"Financial Disclosure"  
to see specifics

Add Course Director

# Once you click on “Financial Disclosure”:

## Financial Disclosure

### Ineligible Companies:

Advertising, marketing, or communication firms whose clients are ineligible companies

Bio-medical startups that have begun a governmental regulatory approval process

Compounding pharmacies that manufacture proprietary compounds

Device manufacturers or distributors

Diagnostic labs that sell proprietary products

Growers, distributors, manufacturers or sellers of medical foods and dietary supplements

Manufacturers of health-related wearable products

Pharmaceutical companies or distributors

Pharmacy benefit managers Reagent manufacturers or sellers

### Exceptions:

a. When the content of the activity is not related to the business lines or products of their employer/company.

b. When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.

c. When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.

To view the Standards for Integrity and Independence Guidelines:

[Standards for Integrity and Independence in Accredited Continuing Education](#)

\* - indicates a required item.

\* **Do you have any financial relationships with ineligible companies (see list above) within the prior 24 months? There is no minimum financial threshold; you must disclose all financial relationships education.**

Yes  No

### Confirmation


I confirm that the above financial disclosure is correct and up to date.

Last Confirmed On: 03/09/2021 12:12 PM


Please make sure the date last confirmed hasn't expired or is close to expiring.

# How to Determine Relevant Financial Relationships

A financial relationship, in any amount, exists between the person in control of the content and an ineligible company.



The financial relationship existed during the past 24 months.



The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.

# What are EILGIBLE Companies

Ambulatory  
procedure centers

Blood banks

Diagnostic labs that  
do not sell  
proprietary  
products

Electronic health  
records companies

Government or  
military agencies

Group medical  
practices

Health law firms

Health profession  
membership  
organizations

Hospitals or  
healthcare delivery  
systems

Infusion centers

Insurance or  
managed care  
companies

Nursing homes

Pharmacies that do  
not manufacture  
proprietary  
compounds

Publishing or  
education  
companies

Rehabilitation  
centers

Schools of medicine  
or health science  
universities

Software or game  
developers

# What are Ineligible Companies

Advertising, marketing, or communication firms whose clients are ineligible companies

Bio-medical startups that have begun a governmental regulatory approval process

Compounding pharmacies that manufacture proprietary compounds

Device manufacturers or distributors

Diagnostic labs that sell proprietary products

Growers, distributors, manufacturers or sellers of medical foods and dietary supplements

Manufacturers of health-related wearable products

Pharmaceutical companies or distributors

Pharmacy benefit managers

Reagent manufacturers or sellers

# Exceptions that Allow for Owners and/or Employees of Ineligible Companies to Participate

When the content of the activity is not related to the business lines or products of their employer/company.

When the content of the accredited activity is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.

When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.



# What if there is a financial relationship?

\* Do you have any financial relationships with ineligible companies (see list above) within the prior 24 months? There is no minimum financial threshold; you must disclose all financial relationships regardless of the amount. You must disclose to the education.

Yes  No

#### Current/Applicable Relationships

	* COMPANY NAME	* RELATIONSHIP	RELATIONSHIP ENTERED/START	RELATIONSHIP STATUS/END
*1.	Biogen	stock holder (<\$5,000)	02-12-2021	Will End On: <input type="text"/>
2.	Vertex	stock holder (<\$5,000)	02-12-2021	Will End On: <input type="text"/>
3.	Medtronic	stock holder (<\$5,000)	02-12-2021	Will End On: <input type="text"/>
4.	Merrimack Pharmaceuticals	stock holder (<\$5,000)	04-10-2020	Will End On: 02-12-2021

#### Confirmation

I confirm that the above financial disclosure is correct and up to date.

Last Confirmed On: 02/12/2021 11:55 AM

# Speakers who have **relevant** financial relationships

- Content must be reviewed prior to the presentation.
- **Content Validity – Peer Reviewer Form** will need to be completed and returned to CMIE prior to the presentation along with the **Mitigation Form**

# Content Validity Peer Review Form

## Peer\* Review Sheet: Ensuring that Clinical Content is Valid

For more information, visit  
[acme.org/standards](http://acme.org/standards)

Please answer the following questions regarding the clinical content of the education.

Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? *(Standards for Integrity and Independence 1.1)*  Yes  No

Comments:

Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? *(Standards for Integrity and Independence 1.2)*  Yes  No

Comments:

Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? *(Standards for Integrity and Independence 1.3)*  Yes  No

Comments - if no "new and evolving" topics are included, please put "na"

Does the educational activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning? *(Standards for Integrity and Independence 1.3)*  Yes  No

Comments:

Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients? *(Standards for Integrity and Independence 1.4)*  Yes  No

Comments:

**Note** \*Peer Reviewers who complete this form must have appropriate clinical expertise and no relevant financial relationships with ineligible companies, defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For more information, see Standard 1.1-1.4 of the [acme.org/standards](http://acme.org/standards).

Name and Degree of Peer Reviewer who completed this form:

Signature of Reviewer:

Date Reviewed:

# Mitigation Form:

Activity Name

Speaker/Planner or Moderator Name

Financial Relationship Disclosed

**Steps Taken:**

- The disclosed relationship is not relevant to the presentation (check and sign/date the form).
- The disclosed relationship is relevant to the presentation but it is not with an ACCME/ANCC defined Ineligible Companies listed on page 2 (check and sign/date this form).
- The disclosed relationship is relevant and with an Ineligible Company(s) - listed on page 2 (check and proceed to question 4).

4. Is the speaker/planner/moderator the employee or owner of an Ineligible Company(s) - listed on page 2

Yes: This relationship cannot be mitigated. The individual cannot be part of the planning. The presentation will not receive credit. (there are just 3 circumstances when credit is allowed, see page 2)

No: Proceed to question 5a or 5b.

Yes, but it meets one of the exceptions on page 1

The exception:

5 a. Mitigation steps for **speaker/moderator** (Select which mitigation strategy(ies) will be used):

Divest the financial relationship

Peer review of content by persons without relevant financial relationships.

Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines).

Use other methods: (please describe below):

Other method used:

5b. Mitigation steps for **planners** (Select which mitigation strategy(ies) will be used):

Divest the financial relationship

Recusal from controlling aspects of planning and content with which there is a financial relationship.

Peer review of planning decisions by persons without relevant financial relationships.


Use other methods (please describe below):

Other method used:

Course Director or Planner/Reviewer Name & Signature  Date



# Review Mitigation

- If there are ANY financial relationships listed, a **Mitigation Form** must be completed.
  - If the disclosed relationship is **not relevant** to the presentation, check that box/sign the form and upload with your application.
  - The disclosed relationship **is relevant** to the presentation, but it is with an **Eligible Company**, check that box/sign the form and upload with your application.
  - The disclosed relationship **is relevant** to the presentation, and with an **Ineligible Company**, check the appropriate boxes/sign the **Mitigation Form**, complete the **Content Validity-Peer Reviewer Form** and upload to your session for RSS or upload with your conference/enduring material application.
  - If the relationship has expired, no further action needs to be done.
- 

All relevant financial relationships must be relayed to the learners prior to the start of the activity

- For regularly scheduled series (grand rounds, tumor boards) use the Monitoring Form/Slide
- For conferences use the Conference Disclosure Form



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Speakers cannot sell books!

- They can in an exhibit hall separate from the education where the learner has a “choice” to attend.

# Activity Development:

- 1. Title
- 2. Leadership
- 3. Activity Development
- 4. Supporting Documentation
- 5. Preview
- 6. Finalize

### \* Activity Development

Use this section to submit additional information related to this activity. Click on the links below to submit the additional information

0 of 6 required items completed

- \* [Agenda, Location and Educational Format](#)  
Incomplete
- \* [Budget and Financial Relationships](#)  
Incomplete
- \* [Practice Gap and Educational Need](#)  
Incomplete
- \* [Target Audience](#)  
Incomplete
- \* [Competencies and Barriers](#)  
Incomplete
- \* [Stakeholders and Joint Providership](#)  
Incomplete



# Agenda:

## \* Age, Location and Educational Format

\* - indicates a required item.

\* Please provide a description of the activity for the learners.

\* Venue/Room

\* City

State

Country

\* What is the format of this Activity? Select all that apply. For example, if a piece of the activity will be in-person and another piece will take place via live internet (eg zoom) then please select both options.

- In-Person
- Live Streamed (Eg Zoom)
- Online Course (Enduring/recorded activity - asynchronous learning, which requires a separate application from a live activity)

\* Will this be a Conference series (same agenda offered more than once)?

Yes  No

\* Will the agenda include any topics which might be considered "sensitive" including, but not limited to, stem cell research, use of fetal tissue, abortion, medical aid in dying, euthanasia and/or other topics? (If yes, please describe.)

Yes  No

\* Please indicate if the agenda will include the following topics (which help to address Vermont's Licensing Requirements):

- This activity will include one or more lectures on Prescribing Controlled Substances.
- This activity will include one or more lectures on Hospice / Palliative Care / Pain Management.
- This activity will NOT include those topics.

\* In order to create an agenda, please complete the grid below in its entirety.

Date	Start time	End time	Title of talk	Name of speaker(s) Please list first name, last name and degree. For example: John Smith, MD	Action
1.					Remove

Add Another

## \* Educational Format

- Didactic
- Panel Discussion
- Case Presentations
- Small Group Discussions
- Hands-on Workshop
- Simulation Lab
- Roundtable Discussion
- Standardized Patient

Other:

## Any other enhancements/teaching aids?

- Toolkits
- Patient Information Packet
- Checklist
- Newsletter
- Audience Response System

Other:

Save



# Budget and Financial Relationship Tab:

1526 - Test RSS - Duplicate Incomplete

1. Title 2. Leadership 3. Activity Development 4. Supporting Documentation 5. Review 6. Finalize

### \* Budget and Financial Relationships

Ineligible Companies (ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients)

- Advertising, marketing, or communication firms whose clients are ineligible companies
- Bio-medical startups that have begun a governmental regulatory approval process
- Compounding pharmacies that manufacture proprietary compounds
- Device manufacturers or distributors
- Diagnostic labs that sell proprietary products
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements
- Manufacturers of health-related wearable products
- Pharmaceutical companies or distributors
- Pharmacy benefit managers Reagent manufacturers or sellers

How can I tell if a company is an ineligible company (formerly known as a commercial interest): [ACCME FAQ](#)

**Please NOTE:** In order to accept support from an Ineligible Company, **Letters of Agreement** must be signed and approved by **LVM CMIE PRIOR** to the activity. There are specific requirements that must be met for accreditation purposes.

\* - Indicates a required item.

\* Are you seeking support (Grants or In-Kind) from INELIGIBLE Companies?  
 Yes  No


\* Are you seeking support (Grants or In-Kind) from ELIGIBLE Companies?  
 Yes  No

\* Will you be collecting any funds from exhibitors?  
 Yes  No

\* Is there a fee to register for this activity?  
-- SELECT --

\* Are you the financial representative for this program?  
 Yes  No

Save



# Practice Gap and Educational Need:

1. Title 2. Learner(s) 3. Activity Development 4. Supporting Documentation 5. Preview 6. Finalize

### Practice Gap and Educational Need

A Gap is the difference between what actually occurs and the ideal or best practice. The Need is the result - what the learner needs to know or to be able to do.

\* - indicates a required item.

1. \* Best Practice (What is the ideal/what would you like to have?)

Remaining: 1000

2. \* What Currently Occurs?

Remaining: 1000

3. \* State the educational need(s) that you determined to be the cause of the professional practice gap(s). What do learners need to know?

* Educational Gap	* Educational Need	Action
* a. <input type="checkbox"/> Skills/Strategy: They don't know what to do/how to treat. <input type="checkbox"/> Performance/Relationships: Need to learn/improve technical and/or communication skills	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>	Remove

[Add Another](#)

4. \* How are you aware of the educational need? Select all that Apply. Please note that only one must be uploaded as evidence. This evidence can be uploaded into the tab titled documentation in this portal.

- Internal/External QI Data
- Patient Care Audit
- New info. on techniques, treatment plans etc.
- Clinical Practice Data
- Admission/Discharge Data
- Focus Panels
- Quality Assurance Studies
- Practice Profiles
- Survey of Targeted Audience
- National Association or Government Source has identified a problem area
- Other:

5. \* Please indicate if any of the following are true for this activity (select all that apply).

- This activity integrates the use of health and/or practice data of its learners in the planning. (Commendation Criteria JAC 17)
- This activity has identified and will address factors beyond clinical care (e.g., social determinants) that affect the health of patients (Commendation Criteria JAC 18)
- This activity will include direct observation and formative feedback to optimize COMMUNICATION SKILLS of learners. (Commendation Criteria JAC 20)
- This activity will include direct observation and formative feedback to optimize TECHNICAL AND PROCEDURAL SKILLS of learners. (Commendation Criteria JAC 21)
- None of these apply to this activity.

# Target Audience:

1. Title 2. Leadership 3. Activity Development 4. Supporting Documentation 5. Preview 6. Finalize

\* Target Audience

\* - indicates a required item.

**I** Is this activity interprofessional continuing education (IPCE): an activity planned by the team and for the team? The IPCE requirement is that two or more professions, representative of the target audience, helped to plan the educational content.

Yes  No

Please check which types of credit you will be applying to UVM for:

- Physician
- Nursing
- Pharmacy
- Pharm Tech
- Physician Assistant
- Social Work
- MOC

PLEASE NOTE: You cannot share the names or contact information of learners with any ineligible company or its agents without the explicit consent of the individual learner.

If you plan on sharing an attendee list with anyone, please ask the following question (or similarly worded) as part of your registration:

**We create an attendee list that includes name, degree, city and state. This list is shared with conference attendees and exhibitors (if any). Regarding the attendee list:**

- YES-You may share limited information (Name, Degree, City and State) or
- NO-Please do not share my information.

\* Will this activity be open to the public (anyone can claim credit) or will you be providing us with a registration list prior to the event (only those individuals can claim credit)?

Open to All (Anyone can come and claim credit)

Limited to Certain Participants - I will provide you with a registration list. (CMIE will provide you with a template with the required information to collect.)

\* We are encouraged to include patients and/or students in planning or presenting material. Please indicate below if you have any patients or students involved in your activity. (Select all that apply.)

- We do not have any patients or students/residents involved in this activity.
- We have patients involved in planning this activity.
- We have patients involved in presenting content.
- We have Students or Residents involved in planning this activity.
- We have Students or Residents involved in presenting content.

Save

# MOC Credit

- American Board of Anesthesiology (ABA)
- American Board of Internal Medicine (ABIM)
- American Board of Ophthalmology (ABO)
- American Board of Otolaryngology – Head and Neck Surgery (ABOHNS)
- American Board of Pathology (ABPath)
- American Board of Pediatrics (ABP)
- American Board of Surgery (ABS)

# Where to Add MOC Credit:

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1526 - Test RSS -- Duplicate

Incomplete

- 1. Title
- 2. Leadership
- 3. Activity Development
- 4. Supporting Documentation
- 5. Preview
- 6. Finalize

## \* Target Audience

\* - indicates a required item.

\* Is this activity interprofessional continuing education (IPCE): an activity planned by the team and for the team? The IPCE requirement is that two or more professions, representative of the target audience, helped to plan the educational content.

Yes  No

Please check which types of credit you will be applying to UVM for:

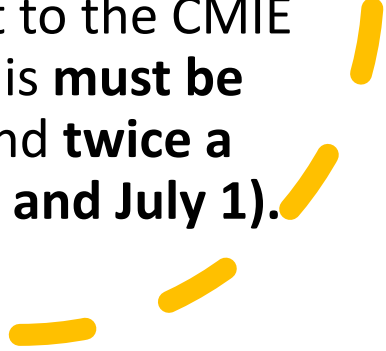
- Physician
- Nursing
- Pharmacy
- Pharm Tech
- Physician Assistant
- Social Work
- MOC

\* Please indicate which type of MOC credit you will be applying for:

- American Board of Anesthesiology (ABA)
- American Board of Internal Medicine (ABIM)
- American Board of Otolaryngology - Head and Neck Surgery (ABOHN)
- American Board of Pathology (ABPATH)
- American Board of Pediatrics (ABP)

Then select which type of MOC credit you will be applying for.

# MOC Credit for RSS/Grand Rounds and Conferences

- You can select the Board you are interested in when completing your application.
  - CMIE will need to approve any marketing information/including web pages to verify the wording is correct.
  - The learners will have to complete a reflective statement.
  - The Course Director will have to review/approve reflective statements.
  - Once approved, these must be sent to the CMIE office and credit will be upload – this **must be within 30 days** of the conference and **twice a year** for RSS activities (**December 1 and July 1**).
- 

# Competencies and Barriers:

## • Competencies and Barriers

\* - indicates a required item.

### \* Competencies

#### Institute of Medicine

- Provide Patient-centered Care
- Work in Interdisciplinary Teams
- Employ Evidence-Based Practice
- Apply Quality Improvement
- Utilize Informatics

#### Interprofessional Education Collaborative

- Values/Ethics for Interprofessional Practice
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

Other :

### \* What potential barrier(s) do you anticipate attendees may have in incorporating new knowledge, competency, and/or performance objectives into practices?

- Lack of time
- Lack of resources
- Insurance/Reimbursements issues
- Patient compliance issues
- Lack of practice
- Lack of consensus on professional guidelines
- Systems barriers

Other :

### \* Please identify how this barrier will be addressed. (For example, "lack of practice" might be addressed by a hands-on workshop; "communication" might be addressed by a lecture on motivational interviewing.)

### \* Which of the following outcomes will be measured (select at least one):

- Learner/Team Competence (Learner/Team shows HOW TO DO)
- Learner/Team Performance (Learner/Team DEMONSTRATED in Practice)
- Patient Health (Effects of what Learners/Team has done for a FEW)
- Community/Population Health (Effects of what Learner/Team has done for MANY)
- Learner Knowledge (Learner Knowledge will also be measured for this activity. CANNOT be the ONLY measurement selected)

### \* How will you measure the change in skill/strategy, performance (of the learner and/or healthcare team), and/or patient outcomes? Please provide a report 1-2 months after your activity.

- Follow-up survey to measure SUBJECTIVE change in your learners or healthcare team (Learner/Team self identifies changes.)
- Hands-on workshop/sim/lab with instruction/guidance (OBJECTIVE)
- Measure change in QI data (OBJECTIVE Measurement for patient or community health.)
- Direct observation (OBJECTIVE measure of Learner/Team performance.)
- Measured M&M rate (OBJECTIVE measurement of change in patient/community health.)

Other :



# Stakeholders and Joint Providership:

---

1. Title 2. Leadership 3. Activity Development 4. Supporting Documentation 5. Preview 6. Finalize

## Stakeholders and Joint Providership

\* - indicates a required item.

\* Are there any internal/external stakeholders with whom you partner on this issue?

Yes  No

### Joint Providership

Directly (University of Vermont/University of Vermont Medical Center)

Jointly Provided

Save

# FORMS:

Checklist

Planning  
Committee  
Summary

Course Director  
Attestation Form-  
Content Validation

Disclosure  
Mitigation Form

Content Validity-  
Peer Review Sheet

Monitoring Form  
for RSS's

Conference  
Disclosure Form

Support from  
Ineligible  
Companies  
Agreement

Forms –  
Where are  
they located?

The screenshot shows a web browser at the URL [med.uvm.edu/cmie/home](https://med.uvm.edu/cmie/home). The browser's address bar and several tabs are circled in orange. The website header features the University of Vermont logo and the text "The University of Vermont LARNER COLLEGE OF MEDICINE". Below the header is a large blue banner with the text "Continuing Medical and Inter-profess". A navigation bar contains the following items: "COLLEGE OF MEDICINE", "Home", "Conferences", "Grand Rounds", "Online CMIE", "Plan an Activity", and "Credits". The "Plan an Activity" menu item is highlighted with an orange arrow pointing to it. Below the navigation bar, the "Plan an Activity" section contains the following text:

**Plan an Activity**

The application to apply for credit is all electronic. Once you have created an account in the [MyCredits Portal](#), please click on the dashboard icon in the top left of the screen and select My Applications. Please use the [Application Checklist](#) to make sure all necessary items have been completed/uploaded.

Please note that applications are due 30 days prior to the start of the activity. If it is not within that deadline, but within 10 business days of the activity, there will be a rush fee of \$500. Applications received less than 10 business days, will not be considered.

**Before You Begin an Application**

On the right side of the page, there is a "Quick Links" section with the following links:

- [My Credits](#)
- [Conferences](#)
- [Contact Us](#)

Below the "Quick Links" section, there are two buttons: "Forms" and "Speakers' Corner". An orange arrow points to the "Forms" button.

## Create New Application

Use the tabs below to submit your application. Required items are noted in **red text** and must be completed before submitting your application. You may click on any of the other tabs after completing the title tab.

Please be sure to click Save before moving on to (or clicking) the next tab. Any unsaved data will be lost.  
Please do not use the browser's back button to navigate to the previous page.

1266 - 2022 Emergency Medicine Conference

Incomplete

1. Title

2. Leadership

3. Activity Development

4. Supporting Documentation

5. Preview

6. Finalize

### \* Supporting Documentation

Use the form below to upload documents. To upload a document, select the classification below, then click the add document button, and use the uploader to upload your document.

Sample documentation:

- Checklist for completing the application
- Planning Committee Meeting Summary Form
- Sample Disclosure Page (Conference)
- Sample Monitoring Form (RSS - UVM)
- Sample Monitoring Form (RSS - Non-UVM)
- Monitoring Form Disclosure Slide
- Disclosure Mitigation Form
- Support for Ineligible Companies Agreement
- Content Validity Peer Review Sheet
- Content Validity Planner Review Sheet
- Course Director Attestation
- Income & Expenses Sheet

If you are receiving any support grants/in-kind:

If you are accepting any support or in-kind donations (equipment) please list all in your application.

If you accept support from Ineligible Companies, please have them complete and sign The Support for Ineligible Companies Agreement form.

Once Your Application Is Approved:

The screenshot shows the user interface of the LARNER COLLEGE OF MEDICINE dashboard. At the top, there is a navigation bar with links for MY CREDITS, CONFERENCES, UVM ONLINE CMIE, REGULARLY SCHEDULED SERIES, and APPLICATIONS. Below this is the university's logo and name. The main content area is titled "Dashboard" and contains several panels:

- Profile:** Includes links for My Profile, Update Password, Bio/Photo, and Orders.
- Credits:** Includes links for My Credits, UVM Online CMIE, My External Certificates, and My Department Staff Transcripts.
- Important Actions:** Includes a link for My Applications.
- Forms:** Includes a link for Financial Disclosure.
- Speaker / Coordinator Center:** Includes links for OB/Gyn Grand Rounds FY2021, Gynecology Ultrasound Conference FY2021, Obstetrical Ultrasound Perinatal Diagnosis FY2021, and Activity Title.
- Applications:** Includes a link for My Applications.

Two red annotations are present: one pointing to the "Dashboard" link in the top navigation bar with the text "Coordinator logs in and navigates to Dashboard", and another pointing to the "Gynecology Ultrasound Conference FY2021" link in the Speaker / Coordinator Center panel with the text "Select Activity Here".



# Speaking Assignments:

## Activity Center

3M Clinical Documentation FY22 - May 2022 Session

Course  
May 9, 2022 12:00 PM - May 13, 2022 1:00 PM

Reporting

Open

Speaking Assignments

Open

Please complete the following steps by filling out the required information at each step. Your invitation will be complete when the status of all forms and documents is "Complete". All information is required.

### Forms

Title	Status	Required
Conference Disclosure Attestation Form	Completed   View/Print	Yes
Financial Disclosure	Completed   View/Print	Yes

### Schedule

Use this section to review your schedule and submit any additional documents or forms pertinent to your role.

Preview Schedule

Activity Center

## 3M Clinical Documentation FY22 - May 2022 Session

Mon, 5/9

Event Title: 22-500-73 - 3M Clinical Documentation FY22 - May 2022 Session: Medical Interns and Residents

Type: Course

Time: 12:00 PM - 1:00 PM

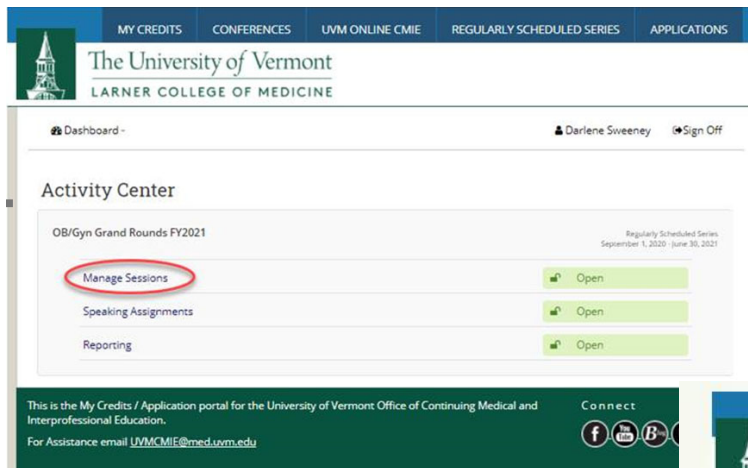
Location: Virtual

Role: Conference Coordinator

Submit Document Upload Document



# Creating a Session – MANAGE SESSIONS



MY CREDITS   CONFERENCES   UVM ONLINE CMIE   REGULARLY SCHEDULED SERIES   APPLICATIONS

The University of Vermont  
LARNER COLLEGE OF MEDICINE

Dashboard -   Darlene Sweeney   Sign Off

Activity Center




OB/Gyn Grand Rounds FY2021 Regularly Scheduled Series  
September 1, 2020 - June 30, 2021

Manage Sessions Open

Speaking Assignments Open

Reporting Open

This is the My Credits / Application portal for the University of Vermont Office of Continuing Medical and Interprofessional Education.  
For Assistance email [LIVCMIE@med.uvm.edu](mailto:LIVCMIE@med.uvm.edu)

Connect   

Click on Manage Sessions to create/edit a session.



MY CREDITS   CONFERENCES   UVM ONLINE CMIE   REGULARLY SCHEDULED SERIES   APPLICATIONS

The University of Vermont  
LARNER COLLEGE OF MEDICINE

Dashboard -   Darlene Sweeney   Sign Off

My Sessions To Build for OB/Gyn Grand Rounds FY2021

Use the options below to build out your session shells

Create Session from Pre-Approved Template Back to Activity Center

Click Create Session from Pre-Approved Template to add a new session.

Dashboard -

### Edit Ob/Gyn Grand Rounds FY2021 Instructions

Use the option below to set the date, time and location of the course.

\* - indicates a required item.

\*Title:

Code:  Remainder

\* Starts On:

\* Ends On:

Location:

Room:

Credits: 1

Description:

Add Session title to the existing activity title

- Keep the activity title so it can be searched for

Update the code number

- Add 01 for your first session, 02 for your second...

Update start/end date

Click on the drop-down arrow to select location/room

- If it is not listed, let us know so we can add it

Optional

Description of session

Objectives map over from the application, but you can update

**Remember to CLICK  
SAVE**

Once the session has been created from the template

- You can preview your session
- Add your speaker (Manage Roles)
  - If they are new to the system, you will need to send them directions to complete their disclosure
  - Check financial disclosures to see if anything needs to be mitigated
- You can edit a session (edit session)
- You can cancel the session (cancel)
- Make your topic searchable (manage categories)
- Get the QR Code (reporting)

21-117-17 - Ob/Gyn Grand Rounds FY2021\_Patient and Family Centered Care

January 26, 2021  
7:30 AM - 8:30 AM

[Preview](#) · [Edit Session](#) · [Manage Roles](#) · [Manage Categories](#) · [Reporting](#) · [Cancel](#)

## Make your sessions SEARCHABLE

- Click on Manage Categories
- Select any credit type (Hospice, Palliative Care and Pain Management is always on demand)
- Add departments/topics (we can always add if something is missing)

### Topic Categories for OB/Gyn Grand Rounds FY2022-- Internati

Credit Types	
<input type="checkbox"/> ADD	HOSPICE, PALLIATIVE CARE AND PAIN MANAGEMENT
<input type="checkbox"/> ADD	Interprofessional Continuing Education (IPCE)
<input type="checkbox"/> ADD	MD, DO, ND or International Equivalent
<input type="checkbox"/> ADD	Nursing
<input type="checkbox"/> ADD	Pharmacy
<input type="checkbox"/> ADD	Physician Assistant
<input type="checkbox"/> ADD	PRESCRIBING CONTROLLED SUBSTANCES
<input type="checkbox"/> ADD	Social Work

UVM Medical Center Departments	
<input type="checkbox"/> ADD	Anesthesia
<input type="checkbox"/> ADD	Cardiology
<input type="checkbox"/> ADD	Dermatology
<input type="checkbox"/> ADD	Diabetes
<input type="checkbox"/> ADD	Emergency
<input type="checkbox"/> ADD	Endocrinology
<input type="checkbox"/> ADD	Epic UVMHN
<input type="checkbox"/> ADD	Family Medicine
<input type="checkbox"/> ADD	Gastroenterology

## Reports Menu for Ob/Gyn Grand Rounds FY2021\_Patient and Family Centered Care

Activity Reports for OB/Gyn Grand Rounds FY2021

### Session Reports

Status Report



### RSS Coordinator

Darlene Sweeney - Ob/Gyn Grand Rounds FY2021\_Patient and Family Centered Care

### Speaker

Maria Avila - Ob/Gyn Grand Rounds FY2021\_Patient and Family Centered Care

Gina Carrera - Ob/Gyn Grand Rounds FY2021\_Patient and Family Centered Care

### CEU/CME Reports

Get QR Code

Credit Report



## Session Reporting Tab

### Status Report

- See if your speaker has completed their disclosure
- Create a QR Code for your learners
- Credit Report to see who claimed credit

Activity Center  
REPORTING – This  
will give you overall  
reports for your  
series

MY CREDITS   CONFERENCES   UVM ONLINE CMIE   REGULARLY SCHEDULED SERIES   APPLICATIONS

The University of Vermont  
LARNER COLLEGE OF MEDICINE

Dashboard   Darlene Sweeney   Sign Off

### Activity Center

OB/GYN Grand Rounds FY2021 Regularly Scheduled Series  
September 4, 2019 - June 30, 2021

<a href="#">Reporting</a> <small>Closes: Fri, 12/25, 2020</small>	<a href="#">Open</a>
<a href="#">Manage Sessions</a> <small>Closes: Fri, 1/8, 2021</small>	<a href="#">Open</a>
<a href="#">Speaking Assignments</a> <small>Closes: Fri, 1/8, 2021</small>	<a href="#">Open</a>

#### Course Director

Lauren MacAfee

#### Faculty

Rachel Psoinos  
Mallika Anand

#### Activity Coordinator

Darlene Sweeney  
Lauren MacAfee

#### Planning Committee Member

George Till  
Cheung Wong  
Sandra Sperry  
Marjorie Meyer  
Misty Blanchette-Porter

#### Registrant Reports

Responses for the Form - Financial Disclosure

#### Event Reports

Status Report

#### CE Credit Reports

Overall Evaluation Responses - Overall Series Survey for Fiscal Year 2022  
Overall Evaluation Response Summary - Overall Series Survey for Fiscal Year 2022  
Activity Awarded Credit Summary

Click here to view  
Financial Disclosures  
reports for all sessions.

Click here to see  
the Overall Series  
Survey

List of attendees for  
your sessions as well  
as their emails

# Activity Center SPEAKING ASSIGNMENTS – Complete monitoring form and upload documents

## Activity Center

OB/Gyn Grand Rounds FY2022

Regularly Scheduled Series  
September 1, 2021 7:30 AM - June 30, 2022 8:30 AM

Manage Sessions

Open

Speaking Assignments

Open

Reporting

Open

Please complete the following steps by filling out the required information at each step. Your invitation will be complete when the status of all forms and documents is "Complete". All information is required.

### Forms

Title	Status	Required
Financial Disclosure	Completed   <a href="#">View/Print</a>	Yes

### Schedule

Use this section to review your schedule and submit any additional documents or forms pertinent to your role.

[Preview Schedule](#)

[Activity Center](#)

### OB/Gyn Grand Rounds FY2022

Tue, 9/7

Event Title: 22-117-01 - OB/Gyn Grand Rounds FY2022-- Female Sexual Function Concerns: Where Do I Begin?

Type: Regularly Scheduled Series/Grand Rounds

Time: 7:30 AM - 8:30 AM

Location: UVM Medical Center - Burlington, VT

Role: RSS Coordinator

[Submit Document](#) [Upload Document](#)

Monitoring Attestation Form

Completed | [View/Print](#)

