Coordinator Application and My Credits Module

April/May 2017
In support of improving patient care, The Robert Larner College of Medicine at The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

New wording with logo! Please update forms starting July 1.
Award Credit

- For Physicians
- For Nurses
- For Pharmacists
What is Interprofessional Continuing Education (IPCE)?

- **Education that is planned BY the team and FOR the team.**
  - 2 or more professions involved in planning, representative of the target audience
  - Does not have to be just MDs, RNs, Pharmacists. Can be any other profession (Eg SW, MH)
  - Designed to change performance of the team and/or patient outcomes
  - Gives an opportunity to learn with, from and about each other.
  - Interprofessional competencies: values/ethics, roles/responsibilities, interprofessional communication, and/or teams/teamwork
Not IPCE

- 2+ professions on planning committee (Eg RN + Pharmacist)
- Planning committee is reflective of target audience
- Information presented is applicable to both groups
- No opportunity to learn with, from or about each other.
- Focus is not on the team and/or patient outcomes.

Can still award credit for each group, but it is not IPCE
So….what’s the big deal?

- Build bridges through collaboration $\Rightarrow$ Improved patient care
- 1 application and a unified approach
- ....but 25% of our activities must meet the definition of IPCE in order to retain joint accreditation
The Process

At **least** 45 days in advance:

- **Planning committee** – representative of target audience.
  - NOTE: Nurse Educator required for an activity to be approved for nursing credit. There is a list of approved nurse educators on our website under Plan an Activity.

- Decide on **activity goals**... IPCE?
  - If yes, consider the requirements.

- Document the **Gap**....why is this training needed?

- **Identify faculty**

- **Start application** - must be completed and submitted at least 30 days prior to the activity. You cannot submit until all your listed faculty have signed their disclosures.
“My Credits” Portal

My Credits
My Applications
My Activity Center
My Required Forms

https://www.highmarksce.com/uvmmmed
(Link on our CME page)
Continuing Medical Education

Plan an Activity

The Robert Larner College of Medicine at The University of Vermont is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing medical education for the healthcare team. The University of Vermont is ultimately responsible for all aspects of a program for which it designates credit. In order to ensure that all requirements mandated by the ACCME/ANCC/ACPE are met, the following guidelines are presented to assist applicants in preparing the application for credit.

The application can be found online in our "My Credits" CME Tracking System. All programs must apply online. ApplicationsPlanning documents must be completed prior to the educational activity. Credit cannot be awarded retrospectively. Applications must be completed and finalized no later than 30 days prior to the start of the activity or 90 days for jointly provided activity.

Each proposed program must:

- Clearly identify a gap: What is the problem/fact that you want to address? Need: Why does it exist? How do you know that the problem/fact exists?
- Objectives: How do you plan to change it? Measurement process: How effective are you in measuring change? Does the problem still exist? Were there any barriers preventing change?

A planning committee comprised of those members actively involved in the development and organization of the program will be necessary. The committee must include a course director who will be designated to assume full responsibility for the educational activity. Please be ready to upload copies of your planning minutes with your application.

We encourage interprofessional continuing education (IPCE): Planning for the team and for the team. If you are developing an IPCE, please include the team members on your planning committee who will be representing your target audience. It is a tool to achieve at least two professions, but does not have to be just MDs, RNs, and Pharmacists. It can include other professions such as Social Workers or Mental Health Providers. If you would like to develop an IPCE activity but need help putting together the appropriate planning team, please contact the CME Office for assistance.

In order to receive nursing credit, an approved nurse educator should be included in the planning process. We have attached a list of educators in "additional forms" below.

Disclosure statements must be signed by all those in control of the content (course director, planning committee members, presenters, moderators, etc.). They will be done electronically in the application. We no longer accept paper disclosure forms. If you discover there is a possible conflict of interest (COI), you will have to upload a COI resolution form with your application (located in "additional forms" below). When distributing brochures, flyers, or other program announcements, a copy of the proposed piece must be reviewed and approved by the CMEO prior to printing. Precise and accurate accommodation language must appear on all program brochures, flyers, or announcements. You will receive a nodding once your application has been approved. You do not need to include the full wording on Save the Dates.

Commercial support for an approved CME activity may be accepted. The CMEO requires a signed Letter of Agreement from each organization. Please note that the CMEO assesses a 5% fee on all commercial support received. Please refer to the ACCME/ANCC Standards for Commercial Support below.

An evaluation form must be utilized to assess whether or not the objectives of the activity were met. A sample of the evaluation tool to be used must accompany the application.

Measurement of your post activity assessment must be received 3-4 months after the activity.

In order to receive CME credit participants must fill out an evaluation form online within 30 days of the activity.

Additional Forms/Information

http://www.med.uvm.edu/cme
Use the method of log in you are connected with:
- Hospital - M or P number
- UVM - PeopleSoft
- College of Medicine - COM
Completing the application
If you duplicate an application from a previous one, please note that all faculty will be sent a notification that they have been listed as a course director/planner/or faculty for that event.
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.


*Title
Please provide the title of your activity below.

Test For Nurse Educators

*Application Type

Regularly Scheduled Series (RSS)

*Credit Hours Requested

Note: The amount of credit requested must have supporting documentation that meets the accrediting body’s guidelines. Amount requested may not always be granted.

1

*Activity Start Date

05-05-2017

Save
Tabs will turn green when they are completed.
If the disclosure is complete, click on the words “Financial Disclosure” to see if there is any possible conflicts to resolve.
Financial Disclosure

* - indicates a required item.

*Do you and/or your spouse/partner have any financial relationship with any commercial interest currently or within the last 12 months? Any dollar amount constitutes a relationship. (The ACCME definition of a commercial interest is "any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients". Please see the link below for exceptions and more information.)

☐ Yes  ☐ No

Confirmation

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

Last Confirmed On: 07/22/2016 10:20 AM
The data was saved successfully.

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**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 of the required items on this step have not been completed.
1. Planning Committee Member is required.
2. Faculty is required.

**Main Contact**

1. Mary Gagne, MD - LYM/CME
   Edit/Reload | Remove Financial Disclosure (Completed)

**Course Director(s)**

No Course Director has been submitted.

Add Course Director

**Planning Committee Member(s)**

No Planning Committee Member has been submitted.

Minimum Planning Committee Member Required: 1 Add Planning Committee Member

**Faculty(s)**

No Faculty has been submitted.

Minimum Faculty Required: 1 Add Faculty

Save
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.

Find Course Director

Use the options below to search for the Course Director.

To search, simply type the first or last name in the search field. For example, searching for "Mary" could return "Mary Gagne" and "Mary Smith".

To restrict your search, type last name, first name. For example, "Gagne, Mary".
If you duplicated your application from last year, you will need to select each item and answer any new questions that have been added.
Target Audience Objectives, Designed to Change

* Please check which type of credit you will be applying for:
  - Physician
  - Nurse
  - Pharmacist
  - Other:

* Please identify the objective for each target audience group and the planner who will represent that audience. You are required to have one representative for each group you wish to receive credit for: Physician, Nurse, Pharmacist, and Other:

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Planner Who Represents Target Audience</th>
<th>Objectives Designed to Change</th>
<th>Objective By the end of the activity, the target audience should be able to: (PLEASE LIST THREE OBJECTIVES &amp; APPLYING FOR PHARMACY CHDT)</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td></td>
<td>Complicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td></td>
<td>Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacist</td>
<td></td>
<td>Patient Outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If applying for Pharmacy Credit, please select the target audience:
- Pharmacists
- Pharmacy technicians
- Other

If applying for Pharmacy Credit, please select the primary pharmacy topic designation:
- Please State Management/Drug Therapy
- AIDS Therapy
- Law Related to Pharmacy Practice
- General Pharmacy
- Patient Safety

* Is a patient or family advisor part of your planning committee?
  - Yes
  - No

* 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 who claim credit:
  - Anyone use name and claim credit
  - We will provide you with a registration list. CME will provide you with a template on necessary information to collect.
Always remember to **SAVE** before leaving the tab.
**Competencies and Barriers**

- Indicates a required item.

1. Competencies
   - Interprofessional Education Collaborative
     - Values/Ethics for Interprofessional Practice
     - Roles/Responsibilities
     - Interprofessional Communication
     - Teams and Teamwork
     - Other Competencies
   - ACGME/ABMS
     - Patient Care and Procedural Skills
     - Knowledge
     - Practice-based Learning and Improvement
     - Interpersonal and Communication Skills
     - Professionalism
     - System-based Practice
   - Institute of Medicine
     - Patient and Family-Centered Care
     - Interdisciplinary Teams
     - Evidence-based Practice
     - Quality Improvement
     - Informatics

2. What potential barriers do you anticipate attendees may have in incorporating new knowledge, competency, and/or performance objectives into practice?
   - Lack of time
   - Lack of resources
   - Insurance/Reimbursement issues
   - Patient compliance issues
   - Lack of practice
   - Lack of consensus on professional guidelines
   - Systems barriers
   - Other:

3. Please identify how the 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.)

   Other:
### Educational Format

* Indicates a required item.

#### 1. Educational Format
- Didactic
- Panel discussion
- Case presentations
- Small group discussions
- Hands-on workshop
- Simulation lab
- Roundtable discussion
- Standardized patient
- Other: [ ]

#### 2. Any other enhancements?
- Toolkit
- Patient information packet
- Checklists
- Newsletter
- Audience response system
- Other: [ ]

#### 3. Will this program address the following
- Pain Management
- Controlled Substances
- End of Life Care

[Save]
Reminder that Gap Reports are due July 1 for previous year. We can help with a survey attached to your RSS. If you use the survey, information collected could be your gap documentation for this coming year.
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.

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Incomplete

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.

* Document Classification:

- SELECT -
  - Announcement
  - Commercial Support Letter of Agreement
  - Conflict of Interest Resolution Form
  - Gap Documentation
  - Planning Committee Minutes
  - Sample Monitoring Form
  - Additional Information

This is the website for the Untitled Application.

Finalize
http://www.med.uvm.edu/cme
Coordinator Module

Coordinator Logs in and Navigates to “My Activity Center”
The Activities for which you are assigned to will appear. Select the desired activity to manage sessions or view reporting (this shows a “ready room” – this would show only if the you were also a speaker).
Choosing to create a session:
For new and existing sessions, you will be able to edit:

- Workshop Number
- Start time
- End time
- Location
- Room - if it is not listed, let us know and we will add it.
- Description
- Objectives
Once you have created a new session you can modify it. These are the functions available:

You can cancel a session, but once you do, you will need to call us if you want to reopen.
You can click on “View Disclosure” to see if there are any possible conflicts to resolve.
Manage Roles:

This is where you will add or remove a speaker (or another coordinator if you work with someone else).

Reminder that you will need to notify/send directions to your speaker(s) after you add them to your session so that they can complete the disclosure form.
## Search Speakers

Use the options below to find speakers.

<table>
<thead>
<tr>
<th>Search Criteria</th>
<th>Sorting Criteria</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Search Criteria

- **Last Name:**

### Sorting Criteria

- **Sort By:**
  - Last Name

### State/Province/Region

- **State/Province/Region:**

- **Preferred Email:**

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### Available Speakers for Medicine Grand Rounds FY 2017

#### Role Details
- **EvFullCoordinator:** (EvFullCoordinator) Activity Coordinator (Session Assignment)
- **EvRSSCoordinator:** (EvRSSCoord) RSS Coordinator
- **EvSpeaker:** (SpeakerMaster) Speaker

<table>
<thead>
<tr>
<th>Role(s)</th>
<th>Last Name</th>
<th>Middle Name</th>
<th>First Name</th>
<th>City, State</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>EvFullCoordinator:</td>
<td>Gagne</td>
<td></td>
<td>Bob</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EvRSSCoordinator:</td>
<td>Gagne</td>
<td></td>
<td>Havaleh</td>
<td>Burlington, VT</td>
<td>United States</td>
</tr>
<tr>
<td>EvSpeaker:</td>
<td>Gagne</td>
<td></td>
<td>Mary</td>
<td>Burlington, VT</td>
<td>United States</td>
</tr>
<tr>
<td>EvFullCoordinator:</td>
<td>Gagne</td>
<td></td>
<td>Murphy</td>
<td>c, VT</td>
<td>United States</td>
</tr>
<tr>
<td>EvRSSCoordinator:</td>
<td>Gagne</td>
<td></td>
<td>Peg</td>
<td>Burlington, VT</td>
<td>United States</td>
</tr>
</tbody>
</table>

[Assign]
Can’t find the person in the system? Select one of the role links below to manually add a person to this event.

Add New Speaker

Contact Information

* First Name:
Middle Name:
* Last Name:
Phone Number:
* Preferred Email:

Submit
Manage Documents:

Here you can upload a COI if a speaker had a possible conflict that needed to be resolved. Also, presentations or bios. Anything specific to THIS SESSION. Monitoring forms only have to be uploaded if there is a change or a COI to disclose.
Documents must be Word, PDF or PowerPoint format. Will not accept videos unless they are within a PowerPoint Presentation.
You can edit documents (If a speaker updates his/her slides, they can be removed and uploaded again). This will not be visible to your attendees unless they are approved (if you would like them visible, please contact Karen).
Reporting:

Status report: Shows the status of documents related to that session. It will allow you to click the Speakers name to generate an email if you need to remind them to do something.
Event Status Report

Friday, Jun 16

17-104-42 - Medicine Grand Rounds FY 2017

8:00 AM - 9:00 AM
Davis Auditorium

RSS Coordinator

1. Ms. Tara Scribner MD
   UVM Medical Center
   111 Colchester Ave
   South Burlington Vermont 05401
   Phone Number: 802-847.1309
   Preferred Email: tara.scribner-metcalf@uvmhealth.org
   Bio: X Not Completed

Forms

Financial Disclosure (Required): ✓ Completed

Monitoring Attestation Form (Required): X Not Completed

Document

X Missing Document
### Speaker

1. **Sterling Halfors MD**

   **Address:** 123 Road, Marriottsville, United States

   **Phone Number:** x309

   **Preferred Email:** sterling.halfors@attendeeinteractive.com

   **Bio:** Not Completed

### Forms

- **Financial Disclosure (Required):** Not Completed

There are no forms to be completed.

<table>
<thead>
<tr>
<th>Document</th>
<th>Public</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800_Halfors_1710442.pdf</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The credit report will show you a list of attendees for this session. The Session Evaluation will show you evaluation information once it is completed.
• Applications for July activities are due June 1.
• If you take the summer off, please submit by August 1.
• You will not have access to My Activity Center until your applications have been approved.
• Send us any questions or suggestions.

Any Questions?

Feel free to call Mary or Karen at 656-2292
or email
mary.gagne@med.uvm.edu
Karen.whitcomb@med.uvm.edu