Learning from Teaching CME Claim Form

The purpose of Learning from Teaching CME is not to reward teaching of students and residents, but to acknowledge the learning that takes place in preparation or in the process of these interactions.

Please complete this form at the end of the calendar year or once you have completed 10 hours of learning. Multiple activities can be recorded on each Claim Form to total 10 hours. Physician-Faculty will be awarded 2.00 credits for every 1 hour of learning up to a maximum of 10 hours of learning/20.00 AMA PRA Category 1 Credit(s)™ annually.

Name ___________________________________________ Email ___________________________

Institution/Organization VCMC Family Medicine Residency/VCHCA CME Department

Disclosure of Relevant Financial Relationships (please check one)
A commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

☐– I do not have any relevant financial relationships with any commercial interest.
☐– I have relevant financial relationships with commercial interests – Must complete required CME Department Disclosure form or verify it is on file.

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<th>Topic or activities (include title when appropriate)</th>
<th>Date(s) of Learning</th>
<th># Hours</th>
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Who were your learners? (PLEASE NOTE: the credit is only open to physicians teaching VCMC Family Medicine Residents.)
☐ Graduate medical education (i.e. residents and/or fellows)

Type(s) of teaching activity?
☐ Supervising clinical or simulated activities
☐ Teaching clinical or other skill
☐ Other – Please list: ____________________________________________________________________________________________

☐ Lecture to residents
☐ Mentoring

What was your practice/learning gap for the teaching experience?
A professional practice gap is the difference between what actually occurs and what ideal or evidence-based practice should be. You will need to define what the problem or needs might be based on what actually occurs, versus what the ideal practice should be. EXAMPLES – Resident feedback shows that they are not learning what I teach them about reading EKGs. – Difficulties in readily conveying complex information to hold Residents attention. Residents are not competent to perform invasive procedures (e.g. central line, lumbar puncture, chest tube, etc.) without an attending present to guide and highlight salient points, apply risk benefit assessment, to address professionalism; difficulty providing negative feedback to some learners, etc.
What learning approach did you apply to address this gap in knowledge or competence?

- Research (Review current literature, chart review & analysis, consultation, ACGME Milestones, In-Training Exam results)
- Reflection
- Develop new teaching materials

Source(s) of data used for learning?

*Examples can include APS modules, ACGME Milestones, Up To Date, Resident Evaluations, In-Training Examination Results, ALSO Training Materials, ATLS Training Materials, Core Competencies, VCHCA Practice Guidelines, USPSTF, etc.*

What were your intended outcomes?

- Improved teaching skills
- Improved patient management
- Improved competence or performance as a teacher

What competencies did your learning address?

- Medical knowledge
- Clinical practice/patient care and procedural skills
- Professionalism
- Systems-based practice
- Practice-based learning/improvement
- Communication skills

What did you learn? (give at least 2 examples)

*EXAMPLE – Using evidence-based medicine I taught Residents how to perform intra-articular needle placement in the knee joint for injections or aspirations.*

What were your ACTUAL outcomes from this Learning from Teaching activity?

- Researching clinical questions online or in journals and other text sources
- Reflection on teaching encounters and undertaking improvements, developing learning/teaching plans
- Preparation for a resident encounter or teaching session
- Literature searching: updating bibliographies, synthesizing literature
- Researching case materials related to presentations
- Case discussion prompting questions and information seeking
- Developing educational materials related to case or clinical problems
- Creation of new patient education materials

Number of hours you spent engaged in learning from teaching or preparing to teach this activity: [ ] (maximum of 10 hours) Note: VCMC Residency/VCHCA CME Department will award CME credit based on twice this time per written policy.

This form can be emailed to CME Coordinator Victoria Yuschenkoff, PhD Victoria.yuschenkoff@ventura.org or faxed to the CME Department, 805-677-5116.

For further information, please see VCMC Continuing Medical Education Faculty Learning From Teaching, Administrative Policy 1.2 FACULTY Questions? Please contact CME Coordinator Victoria Yuschenkoff, Victoria.yuschenkoff@ventura.org or 805-677-5260

Ventura County Medical Center is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.

Ventura County Medical Center designates this live activity for a maximum of 2.00 AMA PRA Category 1 credit(s)™ per 1 hour of interaction with VCMC residents. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This credit may also be applied to the CMA Certification in Continuing Medical Education.