Coordinator Application and My Credits Module

April/May 2019
Plan an Activity

Start at least 45 days before your activity

Decide on activity goals and target audience

- If 2 or more professions, please consider making this an Interprofessional activity - for the team/planned by the team
- Will there be an opportunity to learn with and about each other
  - presenters from various professions
  - question and answer session
  - panel discussion
  - if enduring-discussion board
- Designed to change skills/strategy, performance of the team and/or patient outcomes
- We need to have at least 25% of our approved programs IPCE
Minutes – New!! Now a form to complete and upload!

Hyperlink to form.

- Include a representative for each target audience
- Discussion points:
  - Gap – Why are you having this activity, how do you know it is needed? Documentation of gap must be uploaded with your application.
  - Objectives – an intent to achieve outcomes that reflect a change in skills, strategy or performance and/or patient outcomes. The objectives for the program should fit everyone on the team (patient outcomes) but you can still have individual objectives for each profession.
  - How the two or more target audience groups will have the opportunity to learn from each other.
Disclosure

- Please ask the planners if they have any possible conflicts at the beginning of the planning process. Let them know that they will need to complete an online disclosure form (notification email will be sent when you start completing the application).

- All faculty (speakers) and planners need to be entered into the application leadership tab. Please review all disclosures to make sure there are no conflicts of interest. To do this, please click on the words “financial disclosure” under their name.

- Complete either a Monitoring Form (RSS programs) or a Conference Disclosure Form and upload with your application.

Conflict of Interest

- If any of your planners or speakers has a possible conflict of interest, please complete the Conflict of Interest (COI) Resolution form and upload with your application if applicable.
Application Checklist

- This is NEW!
  - Please download and complete the application checklist and upload it with your application.
  - We will use this when reviewing your application. If your application is missing something, we will send it back for your review/completion.
  - [Hyperlink to form.]
Measurement process 3-4 months after the activity

• How will you measure the success of your program after its completion?
  • Examples: Revisit hospital data or survey your learners to see if they have made/seen changes after participating in the learning activity.
  • Please ask your learners: One goal of this conference is to educate and transform collaborative care. To that end, please tell us whether this education has enhanced your team’s care in treating patients with ________?
    • If “yes”, please describe the change that was made as a result of the education.

  ➤ If you have a RSS program, we will attach a survey to your program. You will need to notify your learners to complete the survey. Please print off/upload to your upcoming application as Gap Documentation for the upcoming year.
Brochure/Marketing Piece

• **Please make sure to upload** any marketing pieces you wish to use. Any mention of credit will need to be pre-approved before you distribute.

• **Accreditation wording.**
  - Make sure you have the correct wording. We keep it updated on the website (Plan an Activity Page).
  - Make sure you also have the logo.

• If you have been approved for IPCE credit, please use the new logo and wording. This is in addition to the above.

This activity was planned by and for the healthcare team, and learners will receive (INSERT#) Interprofessional Continuing Education (IPCE) credit for learning and change.
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
“My Credits” Portal

My Credits
My Applications
My Activity Center
My Required Forms

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

If outside the network, please log in here once your account is created.
Completing the application
If you duplicate an application from a previous one, please note that planners/faculty will NOT be sent a notification to sign their disclosure form. Please notify each person added to your application manually.

Also, please go through the entire application, we have edited/added new questions.
Always remember to **SAVE** before leaving the tab.
Tabs will turn green when they are completed.

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.

881 - Test 2019

Incomplete

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.
1 Faculty is required.
If the disclosure is complete, click on the words “Financial Disclosure” to see if there are 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: 04/23/2019 2:05 PM

Please visit the ACCME web site to review information about and definitions for commercial interest: [http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest](http://www.accme.org/requirements/accreditation-requirements-cme-providers/policies-and-definitions/definition-commercial-interest)
If you have more than one target audience, you should have that profession represented in your planning committee as well as your faculty (speakers)
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.

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334 - Test For Nurse Educators

*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, please visit each section and answer any new questions that have been added.
Activity Location: there are new questions pertaining to webinars or enduring materials.
We moved the IPE question here and also added Social Work Credit.

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**Target Audience, Objective, Designed to Change**

- 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 activity.
   - Yes
   - No

* Please check which types of credit you will be applying to UVM for:
  - Physician
  - Nursing
  - Pharmacy
  - Social Work

* 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, Pharmacy and/or other):

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Planner Who Represents Target Audience (if selecting nursing credit, please list the approved nurse educator who has reviewed your program)</th>
<th>Designed To Change</th>
<th>Objective: By the end of this activity, the target audience should be able to... (PLEASE LIST THREE OBJECTIVES IF APPLYING FOR PHARMACY CREDIT)</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physician</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Nurse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Pharmacist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add Another
There are new Interprofessional Education Competencies as well as "Is this program designed to change..."
*Educational Format

- Indicates a required item.

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

Any other enhancements?
  - Toolkits
  - Patient information packet
  - Checklists
  - Newsletter
  - Audience response system
  - Other: [ ]

* Will this program include a topic on Prescribing Controlled Substances?
  - Yes
  - No

* Will this program include a topic on Hospice/Palliative Care/Pain Management?
  - Yes
  - No
Create New Application

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334 · Test For Nurse Educators


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 Unit.
Continuing Medical Education

Plan an Activity

Additional Forms/Information

CMIF MyApplication Module 2019
Planning Committee Minute Guidelines 2019
Accreditation Statement *UPDATED 4/23/19*
Conflict of Interest Resolution Form
Grand Rounds Monitoring Form UVM
Grand Rounds Monitoring Form Regional Hospital
Conference Disclosure
Sample Evaluation
Sample Exhibitor Form
Commercial Support Agreement Form
Nurse Educators for Planning
Conference Attendee Directions Template
Coordinator Module

Coordinator Logs in and Navigates to My Activity Center
The Activities you are assigned to will appear here. Select the desired activity to manage sessions, complete monitoring attestation form and find reports.
Choosing to create a session:
Edit Session/Template:

- Workshop Number
- Start Date/time
- End Date/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.
Please search by last name only.
# 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>EvFullCoordinator:</td>
<td>Gagne</td>
<td></td>
<td>Havaleh</td>
<td>Burlington, VT</td>
<td>United States</td>
</tr>
<tr>
<td>EvFullCoordinator:</td>
<td>Gagne</td>
<td></td>
<td>Mary</td>
<td>Burlington, VT</td>
<td>United States</td>
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<tr>
<td>EvFullCoordinator:</td>
<td>Gagne</td>
<td></td>
<td>Murphy</td>
<td>c, VT</td>
<td>United States</td>
</tr>
<tr>
<td>EvFullCoordinator:</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 – Please Do Not Use
Reporting:

Status report: Shows the status of documents related to that session. You can click the Speaker's name to send an email and check their disclosure.
### Event Status Report

**Tuesday, Apr 16**


#### Event Details
- **Time:** 7:00 AM - 8:30 AM
- **Location:** Davis Auditorium

#### Participants
1. **Darlene Sweeney, M.D.**
   - UVM Medical Center
   - 111 Colchester Avenue
   - Mail Stop 251 SMH
   - Burlington, United States 05401
   - Phone Number: 802.656.3341
   - Preferred Email: Darlene.Sweeney@uvmhealth.org
   - Bio: X Not Completed

#### Forms

<table>
<thead>
<tr>
<th>Form</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring Attestation Form (Required)</td>
<td>🔄 Completed</td>
</tr>
</tbody>
</table>

#### Spoken By
1. **Samantha Deans, MD**
   - University of Vermont Medical Center
   - 111 Colchester Ave
   - Burlington, United States 05401
   - Phone Number: 31793965
   - Preferred Email: Samantha.Deans@uvmhealth.org
   - Bio: X Not Completed

#### Financial Disclosures
- **Status:** 🔄 Completed

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Click here to send email

Click here to see Disclosure
Claiming Instructions

OB/GYN Grand Rounds FY2019-06/25/2019

Use the following link to access the claiming app, or scan the QR code below.

Claiming App:
http://www.highmarksce.com/uvmmmed/index.cfm?do=ip.claimCreditApp&eventID=10691

View Claiming Instructions - QR Code
Activity Center

OB/GYN Grand Rounds FY2019
Regularly Scheduled Series
September 4, 2018 - June 25, 2019

Options:
- Manage Sessions
- Speaking Assignments
- Reporting

OB/GYN Grand Rounds FY2018
Regularly Scheduled Series
September 5, 2017 - June 26, 2018

Options:
- Manage Sessions
- Reporting

This is the My Credits / Application portal for the University of Vermont Office of Continuing Medical and Interprofessional Education.
For Assistance email UVMCME@med.uvm.edu
Click here to view Financial Disclosures reports for all Sessions.

Click here to see the Gap assessment survey results.

The Activity Awarded Credit Summary will show you a list of attendees for your sessions as well as their emails.
Any Questions?

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

• 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.