



# 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

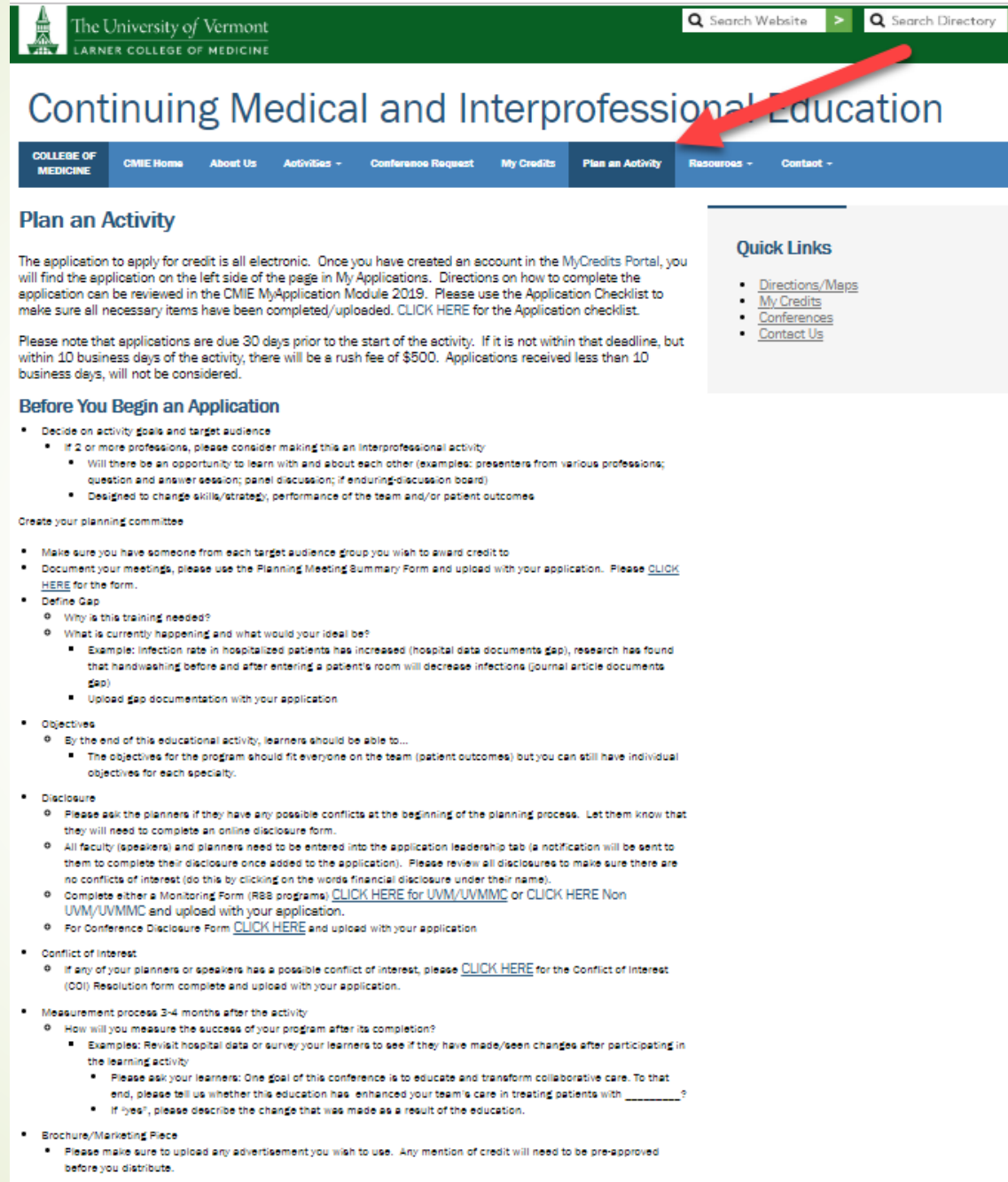
My Activity Center

My Required Forms

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

(Link on our CME page)

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



The University of Vermont  
LARNER COLLEGE OF MEDICINE

Search Website Search Directory

# Continuing Medical and Interprofessional Education

COLLEGE OF MEDICINE CME Home About Us Activities Conference Request My Credits **Plan an Activity** Resources Contact

## Plan an Activity

The application to apply for credit is all electronic. Once you have created an account in the MyCredits Portal, you will find the application on the left side of the page in My Applications. Directions on how to complete the application can be reviewed in the CME MyApplication Module 2019. Please use the Application Checklist to make sure all necessary items have been completed/uploaded. [CLICK HERE](#) for the Application checklist.

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

- Decide on activity goals and target audience
  - If 2 or more professions, please consider making this an interprofessional activity
    - Will there be an opportunity to learn with and about each other (examples: 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

Create your planning committee

- Make sure you have someone from each target audience group you wish to award credit to
- Document your meetings, please use the Planning Meeting Summary Form and upload with your application. Please [CLICK HERE](#) for the form.
- Define Gap
  - Why is this training needed?
  - What is currently happening and what would your ideal be?
    - Example: Infection rate in hospitalized patients has increased (hospital data documents gap), research has found that handwashing before and after entering a patient's room will decrease infections (journal article documents gap)
    - Upload gap documentation with your application
- Objectives
  - By the end of this educational activity, learners should be able to...
    - The objectives for the program should fit everyone on the team (patient outcomes) but you can still have individual objectives for each specialty.
- 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.
  - All faculty (speakers) and planners need to be entered into the application leadership tab (a notification will be sent to them to complete their disclosure once added to the application). Please review all disclosures to make sure there are no conflicts of interest (do this by clicking on the words financial disclosure under their name).
  - Complete either a Monitoring Form (RBB programs) [CLICK HERE for UVM/UVMCC](#) or [CLICK HERE](#) Non UVM/UVMCC and upload with your application.
  - For Conference Disclosure Form [CLICK HERE](#) and upload with your application
- Conflict of Interest
  - If any of your planners or speakers has a possible conflict of interest, please [CLICK HERE](#) for the Conflict of Interest (COI) Resolution form complete and upload with your application.
- 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.
- Brochure/Marketing Piece
  - Please make sure to upload any advertisement you wish to use. Any mention of credit will need to be pre-approved before you distribute.

MY CREDITS    CONFERENCES    REGULARLY SCHEDULED SERIES    APPLICATIONS

 **The University of Vermont**  
COLLEGE OF MEDICINE

### My Credits

Use the options below to either sign in w/ native credentials, UVM School of Medicine, or create a new account.

**UVM/Medical Center Sign-in**

Use this option to sign in with your UVM / UVM Medical Center account.

**Existing Account (Non UVM/UVM MC)**

Please enter your username and password

**Username:**

**Password:**

[Forgot your Password? Get it now!](#)

**Create New Account**

**\*First Name:**

**\*Last Name:**

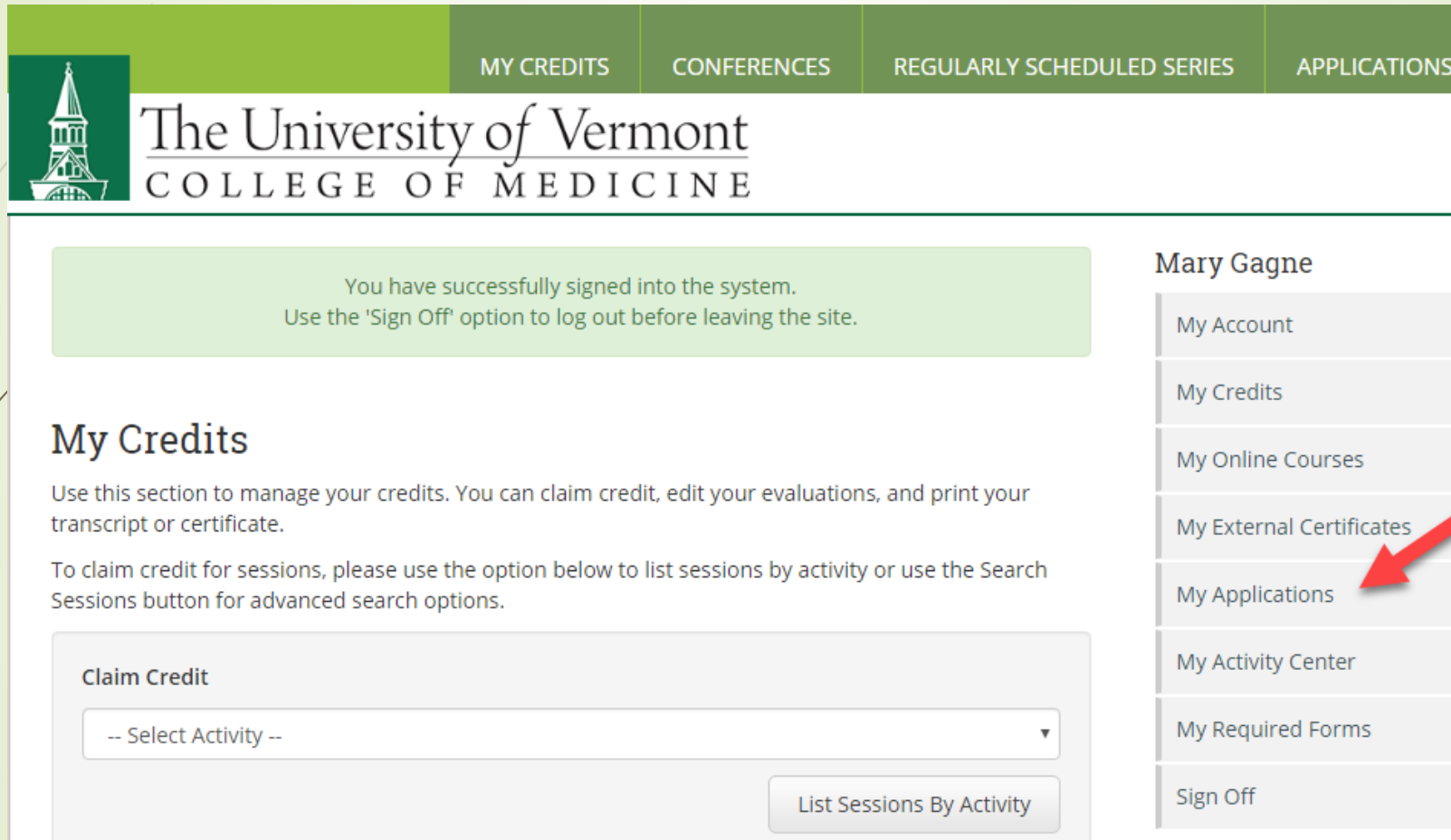
**Medical Center/Hospital/Company:**

**\*Email Address:**

If outside the network, please log in here once your account is created.


Use the method of log in you are connected with:  
Hospital – M or P number  
UVM – PeopleSoft  
College of Medicine – COM

# Completing the application



The screenshot displays the user interface for The University of Vermont College of Medicine. At the top, a navigation bar contains the following menu items: MY CREDITS, CONFERENCES, REGULARLY SCHEDULED SERIES, and APPLICATIONS. Below this is the university's logo and name: The University of Vermont COLLEGE OF MEDICINE. A green notification box states: "You have successfully signed into the system. Use the 'Sign Off' option to log out before leaving the site." The main content area is titled "My Credits" and includes instructions: "Use this section to manage your credits. You can claim credit, edit your evaluations, and print your transcript or certificate." Below this, it says: "To claim credit for sessions, please use the option below to list sessions by activity or use the Search Sessions button for advanced search options." A "Claim Credit" section features a dropdown menu with "-- Select Activity --" and a "List Sessions By Activity" button. On the right side, a user profile for "Mary Gagne" is shown with a list of menu items: My Account, My Credits, My Online Courses, My External Certificates, My Applications (highlighted with a red arrow), My Activity Center, My Required Forms, and Sign Off.

MY CREDITS   CONFERENCES   REGULARLY SCHEDULED SERIES   APPLICATIONS

 The University of Vermont  
COLLEGE OF MEDICINE

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.

To claim credit for sessions, please use the option below to list sessions by activity or use the Search Sessions button for advanced search options.

**Claim Credit**

-- Select Activity --

List Sessions By Activity

**Mary Gagne**

- My Account
- My Credits
- My Online Courses
- My External Certificates
- My Applications**
- My Activity Center
- My Required Forms
- Sign Off

## 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.

1. 334 - Test For Nurse Educators  
Application Type: Regularly Scheduled Series (RSS)  
Submission Status: **Incomplete**  
[View/Print](#) | [Delete](#)
2. 333 - Women in Medicine Conference FY 2017  
Activity: Women in Medicine Conference FY 2017  
Application Type: Conference  
Submission Status: Completed  
[View/Print](#) | [Duplicate](#)
3. 284 - Test for Pharmacy  
Application Type: Conference  
Submission Status: **Incomplete**  
[View/Print](#) | [Delete](#)
4. 266 - Learning Associated with Teaching Medical Students  
Application Type: Conference  
Submission Status: **Incomplete**  
[View/Print](#) | [Delete](#)
5. 265 - Hospital Medicine Conference  
Activity: 2017 Hospital Medicine Conference  
Application Type: Conference  
Submission Status: Completed  
[View/Print](#) | [Duplicate](#)
6. 256 - 2017 Emergency Medicine Conference  
Activity: 2017 Emergency Medicine Conference  
Application Type: Conference  
Submission Status: Completed  
[View/Print](#) | [Duplicate](#)

[Create Conference](#)

[Create Enduring Material](#)

[Create Regularly Scheduled Series \(RSS\)](#)

## Mary Gagne

[My Account](#)

[My Credits](#)

[My Online Courses](#)

[My External Certificates](#)

[My Applications](#)

[My Activity Center](#)

[My Required Forms](#)

[Sign Off](#)

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.

## 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.

Click on any tab below to continue the application process.

861 - Test 2019

Incomplete

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

### \* Title

Please provide the title of your activity below.

Remaining: 291

Check Spelling

### \* 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.

### \* Activity Start Date

### \* Activity End Date

Save



- My Account
- My Credits
- vLIFE Library
- My External Certificates
- My Applications
- My Activity Center
- My Required Forms **1**
- Sign Off

Always remember to **SAVE** before leaving the tab.

867 - Test 2019

Tabs will turn green when they are completed

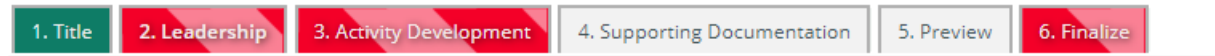
## Create New Application

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.

867 - 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.

861 - Test 2019

Incomplete



Title

### \*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.

### Main Contact

1. Mary Gagne, NP - UVM CME  
Edit/Reorder | [Remove](#)  
Financial Disclosure (Completed)

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

Submit

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>

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 of the required items on this step have not been completed.

1 Planning Committee Member is required.

1 Faculty is required.

### Main Contact

1. Mary Gagne, NP - *UVM CMIE*

[Edit/Reorder](#) | [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

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

University of Vermont

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.**

334 - Test For Nurse Educators

Incomplete

1. Title

2. Leadership

3. Activity Development

4. Supporting Documentation

5. Preview

6. Finalize

### \*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".

Name:

Search



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

of 11 required items completed

#### \* Additional Information - RSS

Incomplete

#### \* Agenda

Incomplete

#### \* Activity Location

Incomplete

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

Incomplete

#### \* Practice Gap and Educational Need

Incomplete

If you duplicated your application from last year, please visit each section and answer any new questions that have been added.

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

**\* Activity Location**

\* - indicates a required item.

**\* 1. Venue/Room**

**2. City**

**3. State**

**\* 4. Live Internet Course (Webinar)**

Yes  No

**\* 5. Enduring Internet Course (Recorded)**

Yes  No

Save

Activity Location:  
there are new  
questions pertaining  
to webinars or  
enduring materials.



**\* 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):

* Target Audience	* Planner Who Represents Target Audience (if selecting nursing credit, please list the approved nurse educator who has reviewed your program).	* Designed To Change	* Objective: By the end of this activity, the target audience should be able to...(PLEASE LIST THREE OBJECTIVES IF APPLYING FOR PHARMACY CREDIT)	Action
* 1. <input type="radio"/> Physician <input type="radio"/> Nurse <input type="radio"/> Pharmacist <input type="radio"/> Other	<div style="border: 1px solid gray; height: 100px;"></div>	<input type="checkbox"/> Performance <input type="checkbox"/> Patient Outcomes <input type="checkbox"/> Skills/Strategy	<div style="border: 1px solid gray; height: 100px;"></div>	Remove

[Add Another](#)

We moved the IPE question here and also added Social Work Credit

## \*Competencies and Barriers

\* - indicates a required item.

### \*Competencies

#### ACGME/ ABMS

- Patient Care and Procedural Skills
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- System-based Practice

#### 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.)

\*Are you applying for Pharmacy Credit?

- Yes  No

\*Will you be applying for Pharmacy Technician Credit?

- Yes  No

\*Is this course designed to change skills/strategy?

- Yes  No

\*Is this program designed to change performance?

- Yes  No

\*Is this program designed to change patient outcomes?

- Yes  No

\*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 3-4 months after your activity.

- Follow-up survey to measure change in your learners or healthcare team (skills/strategy, performance and patient outcomes).
- Hands-on workshop/simlab with instruction/guidance (skill/strategy)
- Measure change in QI data (performance)
- Direct observation (performance)
- Observed change in quality/cost of care (patient outcomes)
- Measured M&M rate (patient outcomes)
- Change in health status measure (patient outcomes)
- Other:

Save

There are new Interprofessional Education Competencies as well as "Is this program designed to change..."

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

### \*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

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.

334 - Test For Nurse Educators

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.

\* Document Classification: -- SELECT --

- 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 Uni... item.



# Continuing Medical Education

COLLEGE  
HOME

CME Home

About Us

Conferences

Plan an Activity

My Credits

Resources ▾

Contact ▾

## Plan an Activity

### Additional Forms/Information

[CMIE 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

MY CREDITS   CONFERENCES   VLIFE LIBRARY   REGULARLY SCHEDULED SERIES   APPLICATIONS

 **The University of Vermont**  
COLLEGE OF MEDICINE

## My Account

To update and review your contact information, please click on the Edit Contact Information button below. Please note that all communication will be sent via email to the email address listed below. You may edit your email address through the Edit Contact Information button.

[My Orders](#)

### Contact Information

Darlene Sweeney, N/A  
UVM Medical Center  
111 Colchester Avenue  
Burlington, VT 05401  
802-847-5112  
Darlene.Sweeney@uvmhealth.org

[Edit Contact Information](#)   [Bio](#)   [Preview](#)

### Data Privacy

Protecting personal data is as important as ever. [Click here](#) to review how the system protects data and what your rights are as a user.

### Profile Information

Use this section to update your profile information.

Title	Status	Required
Profile Information	Completed   <a href="#">View/Print</a>	Yes

### Darlene Sweeney

- My Account
- My Credits
- vLIFE Library
- My External Certificates
- My Applications
- My Activity Center
- My Required Forms
- My Department Staff
- Sign Off



## 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](#)

## Darlene Sweeney

[My Account](#)

[My Credits](#)

[vLIFE Library](#)

[My External Certificates](#)

[My Applications](#)

[My Activity Center](#)

[My Required Forms](#)

[My Department Staff](#)

[Sign Off](#)

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](mailto:UVMCME@med.uvm.edu)

Connect




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:

The screenshot shows the user interface for creating sessions. At the top, there is a navigation bar with links: MY CREDITS, CONFERENCES, VLIFE LIBRARY, REGULARLY SCHEDULED SERIES, and APPLICATIONS. Below this is the university logo and name: The University of Vermont COLLEGE OF MEDICINE. The main heading is "My Sessions To Build for OB/GYN Grand Rounds FY2019". Below the heading is the instruction: "Use the options below to build out your session shells". A button labeled "Create Session from Pre-Approved Template" is highlighted with a red arrow. Below the button are two session cards. The first card is for "19-117-36 - OB/GYN Grand Rounds FY2019-" on June 25, 2019, from 7:30 AM to 8:30 AM, with links for Preview, Edit Session, Manage Roles, Manage Documents, Reporting, and Cancel. The second card is for "19-117-35 - OB/GYN Grand Rounds FY2019-Updates in Gynecologic Oncology" on June 18, 2019, from 7:30 AM to 8:30 AM, with the same set of links. On the right side, there is a user profile for Darlene Sweeney with a list of menu items: My Account, My Credits, vLIFE Library, My External Certificates, My Applications, My Activity Center, My Required Forms, My Department Staff, and Sign Off.

MY CREDITS   CONFERENCES   VLIFE LIBRARY   REGULARLY SCHEDULED SERIES   APPLICATIONS

 **The University of Vermont**  
COLLEGE OF MEDICINE

### My Sessions To Build for OB/GYN Grand Rounds FY2019

Use the options below to build out your session shells

[Create Session from Pre-Approved Template](#)

**19-117-36 - OB/GYN Grand Rounds FY2019-**  
June 25, 2019  
7:30 AM - 8:30 AM  
[Preview](#) · [Edit Session](#) · [Manage Roles](#) · [Manage Documents](#) · [Reporting](#) · [Cancel](#)

**19-117-35 - OB/GYN Grand Rounds FY2019-Updates in Gynecologic Oncology**  
June 18, 2019  
7:30 AM - 8:30 AM  
[Preview](#) · [Edit Session](#) · [Manage Roles](#) · [Manage Documents](#) · [Reporting](#) · [Cancel](#)

**Darlene Sweeney**

- My Account
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- My Applications
- My Activity Center
- My Required Forms
- My Department Staff
- Sign Off

# Edit Session/Template:

## Edit OB/GYN Grand Rounds FY2019 Instructions

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

\* - indicates a required item.

\*Title:

OB/GYN Grand Rounds FY2019

Remaining: 274

Code:

19-117

\*Starts On:

09-04-2018

7:30am

\*Ends On:

09-04-2018

8:30am

Location:

UVM Medical Center

Room:

-- SELECT --

Credits:

1

Description:

Remaining: 10000

Objectives:

At the end of these activities, each physician should be able to demonstrate proper technique for surgical scrubbing and surgical site prep

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- 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:

17-104-42 - Medicine Grand Rounds FY 2017  
June 16, 2017  
8:00 AM - 9:00 AM

Preview | Edit Session | Manage Roles | Manage Documents | Reporting | Cancel

RARE

This screenshot shows a session management interface. The session title is '17-104-42 - Medicine Grand Rounds FY 2017' with a date of 'June 16, 2017' and time '8:00 AM - 9:00 AM'. Below the title are several menu options: 'Preview', 'Edit Session', 'Manage Roles', 'Manage Documents', 'Reporting', and 'Cancel'. A 'RARE' button is also visible. Several black arrows point to these options: one to 'Preview', one to 'Edit Session', one to 'Manage Roles', one to 'Manage Documents', one to 'Reporting', and one to 'Cancel'.

17-104-41 - Medicine Grand Rounds FY 2017 - *Canceled*  
June 9, 2017  
8:00 AM - 9:00 AM

Preview | Edit Session | Manage Roles | Manage Documents | Reporting

This screenshot shows a session management interface for a canceled session. The session title is '17-104-41 - Medicine Grand Rounds FY 2017 - Canceled' with a date of 'June 9, 2017' and time '8:00 AM - 9:00 AM'. Below the title are several menu options: 'Preview', 'Edit Session', 'Manage Roles', 'Manage Documents', and 'Reporting'.

You can cancel a session, but once you do, you will need to call us if you want to reopen.

Preview:

## OB/GYN Grand Rounds FY2019-Surgical Sterilization

**Activity:** OB/GYN Grand Rounds FY2019

Tue, 4/16: 7:30 AM - 8:30 AM

19-117-27

Regularly Scheduled Series/Grand Rounds

UVM Medical Center

Room: Davis Auditorium

**Credits:** 1

### **RSS Coordinator**

*Darlene Sweeney, N/A, UVM Medical Center - [View Disclosure](#)*

### **Speaker**

*Samantha Deans, MD, University of Vermont Medical Center - [View Disclosure](#)*

You can click on "View Disclosure" to see if there are any possible conflicts to resolve.



## Manage Roles:

University of Vermont - Google Chrome  
Secure | <https://test3.aievolution.com/shows/uvt1501/index.cfm?do=att.viewSpeakers&style=1&eventID=5236>

Close

### Session Roles for Medicine Grand Rounds FY 2017

Manage Roles | Reorder Role Assignments

**Activity Coordinator (Session Assignment) (*EvFullCoordinator*):**

Sterling Hallfors

**RSS Coordinator (*EvRSSCoordinator*):**

Tara Scribner

Lorie Benson

**Speaker (*EvSpeaker*):**

Sterling Hallfors

Remove

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.

Close

## Search Speakers

Use the options below to find speakers.

Please search by last name only.

Manage Roles

**Search Criteria**  
Last Name:

First Name:

Institution Name:

Preferred Email:

State/Province/Region:

-- ALL --

Sorting Criteria

Action

Sort By:

Last Name

Search

Then By:

First Name

Cancel

Close

## Available Speakers for Medicine Grand Rounds FY 2017

Manage Roles

### Role Details

EvFullCoordinator: (EvFullCoordinator) Activity Coordinator (Session Assignment)  
EvRSSCoordinator: (EvRSSCoord) RSS Coordinator  
EvSpeaker: (SpeakerMaster) Speaker

Role(s)	Last Name	Middle Name	First Name	City, State	Country
EvFullCoordinator: <input type="checkbox"/> EvRSSCoordinator: <input type="checkbox"/> EvSpeaker: <input type="checkbox"/>	Gagne		Bob		
EvFullCoordinator: <input type="checkbox"/> EvRSSCoordinator: <input type="checkbox"/> EvSpeaker: <input type="checkbox"/>	Gagne		Havaleh	Burlington, VT	United States
EvFullCoordinator: <input type="checkbox"/> EvRSSCoordinator: <input type="checkbox"/> EvSpeaker: <input type="checkbox"/>	Gagne		Mary	Burlington, VT	United States
EvFullCoordinator: <input type="checkbox"/> EvRSSCoordinator: <input type="checkbox"/> EvSpeaker: <input type="checkbox"/>	Gagne		Murphy	c, VT	United States
EvFullCoordinator: <input type="checkbox"/> EvRSSCoordinator: <input type="checkbox"/> EvSpeaker: <input type="checkbox"/>	Gagne		Peg	Burlington, VT	United States

Assign

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

EvFullCoordinator  
EvRSSCoordinator  
EvSpeaker



Secure | <https://test3.aievolution.com/shows/uvt1501/index.cfm?do=att.addAssignRoleNewToEvent&style=1&eventID=5236&assignmentRole=EvSpeaker>

Close

## Add New Speaker

Manage Roles

\* - indicates a required item.

### Contact Information

\*First Name:


Middle Name:

\*Last Name:

Phone Number:

\*Preferred Email:


Submit



Manage Documents – Please Do Not Use

# Reporting:

MY CREDITS   CONFERENCES   VLIFE LIBRARY   REGULARLY SCHEDULED SERIES   APPLICATIONS

 **The University of Vermont**  
COLLEGE OF MEDICINE

## Report [No Title] Menu for OB/GYN Grand Rounds FY2019-Surgical Sterilization

**Session Reports**  
Status Report





**RSS Coordinator**  
Darlene Sweeney - OB/GYN Grand Rounds FY2019-Surgical Sterilization

**Speaker**  
Samantha Deans - OB/GYN Grand Rounds FY2019-Surgical Sterilization

**CEU/CME Reports**  
View Claiming Instructions  
Credit Report

**Darlene Sweeney**  
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My Department Staff  
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For Assistance email [UVMCME@med.uvm.edu](mailto:UVMCME@med.uvm.edu)

Connect  
   

Status report:  
Shows the status of documents related to that session.  
You to click the Speakers name to send an email and you can also check their disclosure.

## Event Status Report

Tuesday, Apr 16

19-117-27 - OB/GYN Grand Rounds FY2019-Surgical Sterilization

7:30 AM - 8:30 AM

Davis Auditorium

### RSS Coordinator

- Darlene Sweeney N/A**  
UVM Medical Center  
111 Colchester Avenue  
Mail Stop 251 SM4  
Burlington United States 05401  
Phone Number: 802-847-5112  
Preferred Email: [Darlene.Sweeney@uvmhealth.org](mailto:Darlene.Sweeney@uvmhealth.org)  
Bio: ✗ Not Completed

### Forms

Financial Disclosure (Required) : ✓ Completed

Forms	Document
Monitoring Attestation Form (Required) <span style="float: right; color: green;">✓ Completed</span>	<span style="float: right; color: red;">✗ Missing Document</span>

### Speaker

- Samantha Deans MD**  
University of Vermont Medical Center  
111 Colchester Ave  
222WP2  
Burlington United States 05401  
Phone Number: 3179036855  
Preferred Email: [Samantha.Deans@uvmhealth.org](mailto:Samantha.Deans@uvmhealth.org)  
Bio: ✗ Not Completed

### Forms

Financial Disclosure (Required) : ✓ Completed

Forms	Document
There are no forms to be completed.	

Click here to send email

Click Here to see Disclosure

## View Claiming Instructions - QR Code

### **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/uvmmed/index.cfm?do=ip.claimCreditApp&eventID=10691>







## 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](#)

## Darlene Sweeney

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Connect



# Speaking Assignments

## My Speaking Assignments for OB/GYN Grand Rounds FY2019

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   View/Print	Yes

Financial Disclosure

### 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 FY2019

Tue, 9/4

Event Title: 19-117-01 - OB/GYN Grand Rounds FY2019-Evaluation/Management of Microhematuria  
Type: Regularly Scheduled Series/Grand Rounds  
Time: 7:30 AM - 8:30 AM  
Location: UVM Medical Center, Davis Auditorium  
Role: RSS Coordinator

Monitoring Attestation Form	Completed · View/Print
-----------------------------	------------------------

#### Upload Documents

- Preview - 0730\_Sweeney\_1911701.pdf · Edit/Remove (Status: Pending; Submitted On: Wed, 2/6, 2019 @ 2:45 PM)
- Submit Document

Tue, 9/11

Event Title: 19-117-02 - OB/GYN Grand Rounds FY2019-Early Maternal Alcohol Exposure Diminishes Placental Perfusion and Oxygen Availability Affecting Fetal Growth in A Non-human Primate Model  
Type: Regularly Scheduled Series/Grand Rounds  
Time: 7:30 AM - 8:30 AM  
Location: UVM Medical Center, Davis Auditorium  
Role: RSS Coordinator

Upload Document

Monitoring Attestation Form	Completed · View/Print
-----------------------------	------------------------

Tue, 9/18

Darlene Sweeney

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Upload the COI, if necessary, here. You also will Attest the monitoring form was posted here.



## 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](#)

## Darlene Sweeney

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## Reports Menu for OB/GYN Grand Rounds FY2019

### Course Director

George Till

### Faculty

George Till

Marjorie Meyer

Elise Everett

Gillian Stearns

### Activity Coordinator

Darlene Sweeney

George Till

### Planning Committee Member

Marjorie Meyer

Elise Everett

Sandra Sperry

Samantha Deans

### Registrant Reports

Responses for the Form - Financial Disclosure

### CE Credit Reports

Overall Evaluation Responses - 2019 Gap Assessment Survey

Overall Evaluation Response Summary - 2019 Gap Assessment Survey

Activity Awarded Credit Summary

### Darlene Sweeney

My Account

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Sign Off

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.

- 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](mailto:mary.gagne@med.uvm.edu)  
[Karen.whitcomb@med.uvm.edu](mailto:Karen.whitcomb@med.uvm.edu)