Learning Associated With Teaching

Medical Students and Residents/Residents

Instructions: Complete and submit this form to the Macon & Joan Brock Virginia Health Sciences CME office to claim credit for the time spent learning new clinical information or ways to improve your teaching, in preparation for teaching medical students or residents/fellows in an ACGME-accredited program or an accredited *AMA PRA Category 1 Credit*TM activity.

You may receive two AMA PRA Category 1 CreditsTM for each hour that you spend teaching what you have learned. However, if you give the same talk to both residents and students you may only claim the activity once. Time is measured in quarter-hour increments.

Once reviewed by the CME office your participation in this teaching activity will be confirmed by either Undergraduate Medical Education or the Graduate Medical Education office. At the completion of that step we will award credit and your transcript will be updated.

Accreditation Statement: Macon & Joan Brock Virginia Health Sciences is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Credit Designation: Macon & Joan Brock Virginia Health Sciences designates this live activity for a maximum of 2 *AMA PRA Category 1 Credts*TM per 1 hour of interaction with medical students and/or residents/fellows. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Name	Degree			
Address				
City, State, Zip				
Email				
Attestation				
	description of my participation in	this salf directed learning activity		
		this self-directed learning activity.		
Signature:Date:				
Who were your learners?				
□Students □Residents	□Fellows			
Your role? □Formal presentation	☐Clinical supervision	☐Simulation supervision		
☐ Assessing performance ☐ Instructing how to teach		□Instruction clinical		
☐ Instruction research ☐ Instruction skills building		☐Case development		
□Mentoring	, , , , , , , , , , , , , , , , , , ,			
If a formal presentation	was given, please provide:			
Name of the VHS EVMS C	ME activity where you presented	d? (i.e., grand rounds, conference title,		
etc)				
What was the date of you	ur presentation?			
	our presentation (nearest quarte			

Competencies addressed (check all that apply)?

American Board of Medical Specialties (ABMS)/Accreditate	tion Council for Graduate Medical Education (ACGME) Core Competence		
Patient care and procedural skills	Interpersonal and communication skills		
Medical knowledge	Professionalism		
Practice-based learning and improvement	System-based practice		
Institute of Medicine (IOM) Core Competencies			
Provide patient-centered care	Apply quality improvement		
Work in interdisciplinary teams	Utilize informatics		
Employ evidence-based practice			
Interprofessional Educational Collaborative Core Com	petencies		
Values/Ethics for Interpersonal Practice	Interprofessional Communication		
Roles/Responsibilities	Teams and Teamwork		
Other Competencies			
Other:			
The educational resources I used for this new learning ☐Peer-reviewed materials in professional journals — ☐ ☐Accredited continuing medical education — provide	provide citation(s)		
List resource(s):			

Describe how this learning project will inform or improve your professional practice of teaching. Describe this in terms of new knowledge or a new strategy/practice you developed.				
What outcome for your practice did it have?				
Describe what you did to complete this project.				
In completing this learning project please describe:				
What you learned.				

What impact this learning will have on you, your students or the system in which you work.				
What barriers you encountered and what you did to overcome them.				
List the dates and the amount of time you spent <u>teaching</u> related to this learning project. Please attach a class schedule or program/flyer if applicable.				
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VALIDATION AND CREDIT (TO BE COMPLETED BY UME/GME & CME OFFICES ONLY)					
Validation of Approved Teacher Status					
I certify that the applicant is an approved faculty member for	□име	□gme			
Name:	Title:_				
Signature:	Date:_				
Credit (CME) AMA PRA Category 1 Credits [™] awarded:					