**PROTOCOL FOR Faculty CME credit for teaching IN ACCREDITED**

**Stony Brook CME, GME and/OR UME PROGRAMS**

AMA PRA Category 1 Credit™ is awarded to physician faculty to **recognize the learning associated with the preparation for and teaching** of medical students, residents/fellows and/or practicing physicians in Stony Brook LCME/ACGME/ACCME accredited facilities/programs. The related OCME policy and procedures are:

\* Teaching must be provided within Stony Brook LCME/ACGME/ACCME programs.

\* Physician faculty is awarded credit based on a 2-to-1 ratio to teaching time. For example, faculty will be awarded 2 "AMA PRA Category 1 Credits™" for one hour spent teaching or 1.5 "AMA PRA Category 1 Credits™" for 45 minutes spent teaching. Credits are rounded to the nearest one-quarter credit.

\* Faculty may not receive credit more than once for the same time period, even if the audience involves practicing physicians, residents and students from more than one program, verified by two or more different LCME/ACGME/ACCME programs.

\*CME credit cannot be awarded for learning from teaching activities with which the faculty member has a commercial conflict of interest and the learning may not use any content from commercial interests.

\* Physicians may claim credit for a variety of interactions. Types of teaching activities include, but are not limited to, formal presentations to medical students and residents; development of cases, clinical problems; supervising clinical or simulated activities; instruction on clinical or other skills; assessing learner performance (clinical or simulation settings); mentoring QI or PI projects; and mentoring of scholarly activities.

\*The Stony Brook OCME may request documentation of teaching time such as a syllabus or rotation schedule.

\*The Stony Brook OCME may request verification from the course director, program director, clerkship director, chair, division chief or designee.

\*Faculty members must complete a new form for each learning event.

You may receive two *AMA PRA Category 1 credits*™ for each hour that you engage in teaching of medical students, residents, or practicing physicians in accredited Stony Brook CME, GME and/or UME programs. Teaching in non-ACGME accredited residencies and fellowships does not qualify. You may receive credit only once for the specific learning activity.

**Accreditation:** The School of Medicine, State University of New York at Stony Brook, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**AMA Credit:** The School of Medicine, State University of New York at Stony Brook designates this live activity for a maximum of (to be determined) ***AMA PRA Category 1 Credit(s)*™** per 1 hour of interaction with medical students and/or residents/fellows. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

**Learning Associated with Teaching Medical Students, Practicing Physicians and Residents**

**in accredited Stony Brook CME, GME and/or UMC Programs**

Instructions: Submit this form to OCME in order to claim CME credit for the preparation followed by teaching of medical students, residents, practicing physicians, or residents and fellows in ACGME-approved programs. To qualify you must engage in new learning which you then put to use in your role as medical educator. Submit this form within six (6) months of your teaching.

|  |  |
| --- | --- |
| Your Name: |       |
|  |  |
| Department: |       |
|  |  |
| Email Address: |       | Phone #: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Course/Rotation: |       | Date(s) Taught: |       |

1. Who were your learners? (check all that apply)

|  |  |  |
| --- | --- | --- |
| [ ]  Medical Students | [ ]  Residents | [ ]  Practicing Physicians |
| [ ]  MS1 [ ]  MS2 [ ] MS3 [ ]  MS4 | Specialty:       | Specialty:       |

1. Please indicate type of activity (check all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Formal presentation | [ ]  Supervision-clinical | [ ]  Supervision-simulation | [ ]  Assessing performance | [ ]  Instructing how to teach |
| [ ]  Instruction-clinical | [ ]  Instruction-research | [ ]  Instruction-skills building | [ ]  Case development | [ ]  Mentoring Pi/Qi |
| [ ]  Mentoring other scholarly activities (please specify):  |

1. What gap in clinical knowledge/skill, educational technique or understanding did you identify relative to your teaching role?

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|       |

1. Considering the gap, what were your learning needs (check all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Increased Knowledge | [ ]  Increased Competence | [ ]  Improved Performance | [ ]  Other (specify):  |       |
|  |  |  |  |  |

1. Learning method(s) you engaged in?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Review of current literature | [ ]  Chart Review/Analysis | [ ]  Other Reading | [ ]  On-Line Search | ❒ Consultation |

|  |
| --- |
| [ ]  Other (specify):       |

|  |
| --- |
| Specify source(s) within the above categories (only sources that are completely independent of commercial interests may be used such as peer reviewed journals, etc.): |
|        |

1. What is the result of this experience for you? (check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Improved teaching skills | [ ]  Better Understanding of pathophysiology | [ ]  Improved patient management or outcomes |  |

|  |
| --- |
| [ ]  Other (specify):       |

What specifically did you accomplish in each of the above areas checked?

|  |
| --- |
|       |

1. Competencies addressed in your teaching (check all that apply)

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| --- | --- | --- | --- |
| [ ]  Medical Knowledge | [ ]  Clinical practice/patient care and procedural skills | [ ]  Professionalism | [ ]  Systems-based practice |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Practice-based learning and improvement | [ ]  Communication skills | [ ]  Other (specify): |       |

1. What teaching barriers did you encounter and what countermeasures did you use?

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|       |

1. Amount of time spent **teaching**. (to the nearest quarter-hour)
2. Name of Course Director, Program Director, Clerkship Director, Chair or Division Chief that may be contacted for teaching verification:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Title: |       |

11. Your Name:       Signature:       Date:

|  |  |  |
| --- | --- | --- |
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E-mail to: som\_cmeoffice@stonybrookmedicine.edu |

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Approved for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMA/PRA Category 1 Credits™ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_