



Main Line Health

Documentation of Learning Associated with Teaching Medical Students and Residents

INSTRUCTIONS: To be eligible for AMA PRA Category 1 credits, the teacher applying for CME credit must do the following:

1. Provide certification from either the Undergraduate Medical Education Office or Graduate Medical Education Office at Main Line Health System that verifies that you are an approved faculty member(see signature block at the end of this form for that purpose).
2. For GME teaching, ensure that the GME Office also verifies at the end of this form that the residency/fellowship program in which the proposed course is being taught is ACGME-accredited.
3. Types of teaching activities that are approved for credit include: formal presentations to medical students and residents; development of cases and clinical problems; supervising clinical or simulated activities; instruction on clinical or other skills; assessing learner performance in clinical or simulation settings; mentoring QI or PI projects; and, mentoring of scholarly activities.
4. Teaching faculty may receive two AMA PRA Category 1 credits for every one hour of activities undertaken representing learning associated with preparation of teaching medical students or residents as described above (rounded up or down to the nearest 1/4 hour).

Name of Teacher Requesting Credit: **Date of Request:**

This activity is for: Type of Activity: Formal presentation to students/residents Supervising clinical/simulation activities
 UME Case development Teaching clinical skills Assessing learner performance Mentoring QI or PI
 GME Mentoring scholarly activities Other (describe)

What gap in clinical knowledge/skills or in educational technique and understanding did you identify relative to your teaching work?

Related learning activities in which you engaged to prepare for this teaching assignment (e.g., review of current literature, chart review/analysis, other reading, online search)

What will be the result of this teaching experience for you (check all that apply):

Improved teaching skills Better understanding of pathophysiology
 Improved patient management Other

ACGME Competency Domains you plan to address in your teaching (check all that apply):

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

Validation of Approved Teacher Status

I certify that the applicant is an approved member of the faculty/teacher for UME for GME

Title: _____

Signed By

Validation that the Teaching Activity is for an Approved Residency Program (for GME only)

I certify that this teaching activity is for an ACGME-accredited program

Title: _____

Signed By

Submission of Application for Teaching Credits by Teacher

Calculation of Time Spent Preparing for Teaching--Please complete the categories of potential areas of preparation for teaching that are applicable to your teaching assignment (enter total minutes rounded up or down to nearest quarter hour):

1. Preparing for a student/resident encounter or teaching session

2. Literature searching: updating bibliographies; synthesizing literature

3. Researching case materials related to presentations

4. Case discussion prompting questions and information seeking

5. Researching clinical questions online or in journals and other text sources

6. Reflection on teaching encounters and undertaking improvements: developing learning/teaching plans

7. Developing educational materials related to case or clinical problems

By checking this box, I agree to (1) attach an outline of the educational content of this teaching assignment, and (2) complete a brief assessment of my teaching outcomes (provided by Main Line Health System as a prerequisite to earning AMA PRA Category 1 Teaching Credits.

Date submitted: _____

Signed By

Name _____

Address _____

City _____

State _____

Zip Code _____

Date of Birth (xx-xx-xxxx) _____

Phone Number _____

Fax Number _____

E-Mail _____

INSTRUCTIONS FOR SUBMISSION TO THE OFFICE OF CME: Complete the form, print the form and obtain needed signatures, and submit by fax to **Trish Levy, Manager, Continuing Medical Education** at **484-476-6843** or scan and e-mail to **LevyP@MLHS.ORG**

CME OFFICE USE ONLY

This activity is approved for _____ AMA PRA Category 1 Credits for Teaching Medical Students and Residents

Date approved: _____

Signed By