

UConn Physician Faculty Learning from Teaching Medical Students and Residents/Residents Claim Form

How to Get Credit

1. Visit the UConn CME Learning Portal and confirm that you have a user account; if not create one.
2. Complete and submit the [Claim Form](#), [Verification Form](#), and [CME Financial Relationships Disclosure Form](#) within 30 days of the end date of teaching activity. Incomplete submissions cannot be processed.
3. Send all completed forms to CME@uchc.edu, Include Email Subject Line: Learning from Teaching Submission
4. Submissions are reviewed for approval by the Committee on Community & Continuing Medical Education (CCCME), which meets four times per year (quarterly meetings).
5. After approval by CCCME, the CME office will register you into this course and your cumulative credits earned (up to max credit award) will appear in your account transcript at the end of each academic year. (A user account is required for the CME Office to process and report your credits.)

Accreditation Statement: The University of Connecticut School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Connecticut School of Medicine designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits™* 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.

Credit Claim Limit: The UConn CME Office limits claims to a maximum of 40 *AMA PRA Category 1 Credits™* per academic year. Credit may be claimed only for learning that occurred during the applicable academic year(s).

Your Name: _____
Professional Degree: _____
Institutional Department/Affiliation: _____
Address: _____
City, State, Zip: _____
Email: _____

Name of Teaching Activity: _____
Date(s) of Teaching Activity: _____

Please indicate the type of activity? (Check all that apply)

- | | | |
|--|---|---|
| ☐ Formal Presentation | ☐ Clinical Supervision | ☐ Instruction Clinical |
| ☐ Assessing Performance | ☐ Instructing How To Teach | ☐ Case Development |
| ☐ Instruction Research | ☐ Instruction Skill Building | ☐ TBL Content Expert |
| ☐ Mentoring | ☐ Simulation Supervision | ☐ Other (explain): _____ |

Who were your learners? (Check all that apply)

- ☐ UConn Medical Students ☐ UConn Residents ☐ UConn Fellows

Please list the appropriate LCME/ACGME/ACCME-accredited program:

For residents/fellows: please list the UConn GME program: _____

For medical students: please list the UConn UME course/clerkship: _____

CME session with residents/fellows/students, please list UConn CME activity: _____

List the amount of **actual time spent teaching** related to this learning activity (to the nearest quarter-hour): _____

Needs/Gaps: What knowledge or skills did you gain as you prepared for your teaching activity?

Needs/Gaps: Considering the gap, what were your learning needs (Check all that apply):

☐ Increased Knowledge

☐ Increased Competence

☐ Increased Performance

Strategy: How did you prepare for this teaching activity? (Include any skills developed through your teaching.)

Strategy: Learning method(s) you engaged in? (Check all that apply)

☐ Review of Current Literature

☐ Chart Review/Analysis

☐ Online Search

☐ Consultation

☐ Other Reading

☐ Other (specify):

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

***Learning Sources:** As an active learner, educational materials used to support learning associated with teaching should be independent of commercial influence and developed free of bias from ACCME-defined ineligible companies. To support compliance with these expectations, faculty are encouraged to utilize (1) Peer-reviewed materials in professional journals that follow the Uniform Requirements for Manuscripts created by the [International Committee of Medical Journal Editors](#); (2) Accredited continuing medical education materials developed and presented in compliance with the [ACCME Standards for Integrity and Independence in Accredited Continuing Education](#).

Outcome: What is the result of this experience for you? (Check all that apply)

☐ Improved teaching skills

☐ Better understanding of your field

☐ Improved patient management or outcomes

☐ Other (specify):

Impact: What did you change in your practice based on what you learned?

Impact: And what changes do you plan to make to your teaching approach in the future?

Attestation: I attest that this is an accurate description of my participation in this self-directed learning activity and that I used learning sources that were independent of commercial influence and developed free of bias from ACCME-defined ineligible companies.

Participant's Signature: _____

Date: _____

** Typed signatures will not be accepted, please use a hand signature or another form of formal electronic signatures (such as PDF certified signatures).*

IMPORTANT: You Must Also Complete and Submit (1) A Verification Form and (2) A Faculty Conflict of Interest Disclosure Form Along With Your Claim Form Submission. Without these additional 2 documents, your submission will not be reviewed.

VALIDATION AND CREDIT

(TO BE COMPLETED BY UCONN CME OFFICE ONLY)

I certify that the applicant is a UConn SOM Faculty or Affiliated Faculty member:

CME Medical Director's Signature: _____

Date: _____

CCCME Approval Date:

Approved Credit (CME) AMA PRA Category 1 Credits™ awarded: