**2020 Clinical Self-Directed Learning from COVID-19 CME Activity**

**Purpose**

Healthcare professionals in Florida have been called upon to participate in a massive effort to respond to the unprecedented COVID-19 outbreak. To recognize the significant active learning, peer consultation, and teamwork that has taken place as a result of these clinical activities, FMA and its accredited CME providers have collaborated to create a self-directed CME process. The primary objective is to guide clinicians to record what they are having to learn independently in order to support and improve their clinical practice and respond more effectively to the COVID-19 crisis and claim CME credit. The CME system recognizes this type of learning as legitimate provided CME providers can support their learners in documenting a valid, structured and self-directed learning process at the point of care. This type of blended educational activity is categorized under the **Other Format** as designated by the American Medical Association.

**Needs Assessment/Professional Practice Gap**

The rapid emergence of a novel coronavirus has created many clinical questions, some of which still have yet to be adequately answered and addressed. Healthcare professionals and the organizations they represent are working together to better understand this emerging virus, prepare their organizations, and determine best practices for detection, testing, management, and communication with patients.

**Objectives**

The specific learning objectives are: 1.) Reflect on practice-based knowledge needs; 2.) Record clinical activities undertaken to respond to gaps in knowledge, competence and/or performance; 3.) Translate knowledge gained into future practice; 4.) Improve future patient care related to public health preparedness and response to similar outbreaks

**Target Audience**

This learning activity is directed to Florida physicians, Physician Assistants, Advanced Practice Registered Nurses who have participated in the effort to combat the COVID-19 outbreak.

**Desired Results**

This activity is designed to support physicians, PAs, APRNs reflection and quality improvement through self-directed learning.

**Standards for Commercial Support and Disclosure**

This learning format does not require the designation of planners/faculty and thus, does not require that disclosure information be collected or resolved. In addition, there are no approved proprietary therapies for COVID-19 at this time. Participants may only record activities that are related to their clinical practice and free from any influence of commercial interests - entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

**Accreditation and Credit Designation**

Self-Directed Learning CME activities credit is earned by Learners on a credit-per-hour basis. The total number of *AMA PRA Category 1 Credit (s) TM* for “Other” formatted activities is designated by the CME Provider. This CME activity will be reviewed annually by the CME Committee and may be renewed or discontinued as deemed appropriate.

Flagler Hospital is accredited by the Florida Medical Association to provide continuing medical education for physicians.

Flagler Hospital designates this Other activity (2020 Clinical Self-Directed Learning from COVID-19) for a maximum of 20 *AMA PRA Category 1 Credit (s) TM* per year to be submitted to Flagler Hospital CME Office by 12/30/2020. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Maintenance of Certification (MOC) Information:**

In addition, this educational activity has been registered in PARS for American Board of Anesthesiology for Lifelong Learning MOC credit; American Board of Internal Medicine Medical Knowledge and Patient Safety MOC credits; American Board of Ophthalmology Lifelong Learning MOC credit; American Board of Head and Neck Surgery Self-Assessment (Part II), Improvement in Medical Practice (Part IV) and Patient Safety MOC credits; American Board of Pathology Lifelong Learning MOC credit, and American Board of Pediatric Lifelong Learning and Self-Assessment (Part II) MOC credit. Learners must complete Provider MOC attestation statement within the “2020 Clinical Self-Directed Learning from COVID-19 CME Activity” form giving permission for Flagler Hospital to share participation data with Specialty Boards via the Program and Activity Reporting System (PARS).

Through the American Board of Medical Specialties (“ABMS”) ongoing commitment to increase access to practice relevant Continuing Certification Activities through the ABMS Continuing Certification Directory, “2020 Clinical Self-Directed Learning from COVID-19 CME Activity” has met the requirements as a MOC Part II CME Activity (apply toward general CME requirement) for the following ABMS Member Boards: Allergy and Immunology; Anesthesiology; Colon and Rectal Surgery; Family Medicine; Medical Genetics and Genomics; Nuclear Medicine; Ophthalmology; Pathology; Physical Medicine and Rehabilitation; Plastic Surgery; Preventive Medicine; Psychiatry and Neurology; Radiology, Thoracic Surgery; and Urology.

**2020 Clinical Self-Directed Learning from COVID-19 CME Activity**

**Credit Documentation for *AMA PRA Category 1 Credit TM***

**Directions to Participate:**

This is a fillable CME activity form. Save to your computer prior to completing documentation. You may submit completed **typed** form to Flagler Hospital Medical Library/CME Department on a monthly or quarterly basis, but no later than December 31, 2020 for credit issuance and reporting to CE Broker.

As a physician, PA or APRN, interested in participating in this “2020 Clinical Self-Directed Learning from COVID-19” CME Activity, you must complete this CME activity describing **what you learned** from the COVID-19 pandemic. ***Thorough documentation of learning must be provided before CME credit is issued.***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Month | April | May | June | July | August | Sept. | Oct. | Nov. | Dec. |
| Hours Claimed | Enter hours | Enter hours | Enter hours | Enter hours | Enter hours | Enter hours | Enter hours | Enter hours | Enter hours |

Document learning of new knowledge or skill and provide estimated hours for each activity/response related to COVID-19. Hours claimed may be for research, reading articles, listening to podcasts, team-based patient care discussion, consulting with peers or experts, meeting, a structured meeting or assembled group to discuss solution, or other activities directly related to clinical care of COVID-19 patients. Please do not claim hours for “shift work”.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Suggested activity/response categories:** *(may be more than one category and more than one activity per category)*   |  |  |  | | --- | --- | --- | | *Patient Care* | *Emergency Operations Center (county or state)* | *Hospital/Facility Planning* | | *Administrative Planning/Response* | *Screening* | *Other (identified by Learner)* | | | | | | | |
| **Learning Documentation** | | | | | | **Hour(s) claimed** |
| **Date**  *May be more than one activity per month.* | **Knowledge or Practice Gap:**  *Identify what you do not know or could not do.* | **Activity/Response & Date Conducted**: *What activity or response did you do or complete to address* identified gap? | **Lesson:**  *What did you learn?* | **Application/Intervention:**  *Specify how you did or will apply new knowledge or skill gained.* | **Learning Level**: Provide learning level.  \*Level 1: Competence: I gained new knowledge/  strategies, but I haven’t had the opportunity to apply to my practice yet  \*Level 2: Performance: I applied the new knowledge/  strategies to my practice  \*Level 3: Patient Outcomes: The new knowledge/strategies improved the outcome(s) of my patient(s) | **Credit Hours;**  *Estimate how long the activity took for completion (i.e. 15 min. = 0.25 hr.; 90 min = 1.50 hrs., etc.)* |
| April (start date 4/15/2020) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| May | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| June | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| July | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| August | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| September | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| October | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| November | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| December | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**I attest to the accuracy of the information provided above.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician  APRN  PA/PA-C

MOC attestation:

I give permission for MOC/CME data to be shared/reported. Yes  NO Date of Birth (mm/dd) (Board required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Digital Signature or Print and sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for completing this CME activity form. You may submit this completed “2020 Clinical Self-Directed Learning from COVID-19” CME activity documentation/verification form by attaching it to an email to [celina.makowski@flaglerhospital.org](mailto:celina.makowski@flaglerhospital.org) or [javeshia.melton@flaglerhospital.org](mailto:javeshia.melton@flaglerhospital.org). Notification of the CME/MOC credits for CME activity will be emailed to you. Credit will be reported to CE Broker and MOC reported to respective Board as applicable. Activity questions may be directed to either above e-mails or call 819-4409.