**Flagler Hospital Internet Point-of-Care (iPOC) Learning CME Activity**

**Purpose**

In day-to-day practice, physicians and healthcare professionals encounter clinical problems or situations which require further investigation. Utilizing online evidence-based sources to find answers to diagnostic or treatment questions to answer clinical questions offers a means for a reflective learning experience. Flagler Hospital recognizes this method of learning as a valid, structured and self-directed learning opportunity at the point of care.

**Needs Assessment/Professional Practice Gap**

The clinical question will be the self-identified professional practice gap. It may be based on a rare condition, a condition not managed recently by the physician, a diagnostic dilemma, new clinical information, or controversial clinical needs.

**Point-of-Care Learning Objectives**

The specific objectives are to 1.) identify practice-based knowledge need(s), 2.) complete extensive background research on a clinical question, 3.) reinforce clinical decisions through review of published evidence, 4.) learn new information related to clinical practice, 5.) translate knowledge into professional practice, 6.) improve patient care by utilizing current published evidence.

**Targeted Audience**

The Internet Point-of-Care Learning CME Activity is directed to all Flagler Hospital staff physicians, Advanced Registered Nurse Practitioners, and Physicians’ Assistants.

**Desired Results**

As a clinical reference tool, this activity is designed to facilitate quality improvement through self-directed learning.

**Teaching Methods /Approved iPOC Sources**

The teaching method will consist of self-directed learning of a self-directed clinical question through use of evidence-based medical databases, journals, and books accessible through the hospital medical library/intranet site or through personal subscriptions providing they are not controlled by a commercial interest and meet ACCME independence criteria. A number of resources are approved, but not limited to the following: CINAHL, EBSCO Host, peer-reviewed Journals, MD Consult, MedLine, PubMed, Toxnet, UpToDate, or government websites, such as Centers for Disease Control and Prevention, Food and Drug Administration, The Joint Commission, National Institutes of Health, etc.

Participants will then complete a verification/evaluation form, which includes documenting each source and citation consulted and describing the application of their findings to their practice for each researched clinical question.

**Accreditation and Credit Designation**

The maximum time associated for each search conducted is approximately 30 minutes. Participants may only claim CME credits through the verification/evaluation form associated with each clinical topic or question searched.

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

Flagler Hospital designates this educational activity for a maximum of 0.5 *AMA PRA Category 1 Credit (s)TM* . Physicians should claim only credit commensurate with the extent of their participation in the activity.

For the purpose of applying for an AMA Physician’s Recognition Award, physicians may claim a limit of 20 *AMA PRA Category 1 Credit (s)TM*  per year through Internet Point-of-Care Learning activities. Please contact the AMA directly for additional information on the AMA Physician’s Recognition Award process.

**Standards of Commercial Support and Disclosure**

Sources have been chosen to ensure independence, lack of commercial bias and evidence-based content. The planners of this activity have no financial affiliations relevant to the content. Commercial grants will not be solicited for this activity.

**Directions:**

Use one form for each clinical question researched. Click boxes as appropriate. Please review the Internet Point-of-Care Learning information on previous page prior to completing the verification/evaluation form.

**CME Activity Verification (Required)**

1. **Please proved your professional status and contact information :**

[ ]  Physician [ ]  ARNP [ ]  PA/PA-C

Name: **Click here to enter name.**

Phone: **Click here to enter phone number.** Email: **Click here to enter email address.**

1. **What is the Clinical topic/question:**

**Click here to enter topic/question**

1. **Is the question related to (check all that apply):**

[ ]  A rare condition [ ]  A condition not managed recently

[ ]  A diagnosis dilemma [ ]  A need for new clinical information

[ ]  A controversial clinical issue

[ ]  Other (please explain):

**Click here to enter text.**

1. **What did you learn:**

**Click here to enter text.**

1. **What resource(s) provided answers for you? (check and complete all that apply):**

[ ]  CINAHL [ ]  EBSOCO Host [ ]  UpToDate

[ ]  MedLine [ ]  Micromedix [ ]  PubMed

[ ]  Toxnet [ ]  Government Website [ ]  Peer-reviewed Journal/Book

[ ]  ClinicalKey

**Please provide full citation of all resources utilized (e.g., website, pmid, article title…):**

**Click here to enter full citation**

1. **Please specify the applications/interventions you made as a result of your research (check all that apply):**

[ ]  Unable to find information that addressed my questions [ ]  Made/recommended no changes in care

[ ]  Confirmed my diagnosis [ ]  Refined diagnosis

[ ]  Made referral for consultation [ ]  Adjusted dose of existing medicine

[ ]  Prescribed new medication [ ]  Monitored therapy

[ ]  Ordered lab study of blood, urine, other [ ]  Ordered imaging study (e.g. Xray, MRI, etc)

[ ]  Ordered physiological study (e.g. EKG, PFT, TMST, etc) [ ]  Recommended life style changes

[ ]  Performed/recommended surgical procedure

[ ]  Other (specify):

**Click here to enter text.**

1. **Because of the information obtained through research of clinical question, I avoided possible (check all the apply):**

[ ]  Additional or unnecessary tests [ ]  Surgery

[ ]  Hospital-acquired infection [ ]  Hospital re-admission

[ ]  Medical error [ ]  Death of my patient

[ ]  Other (specify):

**Click here to enter text.**

**CME Activity Evaluation (required):**

1. **This activity was fair, balanced, and free from bias?** [ ]  Yes [ ]  No (specify): **Click here to enter text.**
2. **Indicate difficulties finding relevant information (check all that apply):**

[ ]  Did not have difficulty finding relevant information [ ]  Difficulties in searching

[ ]  Insufficient database clinical information coverage [ ]  Access difficulties

[ ]  Not enough full text journals available

1. **Rate the overall effectiveness of this activity:** [ ]  Excellent [ ]  Good [ ]  Average [ ]  Fair [ ]  Poor
2. **Check all that apply:**

[ ]  This activity met my learning objectives [ ]  I will utilize this form of learning again

[ ]  The information supports how I manage patients [ ]  I partially fulfilled my educational needs

[ ]  I learned something that will change how I manage patients

[ ]  I did not find information to meet my original educational need

1. **This activity resulted in (check all that apply):**

[ ]  Level 1: Competence: I gained new knowledge/strategies, but haven’t had the opportunity to apply to my practice as of yet

[ ]  Level 2: Performance: I applied the new knowledge/strategies to my practice

[ ]  Level 3: Patient Outcomes: The new knowledge/strategies improved the outcome of my patient(s).

1. **Comments/Suggestions:**

Click here to enter text.

**Signature (***print and sign before submitting***) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Click here to enter a date.**

Thank you for completing this CME activity form. You may submit this completed iPOC Verification/Evaluation Form by attaching it to an email to celina.makowski@flaglerhospital.org . Notification of the CME credit for iPOC will be emailed to you and the credit will be added to your transcript. Any questions about iPOC may be directed to Celina via e-mail or ext. 4409.