SUBMITTING A LEARNING FROM TEACHING APPLICATION

OFFICE *of* **CONTINUING MEDICAL EDUCATION**
Quillen College of Medicine

EAST TENNESSEE STATE UNIVERSITY

- **To submit a Learning from Teaching Application, you will need to log in to your HighMarks account or create a new account if you have not already done so. To access or create your account, go to ww2.highmarksce.com/etsu.**

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COLLEGE *of* MEDICINE
EAST TENNESSEE STATE UNIVERSITY

Welcome   Registration   Courses   Enduring Material

Welcome

Existing Account

Please enter your email address and password.

Email Address:

Password:

Sign In

Forgot your Password? Get it now!

Create New Account

* - indicates a required item.

*First Name:

*Last Name:

Medical Center/Hospital/Company:

*Email Address:

This form collects name, email address and other contact information so our support team can communicate and provide assistance. Please check our Privacy Policy to see how we protect and manage submitted data.

* ☐ I consent to having this contact information collected via this form.

Create Account & Sign In

- **Select 'My Applications'**

- **Select 'Start New Learning from Teaching' to begin a new application.**

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Welcome	Registration	Courses	Enduring Material

Elizabeth Wolf My Account My Credits My Applications My Activity Center Applications to Review My Required Forms Sign Off

My Applications

Use this section to manage one or more applications.

How to Submit an Application:

1. Click on the "Start New Pre-planning Form" button.
2. Complete all information and click "Submit."
3. The form will be reviewed by the CME Office.
4. You will receive further information about the next step in the process via email.

How to Edit or Complete an Application:

1. Incomplete applications can be continued by clicking on the title of the event.
2. An application cannot be edited once it is finalized and pending review.

If you have any questions, contact mabekh@etsu.edu.

No applications have been submitted.

Start New Pre-Planning Form

Start New Learning from Teaching

- **Complete the application.**

Submit Learning from Teaching

Use the tabs below to complete the form. Required items are noted in red text and must be completed prior to submission. The Title tab must be completed and saved before working in any other tab.

Please be sure to click Save before moving on to (or clicking) the next tab.
Any unsaved data will be lost.
Please do not use the browser's back button to navigate to the previous page.

| 1. Title | 2. Reporting | 3. Preview | 4. Finalize |

* Title

Course name/Activity/Residency program

Check Spelling   Characters Left: 300

* Sponsoring Organization

-- SELECT --

* Activity Start Date

* Activity End Date

Save

*Reporting

Complete the form below to provide the details of the teaching activity. Be as specific as possible.

* - indicates a required item.

*ETSU Employee ID

[   ]

*Medical Education Number

[   ]

The medical education (ME) number is an 11 digit number assigned to every physician in the US by the AMA for identification and recording of basic information. The ME number is found on the AMA membership card. For your ME number, please contact 800-262-3211.

*What was the format of the activity?

[   ]

*Who were your learners? (Check all that apply)

☐ Undergraduate Students

☐ Medical Students

☐ Residents

☐ Fellows

☐ Mentorship

☐ Scholarship

☐ Service Learning

*In what school or schools are your learners enrolled?

☐ College of Medicine

☐ College of Nursing

☐ College of Pharmacy

☐ College of Public Health

☐ College of Rehab Sciences

* What was your role as teacher?

☐ Assessing performance

☐ Case development

☐ Instructing how to teach

☐ Instruction: Clinical

☐ Instruction: Research

☐ Instruction: Skills Building

☐ Formal presentation

☐ Mentoring

☐ Supervision: Simulation

☐ Other scholarly activities (Please specify): [_____]

Related Learning Activity of Faculty

* Describe the active learning that prepared you for this teaching activity. (e.g. review of current literature; chart review and analysis; other reading; consultation; on-lin searching for teaching, information-sharing)

[text box]

Characters Left: 2000

Resulting Change in Skills/Knowledge

* Describe how this learning will inform or improve your practice of teaching or your clinical practice skill set.

[text box]

Characters Left: 2000

* Which competencies might this learning assist with? (Check all that apply)

	Interprofessional Education Collaborative	ACGME/ABMS	Institute of Medicine
1.	☐ Values/Ethics for Interprofessional Practice ☐ Roles/Responsibilities ☐ Interprofessional Communication ☐ Teams and Teamwork ☐ Other Competencies	☐ Patient Care and Procedural Skills ☐ Knowledge ☐ Practice-based Learning and Improvement ☐ Interpersonal and Communication Skills ☐ Professionalism ☐ System-based Practice	☐ Patient and Family-Centered Care ☐ Interdisciplinary Teams ☐ Evidence-Based Practice ☐ Quality Improvement ☐ Infomatics

* Identify barriers beyond your control that will challenge your ability to implement the stated knowledge or skills.

Characters Left: 2000

* How much time did you spend teaching this new information or skill? (Please use quarter hour increments)

This must be a real number. For example, the following are accepted:

- 3
- 2.25
- 4.00
- 1.75
- 0.5

Save

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YOU ARE ABOUT TO ACCESS A WEBSITE USED FOR TESTING AND VERIFICATION ONLY!

193 - Test Learning from Teaching Application   Incomplete

| 1. Title | 2. Reporting | 3. Preview | 4. Finalize |

*Finalize

This form will be reviewed and further information will be sent to the main contact via email within seven business days.

* ☐ I have reviewed and am ready to submit this form.

Submit Form

THANK YOU!

If you have additional questions please visit our website to view additional HighMarks tutorials.

www.etsu.edu/com/cme