



Faculty Documentation for Learning from Teaching

Planners of this activity: Joan Duggan, MD, Diane Foley nor Becky Roberts do not have any financial interest or other relationship with any manufacturer of commercial interest to disclose.

If you have any questions regarding UT CME Learning from Teaching, please email ContinuingMedEd@utoledo.edu or contact us at (419) 383-4237.

First Name (legible)

Middle Name

Last Name (legible)

Suffix

Degree

Legible Name of Course Director, Program Director, Clerkship Director, Chair or Division Chief that may be contacted for verification.

Phone #

Teaching/ Educational Activity Format	UME or GME	Gap Identified Clinical knowledge/skills gap and/or gap in educational technique and understanding. Also Indicate Nature of Gap for each: K=Knowledge C=Competence P=Performance PO=Patient Outcome	Related Learning Activity <i>e.g., review of current literature; chart review and analysis; other reading; consultation; on-line searching for teaching, information-sharing</i>	Competency Domain Addressed ** 1) Medical Knowledge 2) Clinical Practice / Patient Care and Procedural Skills 3) Professionalism 4) Systems-based Practice 5) Practice-based Learning and Improvement 6) Communication Skills	Resulting Change in Skills / Knowledge e.g., improved teaching skills, better understanding of pathophysiology, improved patient management or outcomes	Time Minimum 30 minutes. Round to quarter hour 1=time spent teaching 2=time spent learning INCLUDE BOTH	Date mm/dd/yy
Formal presentations to students, residents (indicate resident or student)							
Development of Cases, Clinical Problems							
Supervising clinical or simulated activities							
Teaching clinical, other skills (i.e. bedside teaching)							
Assessing Learner performance (clinical or simulated settings)							

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Mentoring QI or PI projects							
Mentoring or undertaking scholarly activities							
Other (please specify):							
TOTAL CREDITS ***							

Barriers (if any) Explain how they will be addressed?

NOTES/REFLECTIONS: How has this made your overall role as a faculty member better? More rewarding? Has it had any other impact?

ATTESTATION: I hereby attest that I have learned for a total of _____ hours and applied the information from my learning to my teaching.

Signature

Date

RETURN Form and Rotation Schedule/Proof by email to: ContinuingMedEd@uoledo.edu