

## MINIFELLOWSHIP CME PROJECTS

### **POLICY**

Geisinger Health System's (GHS) Continuing Medical Education (CME) Committee recognizes that physicians have unique educational needs. The CME committee encourages physicians to take an active, self-directed role in satisfying their own educational needs. The committee approves the following procedure by which physicians can obtain category 1 credit for their participation in a structured mini-fellowship designed to develop or improve clinical skills.

### **PROCEDURE**

Upon the recognition of an educational need, the physician completes an application form. This form contains the educational objectives and plan, which is reviewed, revised if necessary, and approved by the project facilitator and a member of the CME committee. The physician then proceeds with identifying background resources, and a clinical site for the fellowship. The physician systematically records the amount of time spent completing the project. Upon project completion, the physician submits the following to the project facilitator:

1. Project report
2. Total time report
3. Attestation regarding total time accuracy and non duplication of CME credit
4. Project evaluation form

The project facilitator (a member of CMEC) reviews, approves, and forwards the materials to the CME Committee for final assignment of category 1 credit. After approval, the physician will receive certification of the amount of credit awarded.

## **Responsibilities**

### **Project Facilitator-member of the CMEC**

- ❑ Review, revise, and approve the minifellowship objectives
- ❑ Notify the physician of project approval
- ❑ Answer questions during the project
- ❑ Review and submit a satisfactory report to CME committee
- ❑ Return an unsatisfactory report for revision
- ❑ Review project evaluation forms
- ❑ Summarize evaluations and periodically report to the CME committee

### **Preceptor**

- ❑ Assist the physician in identifying and obtaining information resources; learning objectives and plan
- ❑ Supervise the minifellow's activity
- ❑ Provide feedback and evaluation of the minifellow's performance and competence in new skills

### **CME Director**

- ❑ Receive finished project reports from the preceptor/minifellow
- ❑ Place finished projects on the CME committee agenda
- ❑ Record credit certification upon project approval
- ❑ Provide the CME committee with summary reports of credit hours granted

### **CME Committee**

- ❑ Review finished projects
- ❑ Approve CME credit
- ❑ Recommend appropriate dissemination of project information
- ❑ Review Policy annually

## Project Application

Name: \_\_\_\_\_ Preceptor

Date submitted: \_\_\_\_\_

Date of anticipated completion: \_\_\_\_\_

- What prompted you to begin this project?
  
- What skills would you like to obtain?
  
- What clinical setting(s) do you intent to use?
  
- Upon completing this project, what do you expect to be able to do?
  
- How many hours are you expecting to spend doing this project?

I agree to precept this  
physician in obtaining their  
skills.

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Applicant Signature

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Preceptor Physician  
Signature

## Time Sheet

**Record time to the nearest ¼ hour.**

### **Preparation:**

This includes time spent in background reading and communicating with the project preceptor(s). The maximum allowable time for this stage is two hours.

Preparation Time =

### **Clinical Skills Development:**

This includes time spent in the clinical training setting observing and performing procedures and evaluating performance.

Clinical Skills Development Time =

### **Writing:**

This includes time spent writing the report, and completing the evaluation form up to one hour.

Writing Time =

**Grand Total =**

## Attestation

### Time Report:

Record your time to the nearest  $\frac{1}{4}$  hour:

- Preparation Time =
- Clinical Skills Development Time =
- Writing Time =

**Grand Total =**

Attestation:

I have accurately completed this time report. This project reflects skills I have obtained during this minifellowship. I have not otherwise received CME credit for the time spent doing this project.

**Name & Date:**

## Evaluation

**Review your application form. Underline the appropriate x:**

Have you met your objectives?

x	x	x	x	x
None		Some		All

How valuable was this project in terms of time spent versus information gained?

x	x	x	x	x
Not		Somewhat		Very

Would you do another project?

x	x	x	x	x
No Way		Maybe		Definitely

**Answer the following questions, please:**

- What was the most important thing that you learned?
- How do you anticipate using what you learned?

If you were to do this project again, what would you do differently?