

### DUKE CONTINUING EDUCATION PLANNING MONTHLY SERIES 2024







Clinical Education & Professional Development Duke University Health System

INTERPROFESSIONAL CONTINUING EDUCATION

# YOU'RE APPROVED NOW WHAT!

Clinical Education & Professional Development Duke University Health System

# MARK YOUR ATTENDANCE!

Text RUGVAL to 919.213.8033 & send (active for 24hr only)

- Learner expectations to Assure Attendance is Documented:
- Duke CE Profile must be • activated & confirmed with your mobile number to use Text Attendance SMS

Participants MUST have an active OneLink & Duke CE Ethos Account PRIOR to the activity to attend & claim education credits.

Verify your account has accurate email and phone number to assure you receive credit.

#### Activate OneLink Account & CE Profile (All Register OneLink Account (Non-Duke Learners) Learners) 1. Go to Duke Continuing Education 1. Go to Duke Continuing Education (https://ja.dh.duke.edu/) (https://ja.dh.duke.edu/) 2. Click Log In in the upper right-hand corner 2. Click Log In in the upper right-hand corner 3. Click OneLink help 3. Click Log In with OneLink & use the username 4. Click Register & password you created Verify Email: 4. Click My Account in the upper right-hand corner 5. Go to the email account you used to create your 5. Click Edit & complete all 3 Tabs: Account, OneLink account Profile. & Mobile 6.Enter your date of birth 6. Open email from Duke OneLink & Click the link in 6. Click Save at the bottom of the page the email to continue \*If you do not have a BOARD NAME or 7. Create username, password, security question DIPLOMATE NUMBER, please skip 8. Confirm account & click Register with this account Enter/Confirm Mobile Number 1. Go to Duke Continuing Education (https://ja.dh.duke.edu/) 2. Click My Account 3 Click Edit 4. Click Mobile tab 5. Enter/verify your mobile number in the box under Phone Number. Do not include spaces or special characters Click Confirm Number

- 7. You will receive a 4-digit confirmation code via text. Enter that code in the box under Confirmation Code
- 8. Click Confirm Number

### Mission Statement

The Mission of The Continuing Education Department is to act as consultants in the Development, Propagation, and Implementation of Educational Programming for the Duke University Health System and its esteemed affiliates. We ensure that all Education is rooted in evidencebased practice, Health System Data, and equitably benefits/impacts all members of the Health Care Team.



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### OBJECTIVES:

- ► Review Logos
- Discuss forms needed to maintain approval
- Review approved emails for each course type
- Discuss Credit Types
- Interactive Questions

# LOGOS













# COMMON FORMS WE MAY ASK FOR...

### Mitigation Form

#### **Continuing Education Mitigation Form**

**STEP 1:** Review collected information about financial relationships and **exclude owners or employees of ineligible companies** from participating as planners or faculty.

After collecting all financial relationships from prospective planners, faculty, and others, exclude any persons who are owners or employees of ineligible companies. Ineligible companies are those whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients. For information about exceptions to this exclusion, see accme.org/standards.

First Name:	Last Name:	Email Address:

#### STEP 2: Determine relevant financial relationships.

Review the information for all persons whom you did not exclude in Step 1 and determine whether each person's financial relationships with ineligible companies are relevant to the content of the education you are planning. Financial relationships are relevant if the following three conditions are met for the prospective person who will control content of the education:

- ü A financial relationship, in any amount, exists between the person in control of content and an ineligible company.
- ü The financial relationship existed during the past 24 months.
- ü The content of the education is related to the products of an ineligible company with whom the person has a financial relationship.

Name of Ineligible Company 1:	
Nature of the Relationship 1:	

Name of Ineligible Company 2:	
Nature of the Relationship 2:	

Name of Ineligible Company 3:	
Nature of the Relationship 3:	

Name of Ineligible Company 4:	
Nature of the Relationship 4:	

#### **Duke**Health

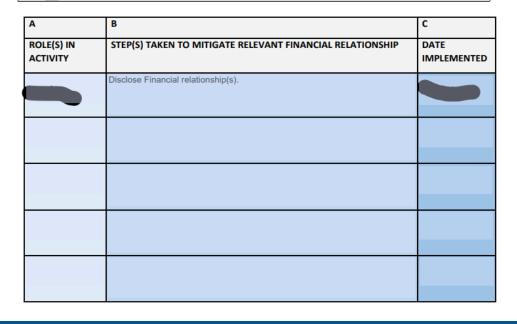
**STEP 3:** Choose a **mitigation strategy** for each person who has a relevant financial relationship and implement that strategy before the person assumes their role.

Using the lists below, identify which mitigation strategy(ies) will be used for all persons with relevant financial relationships who control the educational content of the educational activity. You may select multiple strategies but be sure to use strategies appropriate to the role(s) that each person has. You can also identify your own strategies for mitigation.

- Mitigation steps for planners (choose at least one) Mitigation steps for faculty and others (choose at least one)
  - ✓ Divest the financial relationship
- Recusal from controlling aspects of planning and content with which there is a financial relationship
- Peer review of planning decisions by persons without relevant financial relationships
- ✓ Use other methods (please describe):

- ✓ Divest the financial relationship
- ✓ Peer review of content by persons without relevant financial relationships
- ✓ Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines)
- ✓ Use other methods (please describe):

Activity Title:



# PEER REVIEW FORM

#### Peer Review Form

Event Name: Click or tap here to enter text.

Event Date: Click or tap to enter a date.

Reviewed by: Click or tap here to enter text.

Speaker Name:

#### The topics, content, speakers for this eligible event are:

	Yes	No	Comments/Description "no" responses/ Questions where changes are required
Relevant to physician content			Click or tap here to enter text.
Fair and accurate.			Click or tap here to enter text.
Free of commercial bias.*			Click or tap here to enter text.

\*Commercial bias is defined as information presented in a manner that attempts to sway participants' opinions in favor of a particular product for the express purpose of furthering a commercial entity's business. A commercial interest is defined as any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used one, patients.

#### **Overall Finding**

- No change needed
- Modification is required as indicated above.
- □ This speaker is not appropriate for presenting CME credit material

# ATTENDANCE ROSTER

First Name	Last Name	Email Address



### Course Types

- Live Activity
- Enduring Activity
- Regularly Scheduled Series(RSS)

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### Approved Emails

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#### Your Live Activity was Approved!

#### **Approval email**

Attachments Included:

- Designation letter
- Mitigation forms (if applicable)
- Peer Review Form (if applicable)
- Register OneLink
- **G** Roster Template

Hi Amanda,

### **PPMD's Neuromuscular Coordinator Preconference Meeting 2022** is fully approved, please save the Designation Letter for your records!

- 1. <u>Before the event</u> we will need any additional marketing, and notification if there is a change in speakers
- 2. <u>After the meeting</u>, we will need a copy of the final budget, and an attendance roster for the event (First Name, Last Name, Email Address).

Let me know if you need anything else!



# DESIGNATION LETTER

On behalf of Duke University Health System Clinical Education and Professional Development, we are pleased to inform you that the following activity has been reviewed and designated as a **jointly accredited** activity.

Title: Format: Dates: Credits: Credit Type: Activity ID: UAN:

In support of improving patient care, Duke University Health System Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team. The designation was based upon the quality of the educational activity and its compliance with the standards and policies of the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC).

#### The purpose of this letter is to also draw your attention to the following:

#### **Content Validation and Review**

Recommendations involving clinical medicine must be based on evidence that is accepted within the healthcare profession as adequate justification for their indications and contraindications in the care of patients. Scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

#### Safeguards against Commercial Bias

The content or format of activities and related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. All financial relationships of individuals involved with the development and implementation of the activity content will be disclosed to learners prior to the activity. When preparing your material, the Activity Director and Co-Director(s) should ensure adherence to the following guidelines for all presenters, moderators, and authors:

### **Regularly Scheduled Series Approval**

#### **Approval email**

Attachments Included:

- Designation letter
- Mitigation forms for planning committee
- Register OneLink
- SMS codes

Your application has been approved! You may now begin to market your course. Any additional questions please email <u>CEPD JAC@dm.duke.edu</u> Department email – Please email the monthly speakers and topics you would need within the week of the session to be added to the series.

Please also make sure the speakers have an updated disclosure Disclosure Form: https://app.smartsheet.com/b/form/a1fd185480834259964284c19b682243

#### Now that your RSS SERIES has been approved, you will need to do the following:

- Tell non-Duke attendees, that they must <u>Register A Duke OneLink Account & Activate Duke</u> CE Profile
- Attendance: It is the responsibility of the Course Admin to locate the RSS text code from the DUKE CE Website and provide the code to the attendees & learners. Please ensure that each presentation has the Duke CE text phone number (919) 213-8033 and RSS Text Code on the final slide; or provide the information clearly in some way.
  - If a user did not use a text code to enroll, please reference How to Manually Enroll a Learner

### Enduring Activity Approval

Enduring content is ONLINE based learning.

\*If it is not housed in our system (ETHOS/CE Website)

Designation Letter
Evaluations\*
Attendance Roster\*

Your application has been approved!

You have provided all required documentation. The link below is your course, you can now provide to your learners.

Enduring 15th annual nc research triangle pulmonary hypertension symposium

Thank you for submitting your Continuing Education (CE) activity application; **it has been approved** and your designation letter is included. Also included are mitigation forms for your records. The following information is being sent for your review. The link for your Enduring Activity has been provided below.

Enduring 15th annual nc research triangle pulmonary hypertension symposium

- Please make sure that learners know the Duke Continuing Education website address <a href="https://ja.dh.duke.edu/">https://ja.dh.duke.edu/</a> to be able to log in to their account.
- Duke users can login with their Net ID and password. Non-Duke Attendees must <u>Register A Duke OneLink Account & Activate Duke CE Profile</u>

Additional resources are found at <u>https://ja.dh.duke.edu/</u> in the HELP CENTER. The <u>Live Course</u> <u>Checklist</u> is an easy reference as well. Please reach out with any questions as needed.

### Credit Types

Attendance: This credit can be awarded to anyone who is not eligible for any other credit listed below.

□ JA Credit – AH: Awarded to (ex. Nurse, NP, Psychologist, Anesthesia Assistant, Physical Therapist, etc.)

AMA PRA Category 1 Credit/Child of JA Credit: Awarded to Physicians, Residents, Fellows, NP, PA, Psychiatrists

□ <u>MOC</u>: Requires additional documents be completed after approval. Documents must be turned in within 30 days after each session if approved for an RSS. Awarded to Physicians only ( board fields include, ABIM, ABA, ABPath, ABOHNS, ABP, & ABS)

ACPE- Pharmacist/Pharmacy Tech: Awarded to Pharmacist and Pharmacy Technicians, Credit MUST be claimed within 60 days after sessions/course, please ensure all attendees have knowledge of this requirement.

□ <u>ANCC</u>: Awarded to Nurses Only.

□ IACET CEU: Awarded to a variety of Allied Health Professionals. IACET credit is calculated to the tenth of the credit hours. (for ex. 1.00 credits awarded is 0.10 credits awarded in IACET.)

### MOC: ON-SITE MODERATOR'S REPORT

ON-SITE MODERATOR'S REPORT				
Was the content scientifically sound? Based on your observations, was the content free of bia If no, please explain:		es 🔲	No 🛄 No 🔲	
Please assist us in documenting active learning strategies incorporated in this activity, and how the faculty assisted learners in assessing their learning by answering the following questions.				
Did the faculty engage the participants with active learning strategies? Yes 🔲 No 🔲				
Which of the following active learning strategies were u	sed (check all that ap	ply)?		
Interprofessional panel/Q&A	Faculty/audience	discussion		
Audience response questions	Self-reflection questions			
Cases	None None			
Other, please specify:				
Did the faculty provide feedback to learners as part of the active learning strategies used? (If yes, please briefly summarize how feedback was provided.) Yes INO				

**IMPORTANT**: To meet MOC requirements, please provide feedback that was offered to participants in response to their participation threshold (active engagement, test scores, reflective statements, simulations, etc.). Feedback should include suggestions <u>participants may consider making in their practice or with their healthcare team</u> because of what they learned in this session. <u>At least one of the suggestions should be team-focused</u>. Please write in complete sentences and use the back of this sheet if necessary).

### MOC DOCUMENTATION

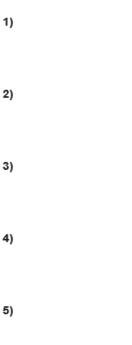
#### **Title of Program – MOC documentation**

#### Faculty:

I attest that the learners in my program reflected on the actions they will take in their practice based on what they learned at Title of Program, and participated in our group discussion about these actions. I further attest that I provided feedback and (where appropriate) additional possible changes that they may consider making.

#### Yes

Please share what you would consider are representative examples of the types of actions that you heard learners say they intended to take upon returning to practice.





### YOU'RE APPROVED! TRUE OR FALSE

Regularly Scheduled Series need attendance rosters. False

► A designation letter is attached to all approval emails. True

Nurses can receive MOC too! False



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#### Questions/Comments



### Wrap Up

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