

## *Self-Directed CME*

### *Procedures*

**Self-Directed CME Activities** enable providers to earn **Category 1 AMA PRA Credit** for self-designed and self-directed learning activities which meet their own personal needs for learning and professional development. If desired, providers may use their Geisinger “CME Hours” to participate in **Self Directed CME Activities**. Follow these procedures:

**Step 1. Notify the Center for Continuing Education (CE).** Email or call the Center for CE ([cce@geisinger.edu](mailto:cce@geisinger.edu); 570-271-6692) to indicate your interest to develop a **Self-Directed CME Activity** and to obtain required forms.

**Step 2. Complete and Submit the Self-Directed CME Activity Application (page 2)** describing the following educational elements of the Self-Directed CME activity that you have in mind.

1. **Educational Needs/Practice Gaps:** What areas of your personal professional knowledge and performance is the activity intended to improve?
2. **Learning Objectives:** What will you know or be able to do as a result of your participation in this activity?
3. **Learning Experiences:** What resources and/or learning experiences will you use to achieve these learning objectives? What will you do with your time?
4. **Personal Professional Outcomes:** How will this project help you become a better physician (clinician, teacher, manager, etc.)?
5. **Duration:** How many hours will you commit to working on this project?
6. **Final project report:** What evidence will you provide to demonstrate what you have learned (e.g. slide presentation, literature article, book chapter, project report)?

**Step 3. Approval to Proceed.**

The Center for CE will review your project application, provide feedback, and approve your project to proceed for a specified number of credits. Obtaining approval to proceed for most Self-Directed activities takes one (1) month or less. If you want to use your “CME Hours” for your **Self-Directed CME Project**, you may present the approved application to your supervisor. The Center for CE does not approve CME hours.

**Step 4. Perform the Project.**

Conduct the project as outlined in the approved application, systematically recording time spent, and prepare a report or work product to demonstrate the learning achieved.

**Step 5. Submit your work product, Time Attestation, and Evaluation (page 3)** to CE for review.

**Step 6. Final Approval/Assignment of Credit.**

The Center for CE reviews all project materials and awards credit. Credit awarded equals 100% of the reported time with a maximum of **6 AMA PRA Cat. 1 Credits per day**. Credit will be recorded in your Geisinger CME transcript.

**Geisinger  
Center for Continuing Education**

**Project number:** \_\_\_\_\_

***Self-Directed CME  
Project Application***

**Provider Name:**

**Project title:**

**Date submitted:**

**Date of anticipated completion:**

N.B. Application expires 30 days after anticipated completion date.

**Practice Gaps and Educational needs**

Describe your personal, professional practice gaps and the educational needs which underlie them that this learning project will enable you address?

**Learning objectives**

What immediate improvements in your knowledge or skills do you expect will be achieved through your participation in this project?

**Format**

What resources or experiences will you use to help you meet these objectives? What will you do with your time? What educational informational/resources do you plan to use?

**Final product**

What evidence will you provide to demonstrate the work that you accomplished and the learning that has taken place (e.g. PowerPoint slides, the draft of a literature article, a summary report)? Upon completing the project, what will you have done?

**Outcomes**

How will this learning activity improve your ability as a clinician, teacher, manager, etc.?

How will it improve the effectiveness of your health care team?

**Project Duration**

How many hours will you spend accomplishing this project? The amount of credit awarded will be 100% of the reported time with a maximum of 6 AMA PRA Category 1 credits per day. After completion of the project, your credits earned will be recorded on your Geisinger CME transcript.

**Center for CE USE ONLY: Do not write below this line**

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***Approval to Proceed***

Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

AMA PRA Category 1 Credits Expected \_\_\_\_\_

**Geisinger  
Center for Continuing Education**

**Project number:** \_\_\_\_\_

***Self-Directed CME Project***

***Time Attestation***

**Time Attestation**

Record your time spent conducting this project to the nearest ¼ hour  
(Preparation, Research, Reading, Writing, etc.) = \_\_\_\_\_

**Personal Attestation**

I have accurately completed this time report. This project reflects learning that I have done to meet my own learning needs. I have not otherwise received CME credit for the time spent doing this project.

**Provider Name (please print):** \_\_\_\_\_

**Date** \_\_\_\_\_

***Project Evaluation***

**Review the learning objectives written on your application form for this activity.**

**Please circle the appropriate X (provide more detailed information, if desired.)**

**Have you met your objectives?**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Definitely No		Somewhat		Definitely Yes

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Not at all		Somewhat		Very Much

**Would you recommend participation in this type of activity to your colleagues?**

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Definitely Not		Maybe		Definitely Yes

**How will your participation in this project improve the effectiveness of your health care team?**

**Other Comments:**

**Center for CE USE ONLY: Do not write below this line**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

CE Committee Action \_\_\_\_\_ Date \_\_\_\_\_

Final Credits Awarded \_\_\_\_\_