

CONTINUING MEDICAL EDUCATION

LEARNING ASSOCIATED WITH TEACHING MEDICAL STUDENTS AND RESIDENTS

Frequently Asked Questions

1. “This is great! I can claim 60 hours for the last six months since I had a student in my office once a week for 3 hours!”

Unfortunately, no.

- The CME credit available is not exactly “Learning from Teaching” but “Learning in Preparation for Teaching.” Important point #1: **The one doing the learning is you.** Important point #2: **The learning you are doing must be to prepare you to teach trainees*.**
- For example, if you have a medical student shadowing you in your clinic, this could be research on a clinical problem that you see on your afternoon schedule. Perhaps Patient A is seeing you for a recurring condition, with no improvement though you’ve tried a number of treatments. By researching other cases, you identify another potential diagnosis that is not familiar to you; the research you do on this diagnosis in preparation to discuss with your student, qualifies for preparation for teaching credit.
- This could be a teaching skill that you feel you could improve. For example, if giving negative feedback has always been challenging to you, perhaps you’ll meet with a more experienced colleague who will give you pointers. This could also be considered learning in preparation for teaching.
- Perhaps you’re watching your medical student perform a biopsy or suturing, but you’re not sure that the way you’ve always done it is exactly right. You know you will be demonstrating a procedure to a student and you may want to watch how a more experienced colleague performs these tasks.

The good news is that “learning in preparation for teaching” – the research, the face-to-face learning, the journal reading - counts at a rate of 2:1 based on your “teaching” time with the student or resident. If you spend 15 minutes demonstrating the procedure you studied, for example, you can claim 30 minutes of credit.

2. “But I won’t necessarily know in advance ... what I don’t know”

Good point. This type of CME is more retrospective than other types. Because you may not do the research until the question presents itself, you will “work backwards.” You identify your “gap” in knowledge or experience and then figure out what it was you didn’t know or needed help with. This refers primarily to clinical questions, not communication or practice-based learning and improvement – those you’ll probably know ahead of time.

3. “So what do I have to do?”

Complete all sections of the Learning From Teaching form and return it to the CME Program. Once submitted, CME will verify with UME or GME (whichever is appropriate) that you were indeed teaching trainees during the time period listed on the form. Your credit memo will be issued within 2-3 weeks after receiving the completed form.

* “Trainees” refers to medical students or residents.

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