



Naval Medical Leader & Professional Development Command (NML&PDC) Continuing Education Division *Instructions for Faculty, Committee Members*

IMPORTANT, PLEASE READ:

Each user may have only one Login ID and password for the CE website. Creating a second Login ID account will cause a system conflict and block the user from accessing the system. If you already have an account but cannot access the system, please contact the NMLPDC CE team at the email on the bottom of the page.

The CE Application website is located at:

<https://education.mods.army.mil/NavyCME/Default.aspx>



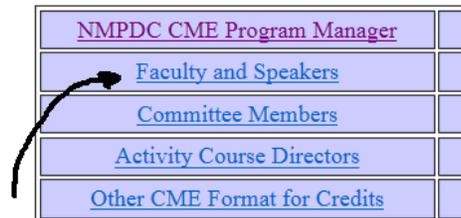
To Create a Faculty and Speaker Account:

1. Only complete this section if you DO NOT already have a Login ID in this system. If you already have a faculty Login ID, skip to the “Updating a Faculty or Committee Member Profile” section below.
2. From a computer that has Internet access, connect to <https://education.mods.army.mil/NavyCME/default.aspx>

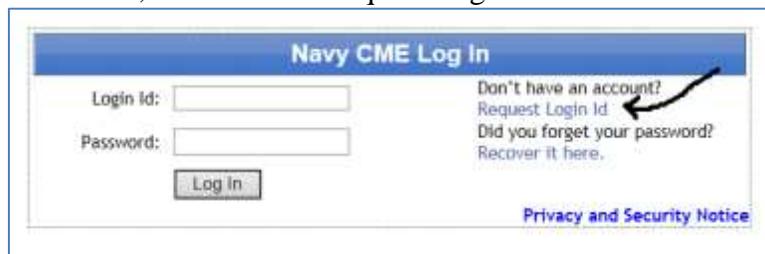


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3. From the menu, click on **Faculty and Speakers**.



4. At the logon window, click on the "Request Login ID" link.



5. Fill in the information requested for creating a faculty login ID then click "Submit". You will receive a confirmation message with your Faculty Login ID and temporary password. Please write these down and keep them in a safe location.



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A registration form with the following fields: Service (NAVY), Rank (Ensign), Physician Status (Not-Physician), SSN Last 4 (1234), Birth Month (January), Birth Day (01), First Name (Joanna), Middle Initial, Last Name (Wyma), Suffix, Work Street Address 1 (13471 Rockville Pike), Work Street Address 2, City (Bethesda), State/Country (MARYLAND), Zip Code (20132), Phone Number (123-123-1234), E-Mail Address (Joanna.Wyma@mail.mil), Corp (NURSE), Title/Position (Staff Nurse), and Professional Degree (BSN, MSN). A 'Submit' button is at the bottom. A black arrow points from the 'Submit' button to the 'Thank You' screen.

Thank You

Your request for a login ID has been approved. Here are your user id and password:

User Id: NAV-F-3040
Password: NAV-F-3040

Continue to Login Screen

- Click “Continue to Login Screen” and type your new Login ID and temporary password into the two login fields.

Navy CME Log In

Login Id: NAV-F-3040

Password: NAV-F-3040

Log In

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Did yc
Recov

- Next, the system will prompt you to change your temporary password into a permanent password given the criteria specified in the password policy. Complete this information and then click “Save.” The system will when give you a nice that your password has been changed. Click “Return to Home Page” to login to the system.



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A screenshot of the "Navy CME Log In" form. The form has a blue header with the text "Navy CME Log In". Below the header, there are two input fields: "Login Id:" with the value "NAV-F-3040" and "Password:" with a masked password of ten dots. A "Log In" button is located below the password field. Three black arrows point to the input fields and the button, labeled #1, #2, and #3 respectively. On the right side of the form, there are partially visible labels: "Do", "Rec", "Did", and "Rec".

10. Once logged in, you will enter the “Faculty and Speakers” portal into the Biographic Data screen. The Faculty and Speakers screen has several options on the left sidebar. The section you are viewing at any given time has a golden-yellow underline.

A screenshot of the "Faculty Home" sidebar. The sidebar has a blue header with the text "Home" and "Faculty Home". Below the header, there is a list of options: "Faculty Requirements", "Biographic Data", "Disclosure", "Activity Info", "Faculty Presentations", and "Previous Disclosures". The "Biographic Data" option is highlighted with a golden-yellow underline. A black arrow points to the "Biographic Data" option.



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11. Next, we will be updating the 4 tabs across the top of the Biographic Data screens. Click the “User Profile” tab and update your information. When finished, click “Save and Continue”.

A screenshot of a web-based form titled "User's Profile". The form has four tabs at the top: "User's Profile", "Work Information", "Area of Expertise", and "Education". The "User's Profile" tab is active. The form contains several fields: "Suffix(MD, PhD, etc.):" with a dropdown menu showing "MD"; "Service:" with a dropdown menu showing "ARMY"; "Rank:" with a dropdown menu showing "Major"; "First Name:" with a text input field containing "Florence"; "MI:" with a dropdown menu showing "C"; "Last Name:" with a text input field containing "Beagle"; "Physician Status:" with a dropdown menu showing "Physician - Staff"; "Department:" with a dropdown menu showing "MEDICINE"; "Specialty:" with a dropdown menu showing "CARDIOLOGIST"; "Corps:" with a dropdown menu showing "MEDICAL"; and "Position Title: (spell out title; do not use AOC/PDC codes.)" with a dropdown menu showing "Staff Physician Internal Medicine". At the bottom of the form are two buttons: "Save and Continue" and "Skip".

12. Next click the tab called “Work Information and update the information there. When finished, click “Save and Continue”.

A screenshot of a web-based form titled "Work Information". The form has four tabs at the top: "User's Profile", "Work Information", "Area of Expertise", and "Education". The "Work Information" tab is active. The form contains several fields: "Street 1:" with a text input field containing "301 Princeton Ave."; "Street 2:" with a text input field; "City:" with a text input field containing "Traverse City"; "State:" with a dropdown menu showing "MICHIGAN"; "Zip:" with a text input field containing "49686"; "Phone:" with a text input field containing "616-777-4352"; "Fax:" with a text input field containing "616-777-4340"; "DSN:" with a text input field; and "E-mail:" with a text input field containing "florence.beagle@gmail.com". At the bottom of the form are two buttons: "Save and Continue" and "Skip".

13. Next click the tab called Area of Expertise and update the information there. Use the “See Example” link for a sample short description of expertise. When finished, click “Save and Continue.” Note, the system easily times out on this field so copy your expertise narrative prior to clicking “Save and Continue” to prevent the need to recreate the expertise narrative if the narrative does not save the first time. Immediately go back to the “Area of Expertise” tab to ensure you narrative was saved.



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Area of Expertise:
(See Example)

Board certified Cardiologist stationed at Walter Reed National Military Medical Center where she serves as the Department Head of Cardiology. Subspecialty leader of Navy Medical Internal Medicine and GME Program Director of Internal Medicine for the National Capital Consortium. Adjunct faculty at the Uniformed Services University School of Medicine.

Characters Remaining:
147

Save and Continue Skip

14. Finally, click the 4th tab called “Education”. Enter and save each of your college degrees, residencies, fellowships and board certifications. If you do not have any college degrees, click the bottom left box that says “No Degree Information to Report.” Once done, click on “Finish”.

Degree Information

| Select | Year | Degree | University/Institution | Major/Area of Study |
|--------------------------|------|-----------------|--|---------------------|
| <input type="checkbox"/> | 2007 | Fellowship | Naval Medical Center Portsmouth | Cardiology |
| <input type="checkbox"/> | 2002 | Residence | National Naval Medicine Center | Internal Medicine |
| <input type="checkbox"/> | 2002 | Board Certified | American Board of Internal Medicine | Internal Medicine |
| <input type="checkbox"/> | 1998 | MD | Uniformed Services University of the Health Sciences | Medicine |

Remove

Complete each field below for each degree

Year: 2007
Degree: Board Certified (e.g. MD)
Institution: American Board of Cardiologists (e.g. University of Maryland)
Major: Cardiology (e.g. Medicine)

Add

-- OR --
 Check this box if you have no degree information to report
 No Degree Information To Report

Previous Finish

To Complete Faculty and Committee Member Disclosure Information:

15. Next, on the left side bar, click the “Disclosure” link.



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Faculty Requirements

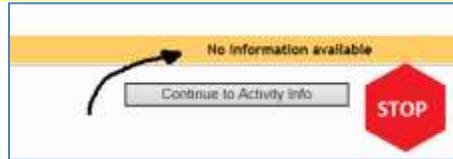
- [Biographic Data](#)
- [Disclosure](#)
- [Activity Info](#)
- [Faculty Presentations](#)
- [Previous Disclosures](#)



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16. In the middle, you will see one of two things. Option 1 is says “No Information Available.” If you receive this message, you must **STOP**  and contact your CE Planner. They must add you to the activity application for which you will be a faculty member. You may not proceed further until the CE Planner has taken this step. If your “Disclosure” area looks like Option 2 below, you may proceed. Click the words “Current Disclosure”.

OPTION 1: NO INFORMATION AVAILABLE



OPTION 2: DISCLOSURE READY FOR YOU TO COMPLETE

Faculty Requirements

- [Biographic Data](#)
- [Disclosure](#)
- [Activity Info](#)
- [Faculty Presentations](#)
- [Previous Disclosures](#)

Purple: Disclosures are good for one year. Please sign a new form as it will expire before your next sched

Red: Disclosure has expired.

| Activity Id | Activity Title | |
|-------------|--|------------------------------------|
| 2016-0362 | ACLS Refresher FBCH (Interprofessional, CDE) | Current Disclosure |

17. Read the definition of a financial relationship with a commercial interest in the narrative provided.

As a provider accredited by the Accreditation Council for Continuing Medical Education (ACCME), we require that anyone involved in the content of a CME activity disclose all relevant financial relationships with commercial interests within the past 12 months in order to assess if there are any potential conflicts of interest. A conflict of interest exists when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CME regarding the products or services of that commercial interest. Disclosure is required so that the planning committee, course director, and/or staff can resolve any conflicts prior to the presentation and so that participants may be informed about speaker disclosures. Speakers who do not disclose relevant financial relationships cannot be included in the CME activity. Faculty, authors, members of planning committees and staff should utilize the best available evidence when developing the content of the activity. Information on needs, expected results and purpose or objectives of this CME activity will be provided to learners. Participants will be asked to evaluate the objectivity of the presentation or publication and to identify any perceived commercial bias. We will also seek feedback from participants on the effectiveness of this CME activity through evaluations.

The definition of a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.



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18. Next complete Section 1 of the Disclosure. If you select the top option (nothing to disclose) then your Section 1 will look like the following. You may then move to item #20 below to complete Section 3.

Section 1: I have read the above and I declare the following:

Currently or within the past 12-months, neither I nor my spouse have (had) a financial relationship with any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. (Skip to Section 3)

Currently or within the past 12-months, I and/or my spouse have (had) a financial relationship with an entity or entities producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients as noted below. (Complete Sections 1 & 2)

If you select the bottom option (something to disclose) then your Section 1 will expand to include locations to disclose your financial relationships. Fill in the names of the commercial entities with which you have a financial relationship and let your CE Planner know right away. If you have questions as to whether an organization meets the definition of a commercial interest entity, please contact your CE Planner or the NMLPDC CE office at the email listed below.

Section 1: I have read the above and I declare the following:

Currently or within the past 12-months, neither I nor my spouse have (had) a financial relationship with any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients. (Skip to Section 3)

Currently or within the past 12-months, I and/or my spouse have (had) a financial relationship with an entity or entities producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients as noted below. (Complete Sections 1 & 2)

| Type of Relationship | Name of Company | Type of Relationship | Name of Company | |
|---------------------------|---|---------------------------|---|---|
| Employment/Salary | <input type="text"/> <small>100 characters remaining</small> | Consultant/Advisory Board | <input type="text"/> <small>100 characters remaining</small> | |
| Stock Options/Holding | Drugs R Us <small>100 characters remaining</small> | Patent Owner | <input type="text"/> <small>100 characters remaining</small> | |
| Research Grants/Contracts | <input type="text"/> <small>100 characters remaining</small> | Speakers Bureau | <input type="text"/> <small>100 characters remaining</small> | |
| Royalties | <input type="text"/> <small>100 characters remaining</small> | Other (Specify) | Med Devices USA <small>100 characters remaining</small> | Item: Research Grant <small>100 characters remaining</small> |
| Honoraria | <input type="text"/> <small>100 characters remaining</small> | Other (Specify) | <input type="text"/> <small>100 characters remaining</small> | Item: <input type="text"/> <small>100 characters remaining</small> |

19. If you had a financial relationship to disclose, you must completion Section 2 of the Disclosure. Please read the two questions and select your answer. If you chose the first answer (presentation is unrelated to the commercial interest entity), your screen will look like this. After selecting your answer, you may move to Section 3 (step #20 below).

Section 2:

The relationships above are not relevant to the topic I will be discussing.

One or more of the above relationships is relevant to the topic and content of my presentation. Complete A & B.



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If you chose the second answer (relationship is relevant), the screen will expand to reveal two additional data fields. Complete both Section 2.A. and Section 2.B. Please note that relevant financial relationships are scrutinized closely and frequently are ineligible for CE credits. If you select the “relevant” (2nd choice) option, please notify your CE Planner and NMLPDC CE immediately at the email provided below.

Section 2:

The relationships above are not relevant to the topic I will be discussing.

One or more of the above relationships is relevant to the topic and content of my presentation. Complete A & B.

A. Company or companies
Drugs R Us

B. Please provide one or two evidence-based bibliographic citations relevant to your discussion of product(s) produced by the companies with which there is a potential conflict of interest. 1000 characters remaining
**The American Heart Association has produced a standardized Advanced Cardiac Life Support (ACLS) which involves the administration of vasoactive drugs during resuscitation. Some of these drugs may be produced by Drugs R Us. These drugs (generic names) will be presented in the video presentation produced by the American Heart Association. Students may ask me questions about the pharmacology of these drugs and I may describe the action of the drug classification but will not be discussing brand-name or comparison of drugs beyond that presented in the ACLS manuals.
REFERENCES: ACLS Provider Manual, ACLS Instructor Manual, ACLS Experienced Provider Manual (2015 guidelines)**

20. Finally, all faculty must complete Section 3. In Section 3, you will indicate your role(s) in the activity (i.e. Faculty, Author, Planning Committee member). In the “Signature” field, type your system password. Finally, click the “Save Disclosure” button at the bottom.

Section 3:

I hereby accept the invitation to participate as Faculty Author Planning Committee Member and agree to adhere to the ACCME's content validation statements: 1. All the recommendations involving clinical medicine in a CME activity are based on evidence that is acceptable within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. 2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.

I understand that the information I provided on this form will be made known to the planners and participants of this educational activity.

Due to a conflict of interest, I decline to participate at this time.

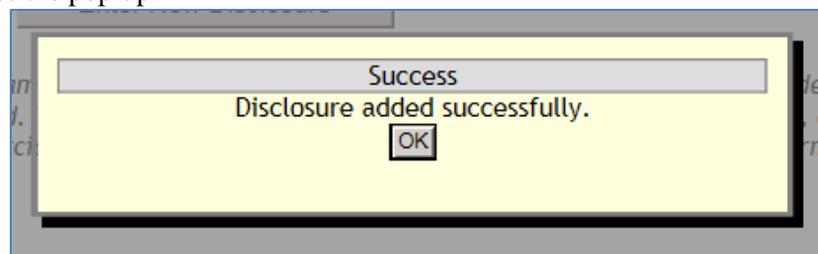
Please enter your PASSWORD as your signature in the following field and click the “Save Disclosure” button.

Signature: **MyN3wPa\$\$word**

Date: 2/24/2016 8:59:14 AM

Save Disclosure Enter New Disclosure

When successfully saved, you will receive a pop-up message indicating success. Click the OK button to close the pop-up.





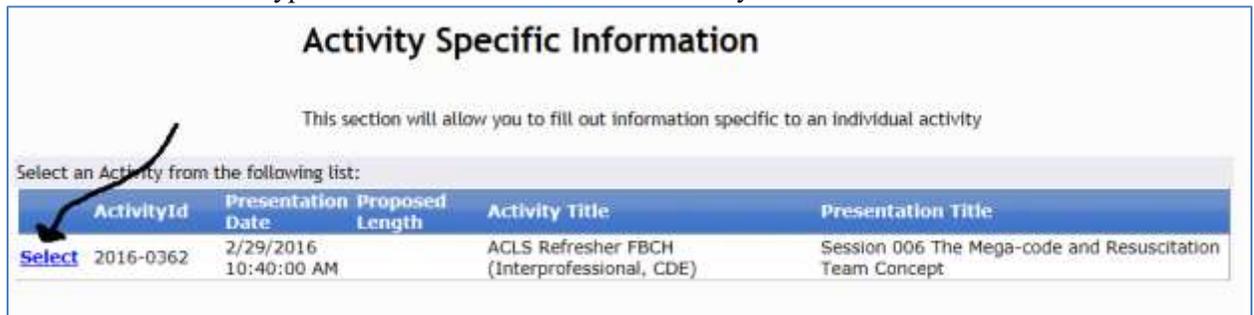
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To Update Faculty Activity Information:

21. Scroll to the top of the screen and click the “Activity Info” link on the left sidebar.



22. If you are the primary instructor for an agenda item, your activity information will be listed. Click on the “Select” hyperlink to the left of the desired activity.



23. After clicking “Select”, the activity information will expand. Review and updated your presentation fields as needed then click the “Update” button. Let your CE Planner know if there are any changes required to the grayed-out fields.



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Select an Activity from the following list:

| ActivityId | Presentation Date | Proposed Length | Activity Title | Presentation Title |
|------------------|--------------------------|-----------------|--|--|
| Select 2016-0362 | 2/29/2016 10:40:00 AM | | AGLS Refresher PBCH (Interprofessional, CDE) | Session 005 The Mega-code and Resuscitation Team Concept |

Detailed Presentation Info: [Show Add/Update Presentation](#)

Faculty Member:

Title:

Date: (Format = MM/DD/YYYY)

Begin Time: End Time: (24 hour clock; format = hh:mm)

Additional Faculty (Optional):
 1: 2: 3:
 4: 5:

Teaching Methods:
 Lectures Discussion Slides Powerpoint Panel Discussion
 Small Group Interaction Other:

Objectives: [Preparing Learning Objectives](#) [Behavioral Verbs](#)

*CEM (Unit): 1. Identify the roles of the resuscitation team leader and team members
 2. List elements to team success 3. Participants will demonstrate effective communication as a resuscitation leader of a resuscitation team and recognize the impact of team dynamics on overall team performance according to the AHA checklist in a simulated clinical setting.*

When successfully updated, you will receive a pop-up message.

Select an Activity from the following list:

| ActivityId | Presentation Pro | Date | Len |
|------------------|------------------|--------------------------|-----|
| Select 2016-0362 | | 2/29/2016 10:40:00 AM | |

**** Presentation has been updated.**

24. Once your presentation is updated, you have completed your faculty responsibilities inside the CE application and you may log out of the system. Please notify your CE Planner that you have completed your disclosure and activity update.
25. If you have any questions or need assistance at any stage, please contact the NMLPDC CE Program at the email or phone numbers presented below.