

SCCM Accredited Education Department

# SCCM Accredited/non- Accredited Continuing Education Development Guidance

Approved June, 2022

---

## Contents

Introduction .....	2
Standards for Accreditation of Education .....	2
<i>General Accredited Education Guidelines</i> .....	2
<i>Specific Criteria for Accreditation Council for Pharmacy Education Accredited Education</i> .....	3
General Guidelines for Creating Content.....	4
<i>Use of Acronyms</i> .....	4
<i>Length of Presentation/Educational Content</i> .....	4
<i>Copyrighted Material</i> .....	4
<i>Bibliography or Reference List</i> .....	5
<i>Disclosure and Commercial Bias</i> .....	5
<i>Diversity, Equity, and Inclusion in Accredited Continuing Education</i> .....	5
<i>General Tips</i> .....	7
<i>Peer Review Process</i> .....	7
<i>SCCM Grievance Procedures Policy</i> .....	7
Question Writing Guidelines.....	8
<i>What makes a good question?</i> .....	8
<i>Question Rationales</i> .....	9
<i>Sample Stems and Lead-ins</i> .....	9
Webcast and Podcast Guidelines.....	10
Microlearning.....	11
<i>Definition</i> .....	11
<i>Microlearning Techniques</i> .....	11
Discussing Events on SCCM Connect .....	12
How to Post on SCCM Connect.....	13
Promoting Events on Social Media .....	15
Appendix 1. Commonly Utilized Abbreviations .....	16
Appendix 2. Copyright Resources and Information .....	18
<i>General Copyright Resources and Information:</i> .....	18
<i>How to Obtain Permission</i> .....	18
<i>Image Resources:</i> .....	19

## Introduction

On behalf of the Society of Critical Care Medicine (SCCM), thank you for agreeing to serve as educational content provider. Continuing Accredited Education (ACE) is designed to positively impact patient outcomes by providing the education to address knowledge gaps among medical professionals in a defined area. This guide lays out essential instructions on how to make the most of your presentation as part of the accredited education program at SCCM.

SCCM holds accreditation with Accreditation Council for Continuing Medical Education (ACCME) and Accreditation Council for Pharmacy Education (ACPE). To maintain these accreditations SCCM must be in accordance with these organizations policies and procedures regarding ACE. The purpose of having processes to manage financial and in-kind support, exhibits/advertising, and conflicts of interest is to ensure that learners are informed of situations that might influence the content or presentation of educational content. Disclosure contributes to a transparent relationship between providers and presenters of continuing education and consumers of that education.

## Standards for Accreditation of Education

### *General Accredited Education Guidelines*

#### *SCCM Policy on Independence*

All ACE activities sponsored by SCCM shall provide an in-depth presentation that is independent, balanced, objective, and scientifically rigorous.

To maintain SCCM's independence, the following decisions regarding educational activities must be made free of control of an ineligible company:

- Identification of ACE needs
- Determination of educational objectives
- Selection and presentation of content
- Selection of all persons and organizations that will be in a position to control the content of the ACE activity
- Selection of education methods
- Development of instructional materials or post-activity documents
- Evaluation of the activity

SCCM staff partner and the education planning group are responsible for the development of all aspects of the planning of ACE, including:

- The gap analysis that is the foundation for the activity
- Designation of intended outcomes
- Development of learning objectives
- Analysis of the scope of practice of targeted learners
- Selection of educational methods and formats
- Selection of faculty, other teachers, and planners
- Choices of outcomes measurement tools

#### *Learning Objectives Guidelines*

Requirements for learning objectives:

- All accrediting bodies require that ACE activities be developed using measurable learning objectives that can be attained by the attendee and measured via the assessment portion of the educational activity.
- Learning objectives must align with the type of learning activity (knowledge versus application-based learning activity) and begin with an approved [Bloom's Taxonomy action verb](#).
- Learning objectives should directly correlate with the pre- and post-assessment questions to measure active learning.
- Ideally there should be **1 learning objective per every 15 minutes of presentation, with no more than 4 total for 1 hour of education**. Try to use varied action verbs. (e.g., Don't use "explain" or "discuss" for all learning objectives).

Examples of knowledge-based learning objectives:

- **Discuss** emerging agents for hematopoietic cell transplant conditioning regimens
- **Describe** the mechanism of action and impact of these emerging agents on the goals of stem cell transplant conditioning regimens

Examples of application-based learning objectives:

- **Apply** recent advances in treating infectious diseases to hematopoietic cell transplant recipients
- **Interpret** current investigative options for the management of graft-versus-host disease

Be sure that all written objectives:

- ✓ Use verbs that describe an **ACTION** that can be **OBSERVED**
- ✓ Are **MEASURABLE** within the teaching time frame
- ✓ Consist of only **ONE** action verb per objective
- ✓ Describe the **LEARNER OUTCOME**, not the instructor's process or approach

### *Specific Criteria for Accreditation Council for Pharmacy Education Accredited Education*

#### *Knowledge-Based Activity Content Guidelines*

Knowledge-based continuing pharmacy education (CPE) activities should be designed primarily for pharmacists to acquire factual knowledge. Information included in knowledge-based learning activities should be evidence-based and represent recent or emerging data. The pre- and posttest questions should be designed to measure recall of facts and/or information presented.

All learning objectives for knowledge-based activities should begin with a knowledge-based learning verb listed on the Bloom's Taxonomy chart. The pre- and posttest questions should align with the learning objectives and be designed to measure recall of facts and/or information presented. Knowledge assessment questions should be linked and aligned to the program's stated learning objectives. In other words, each pre- and posttest question should measure the success of one or more learning objectives for the presentation.

#### *Application-Based Activity Content Guidelines*

As with knowledge-based activities, the application-based assessment questions should be aligned with the program's learning objectives. In addition to including questions that measure application of principles, the ACPE recommends questions that incorporate a patient case with a question designed to show that the learner can apply the facts he/she has learned for this type of activity.

Polling questions are not considered an active learning activity but are encouraged for this type of learning. In other words, polling questions don't count as one of the ACPE-required assessment questions.

Question-and-answer sessions during or at the end of a presentation are encouraged as part of application-based learning. Other methods of engaging the audience in an application-based activity include demonstration, role play, simulation, and or application/practice exercises.

## General Guidelines for Creating Content

### *Use of Acronyms*

Spell out all terms on first mention with the acronym in parentheses after it. It is important to consult the list of commonly utilized abbreviations (see **Appendix 1**) for consistency among all presentations.

Examples:

- graft-versus-host disease (GVHD)
- left lower quadrant (LLQ)
- hematopoietic cell transplantation (HCT)

### *Length of Presentation/Educational Content*

The number of slides depends on the length of your presentation. A highly recommended number of slides is listed in chart:

Time	Slides*	Learning Objectives
15 minutes	10	1
30 minutes	25	2
45 minutes	40	3
60 minutes	50	4

\*The number of slides is approximate. It is advised that you time yourself during multiple rehearsals prior to the actual presentation.

### *Copyrighted Material*

The accredited provider must document that any and all authors and presenters who include copyrighted materials in their educational materials and presentations have obtained permission to use the materials from the copyright owner(s). **Appendix 2** provides a list of copyright resources that may be useful for authors who are unsure whether permissions to use information is required.

Generally, copyright infringement occurs when a copyrighted work is reproduced, distributed, performed, publicly displayed, or made into a derivative work without the permission of the copyright owner. Material that has been scanned or cut and pasted from a published source requires publisher and/or author permission, which is the responsibility of the individual(s) developing the content. Proof of permission to copy or use copyrighted materials must occur BEFORE the materials are published or presented. Graphic representations of study results are permitted without permissions, but only if modified significantly and recognition is given to the source of the study in a properly formatted reference. See **Appendix 2** for more information.

If copyrighted material is included, with permission, the authors/presenters should place as near as possible to the copyrighted figure, table, chart, graphic, etc. the appropriate acknowledgement line. The acknowledgment line format may be dictated by the copyright owner; if no example is given, use AMA citation style. Eight-point text is preferred.

### *Bibliography or Reference List*

To ensure that presentations are evidence based, a bibliography or reference list must be included in your materials, especially if you refer to certain studies or publications in your educational content. Please make sure you include references on the slide identifying any published sources used. Ten-point text, lower left-hand corner is preferred.

Format as in these examples that follow AMA guidelines:

1. Department of Health and Human Services. Statement by Dr. Richard Klausner, Director, National Cancer Institute, on fiscal year 2002 president's budget request for the National Cancer Institute before the House Subcommittee on Labor-HHS-Education Appropriations. May 16, 2001. Accessed April 25, 2022. <https://www.cancer.gov/about-nci/legislative/hearings/2002-budget-request-house.pdf>
2. Chu H, Rosenthal M. Search engines for the World Wide Web: a comparative study and evaluation methodology. Paper presented at: American Society for Information Science 1996 Annual Conference. October 19-24, 1996. Baltimore, MD. Accessed February 26, 2004. <https://eric.ed.gov/?id=EJ557171>

### *Disclosure and Commercial Bias*

Anyone who develops educational content **MUST** disclose any relevant financial relationships within the past 24 months in which they may have with a commercial interest (ANY entity producing, marketing, reselling, or distributing healthcare goods or services consumed by, or used on, patients). These relationships must be disclosed in both written and verbal form at the beginning of the activity. Where such conflicts or perceived conflicts exist, they must be appropriately and fully disclosed and resolved.

Use of generic names when referring to drugs is strongly encouraged. If trade names are used, those of several companies must be included. If a reference to a name brand is necessary, the content should also mention all drugs/compounds within the same drug class or with a similar FDA-approved indication. Discussion of off-label and investigational usage of products is permissible but must be disclosed as such.

Your presentation must be fair and balanced and free of commercial bias. Present findings with all drugs and therapies in a nonbiased format, so that participants can draw their own conclusions. Information presented must conform to the generally accepted standards of experimental design, data collection, and analysis.

Anyone who develops educational content for SCCM is prohibited from obtaining commercial support for travel, housing, and honoraria, or session equipment.

### *Diversity, Equity, and Inclusion in Accredited Continuing Education*

SCCM promotes thoughtful inclusion of underrepresented communities and content relevant to diversity and equity in continuing education activities. Disparities continue to exist in all realms of health

and healthcare. In preparing your content, consider incorporating health disparities specific to your topic and what measures are being taken to achieve health equity. Health equity as defined by the National Academy of Medicine as the “state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.”

Below are some questions to reflect on as you prepare your content for this activity, before submitting your educational content for review.

- 1) How have I applied a diversity and equity lens to and used the language of health equity throughout my content?
- 2) Who is most impacted by this topic (patients and clinicians)? How does this content represent the diversity of the patient and clinician populations (consider e.g., age, gender, sexual orientation, ethnic/culture group, employment setting, training background)? What are the documented disparities associated with the topic that should be addressed? Why do these inequities occur (e.g., structural factors and history) and are those factors distinguished from biological differences? How have patients’ voices and experiences been included in the content?
- 3) What barriers do people experience when seeking “ideal” care or treatment? (e.g., socioeconomic status/lack of insurance and affordability of medications). What needs are not being met? Have I considered how racism, sexism, colorism, etc. affect care?
- 4) How did stereotypes, generalizations, or lack of diversity data impact content in the presentation? Did I avoid explicit and implicit bias as patient cases are discussed? Did I disclose that these have been considered and note where data are lacking?
- 5) When writing clinical scenarios, clinical vignettes, assessment questions, or patient case examples, did I attempt to represent a diverse population of individuals affected by the disease or condition? (e.g., age, race, ethnicity, gender, sexual orientation, socioeconomic status) How will learning be affected, if I do not include various experiences in the content? How have patients’ voices and experiences been included in the cases?

#### References:

- American Psychological Association. Socioeconomic status. American Psychological Association. Updated 2020. Accessed June 26, 2020. <https://www.apa.org/topics/socioeconomic-status>
- Bussan H, Hoang T, Villaruz J, Hernandez JB, Rajan S. University of Wisconsin School of Medicine and Public Health presenter's guide. 2019. Accessed April 25, 2022. <https://ce.icep.wisc.edu/sites/default/files/UW%20SMPH%20Presenter%27s%20Guide.pdf>
- California State University. Diversity/inclusivity style guide. Updated July 6, 2020. Accessed April 25, 2022. <https://www.calstate.edu/csu-system/csu-branding-standards/editorial-style-guide/Pages/diversity-style-guide.aspx>
- Cruz D, Rodriguez Y, and Mastropaolo C. Perceived microaggressions in health care: a measurement study. *PloS One*. 2019 Feb 5;14(2):e0211620. <https://doi.org/10.1371/journal.pone.0211620>
- National Academies of Sciences, Engineering, and Medicine. *Communities in Action: Pathways to Health Equity*. National Academies Press; 2017. <https://doi.org/10.17226/24624>

### *General Tips*

- Provide a balanced view of the topic area; be objective when reporting research. Disclose unlabeled use of drugs and products where applicable. Discuss the safety and adverse effects of drugs and products presented.
- Educational content developers are responsible for accuracy and completeness of references as well as providing SCCM staff with all necessary information to obtain permissions for use of copyrighted materials. Please provide correspondence granting permission to use copyrighted materials.
- Drawings, graphs, charts, and figures should be bold, simple, and contain only essential details. If you would like to provide more detailed graphics, consider providing and referring to an appendix or handout to the presentation that can be uploaded with handout materials.
- Drawings, graphs, photographs, and charts need to be compressed to Web content file size (KB, not MB) to upload properly.
- Slide text should be in bullet points or short statements. Do not fill the slide with small text and a lot of words. Slides should present highlights. (Add more content in the notes section to serve as a guide to what will be scripted during live presentations.)

### *Peer Review Process*

Each presenter's learning objectives, slides, handouts, and questions will undergo a peer review process.

- The peer review process will be performed by planning committee members and ACE provider staff who are acting as content matter and ACE experts, respectively. This review will focus on content and the conformity of the slides and handouts to the requirements outlined in this guide. The reviewer's comments will be shared with each speaker once the review is completed. Formatting issues must be addressed by each educational content developer before publication for the activity.
- The content reviewer will evaluate the presentation to determine whether the most up-to-date information is being presented and identify any gaps in information. The continuing education reviewer will evaluate the presentation to ensure that it complies with continuing education standards. Both reviewers will assess for presence of commercial bias, fair balance, and potential or real conflicts of interest.

### *SCCM Grievance Procedures Policy*

To provide due process in the evaluation and mediation of grievances concerning ACE activities, the following grievance procedures policy was developed. Grievances may concern the awarding of credit for individual participation and/or registration fee issues, among other issues.

- A written complaint or grievance should be submitted to the Education Department.
- The Education Department will attempt to resolve the grievance of the complainant.
- If the initial response is unsatisfactory to the complainant, the matter will be referred to the CEO/EVP for action.
- If the response from the CEO/EVP is unsatisfactory to the complainant, the matter will be referred to the SCCM Executive Committee (EC). The ruling of the EC will be final.



## Question Writing Guidelines

When submitting questions for review, please use the following guidance.

All submitted questions undergo committee review to ensure adherence to best practices, certifying board-type format, consistency in terminology, accuracy of content, and appropriateness of difficulty level. As the author, you will be responsible for reviewing all suggested edits to your questions and incorporating recommendations where appropriate or rewriting questions if necessary.

### *What makes a good question?*

Unless stated otherwise, all items should be of the multiple-choice format and contain the following elements:

- **Stem:** This consists of the question setup and lead-in. Generally, a well-written stem consists of 3 or 4 sentences that make up a plausible clinical scenario followed by a lead-in using the “Which of the following” format.
- **Options:** These are the answer choices. There are usually 4 options: 1 key (answer) and 3 distractors (incorrect options).

#### **Example:**

<b>Question (Stem)</b>	Which of the following best describes the patient’s degree of nausea/vomiting?
<b>Options (foils) - 1 Key, 3 Distractors</b>	
<b>Option 1: Key</b>	High emetogenicity
<b>Option 2: Distractor</b>	Moderate emetogenicity
<b>Option 3: Distractor</b>	Low emetogenicity
<b>Option 4: Distractor</b>	No emetogenicity

**Stem:** Clinical scenario or partial statement that the examinee must read to answer the question or complete the statement.

<p><b>Do:</b></p> <ul style="list-style-type: none"> <li>• Provide sufficient information to answer the question</li> <li>• Positively word the stem</li> <li>• Word the stem clearly, concisely, and professionally; this sets the situation (patient case) and makes the distractors plausible</li> <li>• Write in the third person; “What is the most appropriate action?” is better than “What would you do?”</li> <li>• Include appropriate units and normal ranges</li> <li>• Write grammatically consistently from stem to each option</li> <li>• Questions can use a chart, table, or graphic (for self-study)</li> </ul>	<p><b>Do not:</b></p> <ul style="list-style-type: none"> <li>• Negatively word the stem (e.g., “Which of the following is NOT appropriate”), although exceptions may be considered based on the concept being tested (the words “avoided” and “contraindicated” are allowed)</li> <li>• Teach with the question</li> <li>• Label patients by their condition (not a “lung cancer patient” but a “patient with a lung cancer”)</li> <li>• Target insignificant or trivial information</li> <li>• Ask “What do you recommend?” Anyone can make a recommendation. “Which of the following is the best recommendation?” is a better question</li> </ul>
---	---

**Key:** Correct answer

<p><b>Do:</b></p> <ul style="list-style-type: none"> <li>• Choose only 1 correct answer</li> <li>• Use “best” or “most appropriate”</li> </ul>	<p><b>Do not:</b></p> <ul style="list-style-type: none"> <li>• Use a controversial or debatable key (evidence or guidelines versus clinical opinion)</li> </ul>
--	---

	<ul style="list-style-type: none"> <li>Use a key for which the response may change in the next 6 months based on new data or approval indications</li> </ul>
--	--

<b>Distractors:</b> Incorrect answers	
<p><b>Do:</b></p> <ul style="list-style-type: none"> <li>Use plausible distractors (attractive but wrong)</li> <li>Use similar construction and approximate equal length, or use 2 and 2 (2 options that are similar in length to each other and the other 2 options similar in length to each other)</li> <li>Allow options to flow grammatically from the stem by including a verb and applying consistent tenses and subject-verb agreement (e.g., use “is/are” or “include(s)” to make sure tenses agree)</li> <li>Formulate by considering common misconceptions or conclusions reached by faulty reasoning or problem solving</li> <li>Base questions on theory, principle, or fact</li> <li>Use sequential option order (e.g., A. 1-4, B. 5-9, C. 10-13, D. 14-18); avoid overlapping options</li> </ul>	<p><b>Do not:</b></p> <ul style="list-style-type: none"> <li>Provide clues to the key with words such as “always,” “never,” “completely,” “all,” or “none”; conversely, avoid using vague terms such as “frequently” or “usually”</li> <li>Base your options on opinion</li> <li>Use overlapping options (e.g., A. 14-18, B. 10-13, C. 5-9, D. 1-4)</li> <li>Use repeated wording at the beginning of each option; instead, move the repeated words up to the stem</li> </ul>

<p><b>Keep in mind these common pitfalls:</b></p> <ul style="list-style-type: none"> <li>The question is too difficult for the audience: <ul style="list-style-type: none"> <li>Needs too many steps to answer</li> <li>Requires too much inference</li> <li>Requires a very high level of experience</li> <li>Tests the rare exception</li> </ul> </li> <li>Examinations remain open for 12 months; if you think the answer might change during this time, avoid using it.</li> </ul>
--

### Question Rationales

- All SCCM questions require a rationale. The rationale explains why the key is correct and why each distractor is less correct. Studying the answer and rationale should serve to review the key points in the presentation or text.
- Each answer should be obtainable from the references or materials used to prepare the questions. Please indicate which references each question is taken from or which references can be used to answer the question.
- Primary literature should be provided for most answers. Package Inserts may be referenced if they are included in the materials or if you reference them in the stem.

### Sample Stems and Lead-ins

Using the examples below may help you write your questions. Each question does not have to test a different concept. It is often good practice to offer different scenarios in which one drug/condition

might be chosen over another or a different action is decided on; the question will still test the key concepts you want the learner to take away from the educational content.

1. A [patient description] has a [type of injury and location]. Which of the following structures is most likely to be affected?
2. A [patient description] has [history findings] and is taking [medications]. Which of the following medications is the most likely cause of their [one history, physical exam, or lab finding]?
3. A [patient description] has [abnormal findings]. Which [additional finding] would suggest a diagnosis of [disease 1] rather than [disease 2]?
4. A [patient description] has [symptoms and signs]. These observations suggest that the disease is a result of the [absence or presence] of which of the following [enzymes, mechanisms]?
5. A [patient description] follows a [specific dietary regime]. Which of the following conditions is the patient most likely to have?
6. A [patient description] has [symptoms, signs, or specific disease] and is being treated with [drug or drug class]. The drug acts by inhibiting which of the following [functions, processes]?
7. A [patient description] has [abnormal findings]. Which of the following [positive laboratory results] are expected?
8. [time period] after a [event such as trip or meal with certain foods], a [patient or group description] became ill with [symptom sand signs]. Which of the following [organisms, agents] is most likely to be found on analysis of [food]?
9. Following [procedure], a [patient description] develops [symptoms and signs]. Laboratory findings show [findings]. Which of the following is the most likely cause?
10. A [patient description] dies of [disease]. Which of the following is the most likely finding on autopsy?
11. A patient has [symptoms and signs]. Which of the following is the most likely explanation for the [findings]?
12. A [patient description] has [symptoms and signs]. Exposure to which of the following [toxic agents] is the most likely cause?
13. Which of the following is the most likely mechanism of the therapeutic effect of this [drug class] in patients with [disease]?
14. A patient has [abnormal findings] but [normal findings]. Which of the following is the most likely diagnosis?
15. Which of the following is the most appropriate initial or next step in patient care?
16. Which of the following is the most effective management?
17. Which of the following is the most appropriate pharmacotherapy?

## Webcast and Podcast Guidelines

1. All recordings should take place in a quiet room to ensure the highest-quality audio possible.
2. Objective and balance
  - a. Webcasts and podcasts must be based on scientific evidence and will include favorable and unfavorable information when available and appropriate.
  - b. Webcasts and podcasts must contain a balanced discussion of prevailing information on any product(s) and/or alternative treatments.
3. Off-label and investigational use

- a. Interviewers and interviewees are required to inform the audience when off-label or unapproved uses of drugs or devices is being discussed. Devices or drugs that are still undergoing clinical trials will be identified as such and will not be portrayed as standard, accepted therapy.
4. Content
- a. Interviewers and interviewees must use generic product names and/or several available products for treatment or therapy in all materials (e.g., recordings, handouts, materials) unless there is only one FDA-approved drug for this use. If trade names are used, then products from several companies should be mentioned, when available.
  - b. Information presented must be free of commercial bias for or against any product.
  - c. Information presented that includes commercial products must present objective information about those products, based on scientific methods generally accepted in the medical community.
  - d. Interviewers and interviewees must not actively promote, discourage, or sell products or services that serve their professional or financial interests during the podcast recording session.

## Microlearning

### *Definition*

More than simply bite-sized training, the focus of microlearning is to offer just the right amount of information necessary to help the learner achieve a specific, actionable performance objective.

### *Microlearning Techniques*

The learner is able to select and use assets most applicable to their current needs on whatever device is handiest, making the education even more relevant to their work. The learner-driven nature increases engagement, improve competency and builds enthusiasm to seek out more learning opportunities.

### *Examples of Microlearning*

- Fast food menus
- Small appliance manuals
- Pre-ride safety guides at amusement/theme parks

### *Is Microlearning the Appropriate Learning Methodology?*

- What kind of content will you include in the training?
  - Actionable content that can be broken down into categories or behaviors can be developed into microlearning.

### *Benefits of Microlearning*

1. Better for long-term retention
2. Works with a busy schedule
3. Can be an automatic habit builder

### *Challenges of Microlearning*

1. Achieving the right level of detail
2. Not ideal for complex concepts
3. Should be part of a bigger learning activity because it must comprise well-developed support materials to help with learning reinforcement

## Discussing Events on SCCM Connect

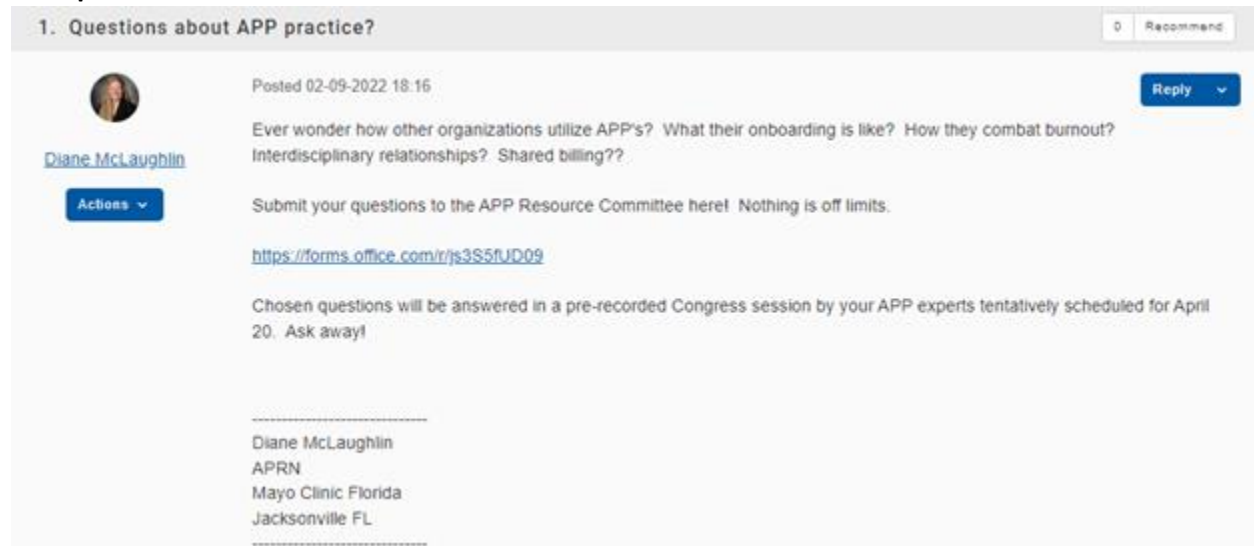
Thank you for participating in an SCCM event! In preparation for the webcast, presentation, or event, SCCM has put together a guide on how to post about what you will be discussing.

To keep the [SCCM Member Forum](#) focused on **asking and answering** critical care questions, original posts to the SCCM Member Forum should **pose questions that are relevant to the critical care community**. Review the SCCM Connect Tip Tuesday on [Writing an Effective Discussion Post](#) for what is appropriate to post.

Here are some things to keep in mind:


- Your post in SCCM Connect should be centered around a question you want answered, not just promoting the event.
- **Add a greeting:** A simple “Hi, everyone” warms people up and makes them want to engage or help you out.
- **Make it personal:** Don’t just ask a question. Share why you’re asking the question. Other members will be more likely to respond when they have context and a way to relate to you and your story.
- **Promote peer interaction:** Be sure to ask for replies about what others think or what their experiences are with the topic.

### Example:



The screenshot shows a forum post with the following content:

**1. Questions about APP practice?** 0 Recommend

 **Diane McLaughlin**  
[Diane McLaughlin](#)

Posted 02-09-2022 18:16 Reply

Ever wonder how other organizations utilize APP's? What their onboarding is like? How they combat burnout? Interdisciplinary relationships? Shared billing??

Actions Submit your questions to the APP Resource Committee here! Nothing is off limits.

<https://forms.office.com/r/js3S5fJD09>

Chosen questions will be answered in a pre-recorded Congress session by your APP experts tentatively scheduled for April 20. Ask away!

-----  
Diane McLaughlin  
APRN  
Mayo Clinic Florida  
Jacksonville FL  
-----

**Note:** If your post does not include a question or promotes discussion, it may not be accepted.

### Sample Post

Feel free to use this post as a place to start. Edit the text to match your information and the information of the specific event:

**Discussion subject:** [ASK A RELEVANT QUESTION RELATED TO THE PRESENTATION]

[ASK A RELEVANT QUESTION RELATED TO THE PRESENTATION]

Join me on [DATE], from [TIME] as I discuss [topic]. I will be tackling questions like these and discussing the latest research related to [topic].

<Feel free to add a bit of a bio on yourself and why this topic matters to you.>

Register now <Link to webcast page>

## How to Post on SCCM Connect

### Sign In

- Visit [sccm.org/connect](https://sccm.org/connect)
- Click Sign In in the upper right corner.
- Log in using your SCCM Customer ID.
  - Your login credentials are the same as those for MySCCM.
  - If you have any questions or forgot your Customer ID or password, you can contact Customer Service at [support@sccm.org](mailto:support@sccm.org) or call XX

### Upload a Profile Photo

Profile photos allow other members to put a face to a name and make the community friendlier when you can see what everyone looks like!

- [Click here to visit your profile](#)
- Click **Actions** underneath the profile photo to upload a photo.
- Visit the [Beginner's Guide](#) to learn more about what you can update on your profile.

### Create a New Thread

The SCCM Member Forum is a great space to promote the event you are participating in.

- Navigate to the [SCCM Member Forum](#) from the Communities tab on the home page.



- From the home page of the SCCM Member Forum, you can click **Add** next to Latest Discussions

## Latest Discussions Add

- You can also add posts from the Discussions page by clicking **Post New Message**.

## SCCM Member Forum Settings

Community Home Discussion **363** Library **10** Events **0** Members **17.9K**

Most Recently Updated ▾ Posts in my communities ▾ 50 per page ▾ Post New Message

Thread Subject	Replies	Last Post	Status
Would you suggest an idea to the proposed new ARHPA-H?	0	4 hours ago by Dave Hanson	
Analgesic sedation	17	yesterday by Javier Bogarin Original post by Viswanath Vasudevan	
Milrinone as Compared with Dobutamine in the Treatment of Cardiogenic Shock	0	yesterday by Dave Hanson	
SCCM Connect Tip Tuesday: Public Versus Private Replies	0	3 days ago by Kara Mercer	
Southeast Chapter August Meeting	0	7 days ago by Douglas Smith	
Registration still open for Second Annual Virtual Critical Care Conference of SCCM Midwest Chapter	1	9 days ago by Varsha Gharpure	
Using Updated PubMed New Features and Functions to Enhance Literature Searches	0	9 days ago by Dave Hanson	

- Type your post text.





## Appendix 1. Commonly Utilized Abbreviations

<b>ALL</b>	acute lymphocytic leukemia	<b>HR</b>	hazard ratio
<b>ALK</b>	anaplastic lymphoma kinase	<b>HPV</b>	human papillomavirus
<b>ALT</b>	alanine aminotransferase	<b>HSCT</b>	hematopoietic stem cell transplant
<b>AML</b>	acute myeloid leukemia	<b>HSV</b>	herpes simplex virus
<b>ANC</b>	absolute neutrophil count	<b>HTN</b>	hypertension
<b>ARDS</b>	acute respiratory distress syndrome	<b>IM</b>	intramuscular
<b>AST</b>	aspartate aminotransferase	<b>IRB</b>	institutional review board
<b>AUC</b>	area under the curve	<b>IT</b>	intrathecal
<b>BCR</b>	breakpoint cluster region	<b>IV</b>	intravenous
<b>β-HCG</b>	beta human chorionic gonadotropin	<b>kg</b>	kilograms
<b>BM</b>	bowel movement	<b>KVO</b>	keep vein open
<b>BMT</b>	bone marrow transplant	<b>L</b>	liter
<b>BSA</b>	body surface area	<b>LDH</b>	lactate dehydrogenase
<b>BUN</b>	blood urea nitrogen	<b>LFT</b>	liver function test
<b>CBC</b>	complete blood count	<b>LLQ</b>	left lower quadrant
<b>CD</b>	cluster of differentiation	<b>LP</b>	lumbar puncture
<b>CHF</b>	congestive heart failure	<b>LUQ</b>	left upper quadrant
<b>CI</b>	confidence interval	<b>mcg</b>	microgram
<b>CLL</b>	chronic lymphocytic leukemia	<b>MDS</b>	myelodysplastic syndrome
<b>CML</b>	chronic myeloid leukemia	<b>mg</b>	milligram
<b>CMV</b>	cytomegalovirus	<b>mL</b>	milliliter
<b>CNS</b>	central nervous system	<b>MRI</b>	magnetic resonance imaging
<b>COPD</b>	chronic obstructive pulmonary disease	<b>MTD</b>	maximum tolerated dose
<b>CT</b>	computed tomography	<b>NCCN</b>	National Comprehensive Cancer Network
<b>CVA</b>	cerebrovascular accident	<b>NGT</b>	nasogastric tube
<b>D5W</b>	5% dextrose in water	<b>NHL</b>	non-Hodgkin lymphoma
<b>DFS</b>	disease-free survival	<b>NKDA</b>	no known drug allergies
<b>DHT</b>	dobhoff tube	<b>NS</b>	normal saline
<b>DIC</b>	disseminated intravascular coagulation	<b>NSAID</b>	nonsteroidal antiinflammatory drug
<b>DLT</b>	dose-limiting toxicity	<b>OR</b>	odds ratio
<b>DM</b>	diabetes mellitus	<b>ORR</b>	overall response rate
<b>DVT</b>	deep vein thrombosis	<b>OS</b>	overall survival
<b>EGFR</b>	epidermal growth factor receptor	<b>PCP</b>	pneumocystis pneumonia
<b>ECG</b>	electrocardiogram	<b>PCR</b>	polymerase chain reaction
<b>ELISA</b>	enzyme linked immunosorbent assay	<b>PE</b>	pulmonary embolism
<b>FDA</b>	Food and Drug Administration	<b>PEG</b>	percutaneous endoscopic gastrostomy
<b>GERD</b>	gastroesophageal reflux disease	<b>PET</b>	positron emission tomography
<b>g</b>	gram	<b>PFT</b>	pulmonary function test
<b>GVHD</b>	graft versus host disease	<b>PK</b>	pharmacokinetics
<b>HCT</b>	hematocrit	<b>PMH</b>	past medical history
<b>HER</b>	human epidermal growth factor receptor	<b>PFS</b>	progression-free survival
<b>Hgb</b>	hemoglobin	<b>PR</b>	partial response
<b>HIV</b>	human immunodeficiency virus	<b>PS</b>	performance status

<b>PSA</b>	prostate specific antigen
<b>QoL</b>	quality of life
<b>RBC</b>	red blood cells
<b>RLQ</b>	right lower quadrant
<b>RR</b>	response rate
<b>RSV</b>	respiratory syncytial virus
<b>RUQ</b>	right upper quadrant
<b>SCR</b>	serum creatinine
<b>SCT</b>	stem cell transplant
<b>SGOT</b>	serum glutamic oxaloacetic transaminase
<b>SGPT</b>	serum glutamic pyruvic transaminase
<b>SOB</b>	shortness of breath
<b>TFT</b>	thyroid function test
<b>TKI</b>	tyrosine kinase inhibitor
<b>TPN</b>	total parenteral nutrition
<b>TTP</b>	time to progression
<b>VZV</b>	varicella zoster virus
<b>WNL</b>	within normal limits
<b>W/U</b>	work-up
<b>WBC</b>	white blood count/cells
<b>XRT</b>	radiation therapy

## Appendix 2. Copyright Resources and Information

### *General Copyright Resources and Information:*

When is permission required?

Permission should be sought for a reproduction or adaptation of a copyrighted work. This includes but is not limited to text, abstracts, charts, tables, photographs, illustrations, and other materials that have been previously published.

What is the difference between reproduction and adaptation?

Reproduction is the use of previously published material in exactly the same form. Adaptation is changing the previously published form, by either adding or subtracting something, such as changing the color scheme. Even if you change something from the original, permission is still required for an adaptation.

Can I simply redraw the material?

Redrawing is still likely to be an infringement of the original material. If the original and new work are considered substantially similar (i.e., that the two works are identical and that copying was likely to have occurred), then it is considered an infringement. It is best to either create new material or seek permission for use of the original material.

When do I not have to obtain permission?

#### *Materials not subjected to copyright protection*

Copyright protects only original (i.e., creative) materials. (Note: Even though the threshold for creativity is low, when in doubt seek permission to use potentially copyrighted material.)

#### *Public Domain*

Public domain works are not protected and may be reproduced, adapted, or redrawn without permission. Included in the public domain are:

- Materials that have an expired copyright term (i.e., anything published before 1923)
- Materials for which the copyright owner has expressly released the materials into the public domain (e.g., Open Access works)
- Materials prepared by officers or employees of the U.S. government as part of their official duties

### *How to Obtain Permission*

#### *Option 1*

Use RightsLink, an online copyright clearance house. If the copyright holder and/or rights holder does not use this service, then contact the copyright holder and/or rights holder directly or reach out to SCCM for assistance. If you need help with RightsLink, please contact SCCM.

### Option 2

**Use the Copyright Clearance Center ([www.copyright.com](http://www.copyright.com)).** This website is your go-to resource for obtaining permissions to use charts, graphs, images, or figures directly from a published source in your presentation. If you are copying the exact figure directly from the protected material into your presentation, permission needs to be obtained before its use. Please see proper citations below for each instance:

**When permissions are obtained:** If you obtain permission to use the exact figure from a published source, please include the phrase **“(Figure/chart/graph) reproduced with permission from (citation)”** on your slide so SCCM knows that permission was appropriately obtained. Depending on the event at which you are speaking, SCCM reserves the right to remove the figure from the distributed handouts, since the permission is obtained by the speaker and not by SCCM.

### Image Resources:

Below are some public domain websites where images can be obtained at little to no cost. Remember: ALWAYS read the license for special details, constraints, and terms of free sites to ensure you follow appropriate copyright laws.

**Please note:** Even for images from public domains, you must provide attribution on your slide to indicate the source of the image. Use the phrase **“Image obtained from [citation].”**

- Freedigitalphotos.net: <http://www.freedigitalphotos.net/>
- Freerange: <http://freerangestock.com/>
- Stockvault: <http://www.stockvault.net>

### Stock photo sites providing images at minimal cost:

- iStockphoto: <http://www.istockphoto.com>
- Corbis: <http://www.corbisimages.com/>
- Getty Images: <http://www.gettyimages.com/>

### Sites supporting independent distribution and sharing:

- Creative Commons: <http://creativecommons.org/>
- Open Source: <http://www.opensource.org/>
- PubMed Central: <http://www.pubmedcentral.nih.gov/>