Accredited Continuing Education Planning Form

*This typed and completed form is required to be submitted with all applications for accredited continuing education. Applications with missing or incomplete forms will not be considered for accredited continuing education. This must be consistent with final application submitted in the Avera CE Portal. See Appendix C for how to use this information in your application.*

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| **Title of Activity:** | |
| **Date of first planning meeting:** |  |

*Accredited continuing education hours are able to be awarded to education that is proved to be free of bias and that demonstrates a high-quality educational design.  In order to achieve this, you must show you have:*

* ***Incorporated the perspectives of the disciplines*** *that you are targeting into your planning committee*
* ***Analyzed educational needs*** *of your target audience that underline the problem or opportunity identified.*
* ***Identify a professional practice gap*** *between current and best practices of the learner/healthcare team*
* ***Identify an outcome*** *and learning objectives expected of the activity that should help narrow the identified gap*
* *Each IPCE activity must* ***incorporate competencies*** *of the healthcare team and incorporate one or more of the interprofessional competencies: values/ethics, roles/responsibilities, interprofessional communication, and/or teams/teamwork.*
* ***Develop content*** *based on evidenced-based practice or best available evidence that supports safe, effective patient care.*
* ***Uses active learning strategies*** *to enhance the ability of the learners/team members to learn from, with and about each other.*
* ***Incorporated additional******support strategies*** *and identify and address barriers to achieve intended outcomes*
* ***Measure and analyze*** *the actual changes (skills, strategies, or performance and/or patient outcome) in the learner/healthcare team as a result of the activity.*

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| Information needed to mitigate conflict of interest prior to role assignment: [For an example of ineligible / eligible companies click here](https://avera.cloud-cme.com/assets/avera/activities/16531/attachements/Eligible%20Ineligible%20Company%20Examples%20-%20Disclosure%20Form.pdf) | |
| Name of Ineligible Company An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Types of organizations for which you must disclose your financial relationships are as follows: 1. Biomedical startups that have begun a governmental regulatory approval process; 2. Compounding pharmacies that manufacture proprietary compounds; 3. Device manufacturers or distributors; 4. Diagnostic labs that sell proprietary products; 5. Growers, distributors, manufacturers or sellers of medical foods and dietary supplements; 6. Manufacturers of health-related wearable products; 7. Pharmaceutical companies or distributors; 8. Pharmacy benefit managers; 9. Reagent manufacturers or sellers; 10. Advertising, marketing or communication firms whose clients are ineligible companies. | Nature of Financial Relationship  Examples include advisor, consulting fee, employment, executive, grant or research support\*, honoraria, independent contractor (including contracted research), membership on advisory committees or review panels (Board Membership, etc), ownership, paid consultant, royalties or patent beneficiary, speakers bureau, stock or stock options (excluding diversified mutual funds), other financial or material interests with ineligible companies. \*Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds. |

[*CE Planner Resource Tab Hyperlink to the following Support Documents:*](https://avera.cloud-cme.com/about/resources?p=1200)

* [*Disclosure Request email Template*](https://avera.cloud-cme.com/about/resources?p=1200)
* [*How to Complete a Disclosure Guide*](https://avera.cloud-cme.com/assets/avera/PDF/How%20to%20complete%20a%20BioDisclosure%20in%20the%20CE%20Portal%202021.2.18vs1.pdf)
* [*How To Guide for pulling a Disclosure Report*](https://avera.cloud-cme.com/assets/avera/PDF/Disclosure%20Report%202020129.pdf)
* [*How To Guide for Obtaining Bio/CV*](https://avera.cloud-cme.com/about/resources?p=1200)
* [*Evaluation of Conflicts of Interest Flow Chart*](https://avera.cloud-cme.com/assets/avera/PDF/Accredited%20Continuing%20Education%20Planning%20Form%20-%20Evaluation%20of%20Conflicts%20of%20Interest%20Flow%20Chart.pdf)
* [*Mitigation Measures to Resolve Conflict of Interest*](https://avera.cloud-cme.com/assets/avera/PDF/Accredited%20Continuing%20Education%20Planning%20Form%20-%20Mitigation%20Measures%20to%20Resolve%20Conflict%20of%20Interest.pdf)
* [*Appendix A – Planning Process Resources*](file:///\\Phs-sfalls.amck.net\files\Common\ED\Continuing%20Education\Provider%20Units\CloudCME\Application\Appendix%20A%20-%20Planning%20Process%20Resources%201.3.23.pdf)
* [*Appendix B - Gaps Analysis Table Examples*](file:///\\Phs-sfalls.amck.net\files\Common\ED\Continuing%20Education\Provider%20Units\CloudCME\Application\Appendix%20B%20Gaps%20Analysis%20Examples%201.3.23%20.pdf)
* [*Appendix C – How to Complete Application*](file:///\\Phs-sfalls.amck.net\files\Common\ED\Continuing%20Education\Provider%20Units\CloudCME\Application\Appendix%20C%20-%20How%20to%20complete%20application%201.5.23.pdf)
* [*Appendix D - Competencies*](file:///\\Phs-sfalls.amck.net\files\Common\ED\Continuing%20Education\Provider%20Units\CloudCME\Application\Appendix%20D%20-%20Competencies%201.5.23%20.docx)
* [*Evaluation Templates*](https://avera.cloud-cme.com/about/resources?p=1200)

**Planning Committee and all persons in a position to control content:**

Planning committees must minimally consist of:

* *A trained lead planner and a content expert (This can be the same person but you must have a minimum of 2 people to form a committee)*
* *A person representing the discipline(s) you are targeting to be part of your committee, i.e. a social worker for SW credit.*
* *One content expert with Bio/CV*

*Current disclosures must be completed in the Avera CE Portal by all persons in a position to control content of the education* ***PRIOR*** *to the start of the planning process, or* ***PRIOR*** *to the date the person became involved in the process. See Planner Resource tab for disclosure email template and How to Guide for pulling a Disclosure Report to aid in checking progress.*

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| *Date person in position to control content of education became involved* | *Name of individual and credentials* | *Individual’s role in activity*  *(Examples: Lead Planner, Committee Member, Content Expert-Committee Member, Peer Reviewer, Faculty/Speaker/Author, etc.)* | *Leave blank if there is no relationship identified with an ineligible company in the last 24 months* | | | *Verified no financial changes since disclosure last completed.* | *Use* [*Evaluation of Conflicts of Interest Flow Chart*](https://avera.cloud-cme.com/assets/avera/PDF/Accredited%20Continuing%20Education%20Planning%20Form%20-%20Evaluation%20of%20Conflicts%20of%20Interest%20Flow%20Chart.pdf)*:*  *Option A: This individual has NO COI, COI is not relevant to this education, or is presenting non-clinical content.*  *Option B: This individual is an employee of an ineligible company and has an exception*  *Option C: This individual has a COI that is relevant to this education and Mitigation form completed prior to role assignments occurred*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\*\*If Option B or C is marked, proceed to the next page to complete Mitigation Measures to Resolve Conflict of Interest* | | |
| *Name of ineligible company* | *Nature of relationship(s)* | *Has the relationship ended?* |
| *Example of conflict of Interest1/10/2021* | *John Doe, PhD* | *Committee Member and Faculty* | *Pfizer* | *Speakers Bureau* | Yes  No |  | *Option A* | *Option B* | *Option C* |
| *Example of no conflict of interest 1/10/2021* | *Jane Doe, PhD* | *Committee Member and Faculty* |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |
|  |  |  |  |  | Yes  No |  | *Option A* | *Option B* | *Option C* |

**Mitigation Measures to Resolve Conflict of Interest**

**Individual with COI:**

**Select either B or C below.** Use Evaluation of Conflict of Interest Flow Chart to determine appropriate path

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| *Option B: Select the applicable exemption(s) below for the employee or owner of an ineligible company* | |
| *Content is related to basic science research (such as pre-clinical research and drug discovery or the methodologies of research) and they do not make care recommendations.* | *They are participating as technicians to teach safe and proper use of medical devices and do not recommend whether or when a device is used.* |

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| Option C Mitigation Options | |
| Mitigation steps for Planners/Committee Members | **Mitigation Steps for Faculty/Others** |
| Divest the financial relationship | Divest the financial relationship |
| Recusal from controlling aspects of planning and content with which there is a financial relationship | Peer review of content by persons without relevant financial relationships.  *Peer reviewer:* |
| Peer review of planning decisions by persons without relevant financial relationships  *Peer Reviewer:* | Attest that clinical recommendations are evidenced based and free of commercial bias (eg. peer-reviewed literature, adhering to evidence-based practice guidelines) [Click here to view Standard 1](https://www.accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-1-ensure-content-valid) |

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| I attest that I have discussed these agreed upon mitigation measures with the above named individual. | | | |
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| Date Implemented |  | Signature (Lead Planner or Designated Committee Member) |  |

Relationship ended previously

**Gap Analysis and Planning Table**

***Use this section as a planning guide as you design your content****. See Appendix A, B, and C for additional information to help you with the final application.*

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| *Identify Gap (Use as a Planning guide)* | | | | | | *\*Identify Outcome (required)* | *\*Method of Evaluation (required)* |
| *Current State* | *Desired State* | *Professional Practice Gap* | *Educational Need/Deficit related to:*  *New Knowledge, Competence, and/or Performance* | *Needs Assessment* | *Target Audience* | *Outcome Statement* | *Method of Evaluation* |
| What is currently happening? | What should be happening? | Difference between what is and what should be. | Why do you think the current state exists? What is the underlying or root cause? | What evidence do you have to validate the gap exists? | Who is target audience this education is focused on? | What is this designed to change in terms of competence, performance, or patient outcomes? | How are you going to measure that change? |
|  |  |  |  |  |  | Activity Outcome Statement **(required):**  Post Activity Outcome Statement **(optional):** | ***Knowledge/Competence:***  CE Portal Evaluation (subjective)  Customized Pre/posttest (objective)  Return Skills Demonstration (objective)  Focus Group Discussion (objective)  Case Study Analysis (objective)  Role Play (objective)  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Performance in Practice:***  Adherence to guidelines (objective)  Case Based studies (objective)  Chart Audits (objective)  Customized follow up survey about actual change in practice (subjective)  Interview about the actual change in practice (subjective)  Focus group about the actual change in practice (objective)  Physician or patient feedback, surveys, and/or evaluations (subjective)  Reminders and feedback (subjective)  Observation of performance in practice (objective)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Patient Health***  Patient chart audits (objective)  Patient reported data (objective)  Case study analysis (objective)  Customized follow up survey about actual change in practice (subjective)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Community Health***  Epidemiological data (objective)  Case study analysis (objective)  Customized follow up survey about actual change in practice (subjective)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Objectives | |
| *Learning Objective(s)*  Must have a minimum of 3 objectives designed around the competencies that will be addressed in this education. If it is an IPCE activity, it must have 1 or more of those objectives designed around the Interprofessional competencies (Review competencies on CE Planner Resources - Appendix D – Competencies)  Note: If the issues/needs identified are:   * Knowledge Based – appropriate objectives should start with: define, recognize, review, discuss, etc. * Competence Based – appropriate objectives should start with: assess, evaluate, compare, integrate, etc. * Performance Based – appropriate objectives should start with: develop, implement, apply, diagnose, etc. | |
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| Interprofessional Objectives (*1 or more objectives required if IPCE activity*): | *IPCE Competencies:* |
|  | Values / Ethics |
|  | Roles / Responsibilities |
|  | Interprofessional Communication |
|  | Teams & Teamwork |

Educational Design and Planning

***Agenda:*** *Must include ALL time (from start to finish) including registration, breaks, meals etc.*

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| *For Live or Virtual Courses Only:* | *For All Accredited Continuing Education:* |

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| *Day* | *Start Time* | *End Time* | *Minutes* | *CE Eligible Segment* | *Room/Virtual Location* | *Content* | *Presenter/Author* | *Engagement Strategies\** |
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***\*Note: Engagement strategies should be selected to enhance the ability of team members to learn from, with, and about each other****. Lecture is not an engagement strategy. Common engagement strategies examples are integrating opportunities for dialogue, question and answer periods, polling, annotation, breakout sessions with discussion, time for self-check and reflection, analyzing case studies, and providing opportunities for problem-based learning (case studies).*

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| *Evidence based references used for developing this educational activity:*  *Note: Current available evidence published in the past 5-7 years. Please list specific web link to content when using.*  *\*\*If submitting Enduring Material – must include bibliography in power point/educational content* | | |
| *Organizations, websites, articles, books:* |  | |
| *Peer-reviewed journal /resource:* |  | |
| *Clinical guidelines:* |  | |
| *Textbook reference:* |  | |
| *Content Expert Bio/CV :* |  | |
| *Expert Resource (requires Bio/CV):* |  | |
| *Other:* |  | |
| Calculation of time to award hours: | | **What does the learner have to do to earn a certificate of completion?** |
| *Live:*  *Number of education in minutes\_\_\_\_\_\_ divided by 60*  *Additional time for Pre-Test 5 Minutes*  *Additional time for Post-Test 5 Minutes*  *Enduring Material:*  *Pilot Study*  [*Mergener Formula*](Http://touchcalc.com/calculators/mergener)  *Video Length*  *Voiced Over PowerPoint Length*  *Additional time for Pre-Test 5 Minutes*  *Additional time for Post-Test 5 Minutes (required)*  *Estimated number of contact hours to be awarded based on above calculations\*(1.50): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\*Hours awarded in 15 minute intervals*  *\*Hours will be rounded down to the nearest quarter hour (ex. 2 hr 40 min course = 2.50 CE credits)*  *\*ASWB ACE courses must be at least 60 minutes and the first 60 minutes must be uninterrupted instruction*  *RSS: RSS activities will have minimally annual evaluations that are awarded 0.25 contact hours. If your program includes varied meeting times, please provide statement below of annual meeting schedule with dates if possible:* | | ***Completion of evaluation form (required).***  *Please select the evaluation template you plan to use. Review templates   on* [*CE Planner Resource page*](https://avera.cloud-cme.com/about/resources?p=1200)*.*  *RSS Basic (for RSS ACTIVITIES ONLY)*  *Live, Virtual, or RSS Complex*  *Live, Virtual or RSS Complex with Commitment to Change*  *Enduring Material*  *Enduring Material with Commitment to Change*  *Add additional evaluation or grant evaluation questions (attach to application for review)*  ***Attend educational session*** *Please select all that apply, based on your outcome statement:*  *Attendance at entire education activity or conference*  *Attendance at \_\_\_\_ % of the entire education activity or   conference (in “other”, list how you will monitor attendance)*  *Attendance at one or more sessions at a multiple session   activity/event (credit will commensurate with participation)*  *Test (select only one,* ***required*** *for all enduring material):*  *Successful completion of a post-test with \_\_\_\_% passing score*  *(True/False, Multiple Choice, Up to 5 answer options. Attach test   questions and answers. Minimum of questions.)*  *Successful Completion of Essay/Short answer questions*  *Successful completion of a return demonstration (include process   and documentation you will use)*  *Viewing of entire on-demand activity or all enduring content*  *Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| Disclosure to Learners |
| *Learners must be made aware of what they must do to qualify for continuing education credit, disclosures from all persons in a position to control or influence the content of the education (both nothing to disclose and/or of relevant disclosure), commercial support, joint provider ship and expiration of enduring material. This must be done PRIOR to the start of a learning activity.*  What method(s) will you use to communicate this to your learners?  Announcement emailed prior to activity  First set of PowerPoint slides  Announcement Printed as handout to participants  Announcement Displayed on Avera CE Portal |
| *Will this same exact\* course be held Multiple Times in the same calendar year? (Repeat Course)*  *\*No change to faculty, outcomes etc. Dates/times may change* |
| No  Yes- If yes, only submit one application. Once approved, we will follow up with next steps. Please list dates and times below, if known. If date is not known, complete the “Add an Additional Date for an Approved Course” |
| Notes to the CE team: |
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