|  |  |
| --- | --- |
| 1. **Needs Assessment (JAC 4)** | |
| **Current Practice:**  **What are the problems in practice that this activity is designed to change?(Current references required; number of references commensurate with length of program)** | |
|  | |
| **Ideal Practice: Please describe the ideal practice that is new/ modern. In other words, what is the “best practice” that you aren’t seeing currently in a consistent way?** | |
|  | |
| **Practice Gap/Need: What information does the target audience need and how will your course bring it forward. In other words, what information that is missing in order for people to do their work right now?**  **Professional practice gaps are measured in terms of:**  **(1) Knowledge:** being aware of what to do  **(2) Competence:** being able to apply knowledge, skills, and judgment in practice‐ knowing how to do something, and  **(3) Performance:** having the ability to implement the strategy or skill‐what one actually does.) | |
|  | |
| This is a gap/need of: | |
|  | Knowledge/Competence |
|  | Skills/Strategy |
|  | Performance |
|  | Patient Outcomes (if selecting patient outcomes, please attach supporting data) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2.Based on the practice gaps, educational needs, desired change, what topics will the activity cover?** | | | | |
| **Attach an agenda for your activity in the space provided below if your activity is longer than two hours.** If this activity is approved, credit will be calculated based on information provided in this schedule. Within your agenda, please provide the following information:   1. Day and date for each day of the course 2. Beginning and ending times for each session 3. Name, Credentials, Title and Institution/Employer for each faculty member 4. Identify which faculty have been confirmed 5. Information about breaks and meals (particularly if credit is being sought for meal time education) 6. Describe/identify what will take place during sessions that are not easily understood by their titles or are not typical educational methodologies (e.g. “Meet the Professor”).   **Please add more lines as needed.** | | | | |
| **Date** | **Time Start** | **Time End** | **Speaker** | **Description/Topic** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Please add more lines as needed.** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3. Learning Objectives (JAC 5)**  The learning objectives outlined below should be able to complete the following statement:  “Upon completion of this course participants will be able to:….” | | | | | |
|  | | Objective | | Content Topics | |
|  | | *See tips for writing learning objectives* | | *Content outline for each objective* | |
| Learning Objective 1: | |  | |  | |
| Learning Objective 2: | |  | |  | |
| Learning Objective 3: | |  | |  | |
| **4. Educational Design/Methodology (JAC 7)** Please indicate the educational method(s) that will be used: | | | | | |
|  | Didactic Lecture | |  | | Simulations |
|  | Panel Discussions | |  | | Hands on skills training |
|  | Roundtable discussions | |  | | Audio recording |
|  | Q & A Sessions | |  | | Video/film recording |
|  | Case presentations | |  | | Other form, please specify: |
| Were any non-educational strategies used? Non-educational strategies are used to enhance change as an adjunct to activities/educational interventions, examples below:   * Patient reminders * Patient satisfaction, questionnaires * Incentives * Peer to peer feedback * Emailing Information on CME Topic to Program Participants After the Event * Qualitative focus groups * Quantitative surveys * Pocket guidelines for physicians * Chart reminders * Pedometers or other give-away items to support CME activity * Screening tools * Information posted on website * Stickers * Changes in hospital policy * Reminders in staff meetings * Posters and signs * Patient education materials | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
| **5. Which of the following competencies has this activity been designed to enhance?**  *(Source: Accreditation Council for Graduate Medical Education (ACGME), Institute of Medicine (IOM), Interprofessional Education Collaborative(IPEC), Center for the Advancement of Pharmacy Education (CAPE), Pharmacy Technician Certification Board (PTCB)*  **Select one or more of the following (JAC8):** | |
|  | Patient and Procedural Skills (ABMS/ACGME) |
|  | Medical Knowledge (ABNS/ACGME) |
|  | Practice Based Learning and Improvement (ABMS/ACGME) |
|  | Interpersonal and Communication Skills (ABMS/ACGME) |
|  | Professionalism (ABMS/ACGME, CAPE) |
|  | Systems-based Practice (ABMS/ACGME) |
|  | Provide patient-centered care (IOM) |
|  | Work in interdisciplinary teams (IOM) |
|  | Employ evidence-based practice (IOM) |
|  | Apply quality improvement (IOM) |
|  | Utilize informatics (IOM) |
|  | Values/ethics for interprofessional practice (IPEC) |
|  | Roles/responsibilities (IPEC) |
|  | Interprofessional Communication (IPEC) |
|  | Teams and Teamwork (IPEC) |
|  | Communication (CAPE) |
|  | Cultural sensitivity (CAPE) |
|  | Educator (CAPE) |
|  | Health and wellness (CAPE) |
|  | Innovation and entrepreneurship (CAPE) |
|  | Interprofessional collaboration (CAPE) |
|  | Leadership (CAPE) |
|  | Learner (CAPE) |
|  | Medication use system management (CAPE) |
|  | Patient advocacy (CAPE) |
|  | Patient Centered Care (CAPE) |
|  | Population-based care (CAPE) |
|  | Problem solving (CAPE) |
|  | Self-awareness (CAPE) |
|  | Medication order entry (PTCB) |
|  | Medication safety (PTCB) |
|  | Pharmacology (PTCB) |
|  | Pharmacy billing and reimbursement (PTCB) |
|  | Pharmacy information systems (PTCB) |
|  | Pharmacy inventory Management (PTCB) |
|  | Pharmacy law and regulations (PTCB) |
|  | Pharmacy quality assurance (PTCB) |

|  |  |  |
| --- | --- | --- |
| **6. Evaluation Methods**  Based on the gaps, educational needs, and desired results of this activity, what type of evaluation method(s) will be used to determine if the activity effectively met the needs of the participants and created the desired change in knowledge, competence, performance or patient outcomes?  NOTES:   * Evaluating for change in knowledge and attitude only is not sufficient to qualify for continuing education credit. Evaluations must address changes in competence, performance or patient outcomes. * A standard evaluation addresses effectiveness of faculty and intent to change (competence).   Boston Children’s continuing education post-activity performance survey is used for all live activities and assesses if participants have made changes to their professional practice as a result of participation in the course.  You are free to use an evaluation method of your choosing. Sample evaluation questions are included at the end of this application. You do not need to specify the questions as part of your application. **Nursing Only**: you must ask question(s) about the impact of the education on the nurses’ current or future practice. | | |
| **☒** | **Knowledge and Attitude** | |
|  |  | Knowledge focused post test |
|  | Knowledge focused pre- and post-test |
|  | Self-report of knowledge gain |
|  | Other: Describe: |
|  | **Competence** | |
|  |  | Post-activity test using case-based questions |
|  | Pre- and post-tests using case-based questions |
|  | Faculty written report of learner’s simulation activity results |
|  | Faculty written report of observation of learner in the classroom |
|  | Self-report of competence |
|  | Intent to change statement |
|  | Other: Describe: |
|  | **Performance** | |
|  |  | Faculty written report of observation of learner in patient care/workplace setting |
|  | Chart audit data results |
|  | Administrative database audit results |
|  | Faculty written report of learner performance at hands-on skills workshops |
|  | Self-report of performance (i.e. performance survey) |
|  | Other: Describe: |
|  | **Patient Outcomes** | |
|  |  | Chart audit of health status measures with aggregate data provided to Boston Children’s Hospital |
|  | Administrative data health status measures with aggregate data provided to Boston Children’s Hospital |
|  | Local clinical or quality data provided to Boston Children’s Hospital |
|  | Patient self-report of health status with aggregate data provided to Boston Children’s Hospital |
|  | Other: Describe: |
|  | **Healthcare Team** | |
|  |  | Skills/Strategy |
|  | Performance |
|  | Patient Outcomes |
|  | Other: Describe: |
| Describe how your planning team will obtain the evaluation data referred to above, compile it (aside from Boston Children’s post course survey) and analyze the data once it is collected. How will you use this data once it is analyzed? | | |