

## NANCEAC: Continuing Education Activity Development Worksheet

This worksheet will compile all information necessary, and assist in planning and developing the proposed CE activity to ensure NANCEAC Standards are met. Completion of all sections of this worksheet is required. **You must submit this worksheet no less than three (3) months before each activity.** NANCEAC staff will be available to help you complete this worksheet.

### Section 1 of 8: CE Activity Description

CE Activity Information				
Name of NANCEAC accredited CE provider:				
Title of CE Activity:				
Number of Continuing Education Credit Hours* to be awarded to participants in each category:				
General:	Pain:	Pharmacy:	Obstetrics:	Ethics:
Date	Time	Location		

\* See Addendum 6 "Calculating CE Credit Hours" for additional information

### Section 2 of 8: Administrative and Presenter Information

CE Program Director		The individual who has overall responsibility for planning, developing, implementing, and evaluating the content and logistics of a NANCEAC accredited CE activity.	
Name	Degree(s)		
Title			
Phone	Email		

Presenter (if different from above)		The individual who will partner with the CE Program Director to develop the CE activity and/or the individual who will present the CE activity to participants.	
Name	Degree(s)		
Title			
Phone	Email		
<input type="checkbox"/> Include the presenter's CV			

Administrative Support Staff				The individual responsible for the operational and administrative support of the CE activity.			
Name			Degree(s)				
Title							
Address			City		State		ZIP
Phone			Fax			Email	

Check here if Administrative Support Staff is involved with selecting speakers, topics, or influencing content.

<b>For NANCEAC Use only:</b>
Action: _____ # of Credits: _____ <input type="checkbox"/> Entered into Log: _____

### Section 3 of 8: Planning

#### Planning Process

1. Who identified the learning objectives:  CE Program Director,  Presenter, or  Other (provide names): \_\_\_\_\_
2. What criteria were used in the selection of Presenters (select all that apply)?  Subject matter expert,  Excellent teaching skills/effective communicator,  Experienced in CE presentations, or  Other: \_\_\_\_\_
3. **The CE Provider will not accept financial support from any entity that makes its support contingent on having control over any aspect of the provider's CE activities.**  
 Were any employees of a commercial entity involved with the identification of presenters and/or learning objectives?  No  Yes, please explain: \_\_\_\_\_

### Section 4 of 8: Educational Needs Assessment and Learning Objectives

The CE provider should identify educational needs between what naturopathic physicians currently do in practice and what is needed and desired in practice (ideal practice). Each CE activity must address an educational need (practice gap) in the naturopathic profession. Educational needs are divided into three general categories: knowledge, competence, or performance. The CE Provider must develop learning objectives that address the identified educational needs and that are specific and measurable. These learning objectives should shape all aspects of the CE activity including activity content, assessment of learning by participants, and evaluation of the activity.

#### *Steps to identify educational needs, clarify desired results, and determine learning objectives.*

1. **Identify educational need:** Use assessment instruments such as post-evaluation forms, survey of profession, and literature review to identify educational needs in the naturopathic profession. Educational needs are divided into three general categories: knowledge, competence or performance. The CE Provider must offer education and training in skills recognized and accepted by the profession in areas pertaining to naturopathic philosophy, research, basic medical sciences, evidence-informed clinical practices, or public health. Note, you will be asked to provide documentation of the needs assessment sources and the data on page 4 of this worksheet.
  - Knowledge: philosophy, research, biomedical sciences, public health
  - Competence: evidence-informed clinical practice, public health
  - Performance: clinical skills, hands-on therapeutics

Is the need related to...	This would be a gap in...
Giving physicians' new knowledge?	Knowledge
Giving physicians' new abilities or strategies?	Competence
Helping physicians' modify their delivery of care?	Performance

2. **Organize the educational needs into a prioritized list:** Once the educational needs have been identified, organize them into the most important needs that will be used to develop the CE activity. Please state the prioritized needs in the table below (one need per cell). Use only as many slots as you have educational needs. Minimum of two (2) needs are required for each CE activity.
  
3. **Clarify desired results:** The desired result from the CE activity should be ideal naturopathic practice.
  
4. **Determine learning objectives:** The learning objectives for this CE activity are the stepping stones that take the participant from the identified need to the desired result. In addition, learning objectives must be written from the perspective of what you expect the participant to do in the practice setting with the information you are teaching. As learning objectives should be measurable, they should begin with a verb that can be measured.  
 For example:
  - Verbs that communicate acquisition of knowledge: cited, define, describe, identify, list;
  - Verbs that communicate comprehension: describe, discuss, explain, interpret;
  - Verbs that communicate application: apply, demonstrate, review, translate.
  - Verbs to avoid: appreciate, know, learn, and understand.

EXAMPLE Current Practice	EXAMPLE Desired Result: Ideal Practice	EXAMPLE Educational Need (practice gap)	EXAMPLE Type of educational need:	EXAMPLE Learning Objective
over-prescription of opioids to chronic pain patients	proper use of opioids prescribed to chronic pain patients	Physicians need most up-to-date evidence on effective opioid prescription	<input checked="" type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance	Identify current guidelines and best practices for opioid prescription
Current Practice	Desired Result: Ideal Practice	Educational Need (practice gap)	Type of educational need: (check all that apply)	Learning Objective
			<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance	
			<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance	
			<input type="checkbox"/> Knowledge <input type="checkbox"/> Competence <input type="checkbox"/> Performance	

Additional desired results, educational needs, and learning objectives attached

**Needs Assessment Data and Sources (select 2 at minimum)**

Please indicate how the educational need for this CE activity was identified. Select all that apply and provide supportive documentation for all boxes checked. **If you cannot provide documentation, do NOT check that source.**

	Formal or informal requests or surveys of the target audience or past participants. <i>Potential sources of documentation: summary of requests or surveys. Note, must show information related to areas of education need/topics of interest.</i>
	Advice from authorities of the field or relevant naturopathic medical societies. <i>Potential sources of documentation: list of expert names/medical societies AND summary of recommendation(s)</i>
	Continuing review of changes in quality of care as revealed by medical audit or other patient care reviews. <i>Potential sources of documentation: audit reports, chart reviews</i>
	Data from peer-reviewed journals, government sources, or consensus reports. <i>Potential sources of documentation: abstracts/full journal articles, government produced documents describing educational need and physician practice gaps</i>
	Review of board examinations requirements. <i>Potential sources of documentation: board review/update requirements</i>
	New technology, methods of diagnosis, conditions, or treatment. <i>Potential sources of documentation: description of new procedure, technology, treatment, etc.</i>
	Legislative, regulatory or organizational changes affecting patient care. <i>Potential sources of documentation: copy of the measure/change</i>
	Other, please specify:

**Section 5 of 8: Methods and Materials****Methods and Materials**

The CE Provider must encourage active participation and include active learning exercises in each CE activity. The educational materials for each CE activity should include additional sources of information and/or reference tools. *Please indicate the educational method(s) that will be used to achieve the stated learning objectives. Select all that apply by placing an "X" in the appropriate box.*

<input type="checkbox"/>	Didactic lecture	<input type="checkbox"/>	Case presentations
<input type="checkbox"/>	Panel discussions	<input type="checkbox"/>	Simulations
<input type="checkbox"/>	Round table discussions	<input type="checkbox"/>	Hands-on skills training
<input type="checkbox"/>	Q&A sessions	<input type="checkbox"/>	Other, specify:

Include a copy of syllabus or outline that will be given to participants, including topics and exact times for each topic.

**Other Educational Strategies (optional)**

*Other educational strategies could be used to enhance participant learning as an adjunct to this activity. Examples include patient surveys, patient information packets, email reminders to the participants (i.e., summary points from the activity, new information), newsletters, etc.*

What other educational strategies will you include in order to enhance the participants' ideal practice as an adjunct to this activity?

## Section 6 of 8: Learning Assessment and Evaluation

**Identify Learning Assessment tools:** The CE Provider must create learning assessments in cooperation with the Presenter. The learning assessment must give the participants an opportunity to evaluate and measure their achievement of the learning objectives. For CE credit to be awarded, participant learning must be assessed in terms of the learning objectives.

**Determine appropriate CE activity evaluation questions:** CE providers must measure the effectiveness of each CE activity. At the conclusion of the activity, participants will evaluate the quality of the activity, learner satisfaction, applicability to the practice environment, the appearance of bias in the instructional process, and quality of the presenter. It is recommended that all faculty/presenters/authors be provided with the results of these evaluative measurements.

Examples of verbs that communicate evaluation: appraise, determine, recommend, rank, rate, and select .

### Learning Assessment and CE Activity Evaluation

*How will you measure changes in knowledge, competence, or performance that may occur? Place an "X" next to all that apply. Note, you will be asked to provide summary data for the evaluation methods selected in the "Post-Activity Worksheet".*

#### Knowledge

	Evaluation form for participants <b>(required)</b>	Physician and/or patient surveys
	Customized pre and post-test	Other, specify:

#### Competence

	Adherence to guidelines	Physician and/or patient surveys
	Case-based studies	Other, specify:

#### Performance

	Customized follow-up survey/interview/focus group about actual change in practice at specified intervals	Obtain patient feedback and surveys
	Demonstration by participant of hands-on skills	Other, specify:

Include a copy of the evaluation form that will be given to participants.

## Section 7 of 8: Fiduciary Relationships and Commercial bias

The CE Provider will not accept financial support from any entity that makes its support contingent on having control over any aspect of the provider’s CE activities.

Will this activity receive commercial support (financial or in-kind grants or donations) from a commercial entity? Note: exhibit fees are not considered commercial support.

No     Yes, provide all terms and conditions of that financial or commercial support.

If the CE Provider receives any external financial or commercial support, the Provider must disclose, in writing, all terms and conditions of that financial or commercial support. Financial or commercial support includes but is not limited to grants, sponsorships, or the donation of products or services, such as food or promotional materials.

The *NANCEAC Financial Disclosure and Attestation Form* must be completed by the CE Program Director and all presenters and any other individual planning, developing, or executing the CE activity. The form can be found at [www.fnmra.org/NANCEAC](http://www.fnmra.org/NANCEAC).

*NANCEAC Financial Disclosure and Attestation Form* completed by:

CE Program Director

All Presenters

Other: \_\_\_\_\_ (fill in name or attached separate sheet with names)

All completed *NANCEAC Financial Disclosure and Attestation Forms* are attached

**The disclosure of financial or commercial support must be made available to participants before the CE activity and must appear on all promotional materials, and includes any financial or vested interest held by the CE Provider or instructors in any company represented in a CE activity.**

Will vendor/exhibit tables be allowed at this activity?  No  Yes

No product distribution to participants, no advertising in the conference room, and no promotional logos on educational materials is allowed.

We strongly encourage you to use the NANCEAC budget template. If you have your own template, please ensure that projected income and expenses are listed in detail as required by the NANCEAC template.

### **Section 8 of 8: Additional Information**

#### **Online Advertisement**

Would you like NANCEAC to post this event on the FNMRA website?  No  Yes

#### **Required Attachments**

The following attachments must be included with the submission of this worksheet:

1. **Presenter's CV**
2. **Needs assessment supporting documentation** (e.g., if you checked "Survey of Target Audience" in the "Needs Assessment Data and Sources" table, you must provide the survey results)
3. **Syllabus or outline** with times, topics, and specific type and number of CE credit hours awarded.
4. **Evaluation form** that will be given to participants.
5. **All completed *NANCEAC Financial Disclosure and Attestation Forms*.**
6. **Budget** detailing projected income and expenses