

ACTIVITY PLANNING WORKSHEET

This form should be completed by the faculty presenter and should be submitted after both the initial application and the CPE agreement. This form must be completed for **EACH** presentation in your program. For combined presentations with multiple presenters, only one form should be submitted for the whole presentation.



Before you begin, make sure you read the faculty guidance document, which can be downloaded on our website at <https://www.uhsp.edu/careers/pharmacycareers/continuing-education.html>

1. PROGRAM INFORMATION:

Program/Conference Title: _____ OR N/A

Activity Title: _____

I understand that, once approved, changes may no longer be made to my title.

Date: _____

Length: _____

(Example: 1 hour)

2. FACULTY PRESENTER(S):

Name, Degree(s) & Credentials <i>Example: John Smith, Pharm.D., BCPS</i>	Professional Title <i>Ex: Clinical Pharmacist</i>	Email Address <i>Ex: John.Smith@stlcop.edu</i>	Mentor Status

NOTE: Students and residents are required to have mentor oversight for CPE activities. Mentors are also required to submit their names, titles, contact information as well as an up-to-date CV and signed conflict of interest disclosure form. For student presentations, mentors must also appear as additional authors.

3. TARGET AUDIENCE: (If both are selected, separate learning objectives with corresponding assessment and active participation must be constructed for each respective audience type.)

Pharmacists

Pharmacy Technicians

4. CORE PARTICIPANT GOALS: What will your participants be able to do as a result of your activity? These are the MAIN GOALS of your full activity. Approximately 90% of activities are knowledge-based (*Select only one.*)

- Participants will demonstrate knowledge of facts or concepts that they can apply to their practice later/after the activity. (Knowledge-based; minimum 0.25 hr)
- Participants will demonstrate an action or skill showing application of knowledge acquired during the activity. The action or skill will be assessed as part of the activity. (Application-based; min 1.0 hr)

5. ACTIVITY FORMAT: (*Select all that apply.*)

- Live Seminar
- Home Study/Web-Based

6. EDUCATIONAL JUSTIFICATION: Describe why this CE activity is needed for your target audience (example: a known knowledge gap). Please append any additional sheets as necessary.

Educational Justification:

7. PRESENTATION ABSTRACT: In the white space below, briefly describe the general structure of your program and the overall goal for your audience. This abstract will be used as the description in the online registration portal.

Presentation Abstract (250 words maximum):

8. GAP ANALYSIS: Please complete the table below by describing current practice compared to best practice, thereby identifying the gap and need for education.

Current Practice	Best/Better Practice	Educational Need	Activity Type (K, A, P)
<i>Example:</i> An estimated 70-80% of patients undergoing chemotherapy experience nausea and vomiting	Only 10% of patients undergoing chemotherapy should experience nausea and vomiting	Pharmacists should know that poorly controlled CINV can result in weakness, weight loss, electrolyte imbalance, dehydration, or anorexia among chemotherapy patients	Knowledge-based to address lack of knowledge on consequences of CINV.
			<input type="checkbox"/> Knowledge <input type="checkbox"/> Application <input type="checkbox"/> Certificate (Practice) Rational:

9. ACTIVITY PLAN

Per ACPE and STLCOP accreditation standards, all CE activities must have learning objectives and corresponding active learning and assessment with audience feedback. Learning objectives should be written in such a way that answers the following question: "What will my audience be able to know or do after participating in my CE activity?" Learning objectives should also be appropriate to the activity type (knowledge, application, or practice). Active learning is also a requirement and may be the same or different as your assessment.

*Please consult the Faculty CPE Guidance Document when completing the following section. **St. Louis College of Pharmacy at UHSP accepts no more than one learning objective for every 15 minutes.** For assessment questions, the question, correct answer(s), and justification for correct answer(s) are required. **Only stand-alone single-answer multiple choice question types are accepted. Cases corresponding to multiple questions are not supported by our system at this time.***

ACTIVITY PLAN INSTRUCTIONS: Complete the white spaces in the tables on the following pages to outline your plan for the CPE activity. Once approved by the committee, this plan will be submitted to ACPE for official accreditation. Following submission to ACPE, no changes may be made, including those to correct typos or other errors.

A. Learning Objective 1 – Complete the following sentence in the white space below:

At the end of this activity, the participant will be able to...

B. Assessment 1 – Enter at least one assessment question in the white space below. **DOCUMENTATION OF ASSESSMENT IS REQUIRED.** By answering this question, you and your participant should be able to determine if they met your learning goal as described in your objective. Be sure to include the correct answer as well as justification (i.e., why that answer is correct).

C. Active Learning 1

Will you incorporate your assessment as part of your slides and audience discussion to promote engagement as part of your CE activity? (Choose one): YES NO

If you answered “NO” above, leave a brief description of how you will promote engagement with your participants in the white space below.

A. Learning Objective 2 – Complete the following sentence in the white space below:

At the end of this activity, the participant will be able to...

B. Assessment 2 – Enter at least one assessment question in the white space below. **DOCUMENTATION OF ASSESSMENT IS REQUIRED.** By answering this question, you and your participant should be able to determine if they met your learning goal as described in your objective. Be sure to include the correct answer as well as justification (i.e., why that answer is correct).

C. Active Learning 2

Will you incorporate your assessment as part of your slides and audience discussion to promote engagement as part of your CE activity? (Choose one): YES NO

If you answered “NO” above, leave a brief description of how you will promote engagement with your participants in the white space below.

A. Learning Objective 3 – Complete the following sentence in the white space below:

At the end of this activity, the participant will be able to...

B. Assessment 3 – Enter at least one assessment question in the white space below. **DOCUMENTATION OF ASSESSMENT IS REQUIRED.** By answering this question, you and your participant should be able to determine if they met your learning goal as described in your objective. Be sure to include the correct answer as well as justification (i.e., why that answer is correct).

C. Active Learning 3

Will you incorporate your assessment as part of your slides and audience discussion to promote engagement as part of your CE activity? (Choose one): YES NO

If you answered “NO” above, leave a brief description of how you will promote engagement with your participants in the white space below.

A. Learning Objective 4 – Complete the following sentence in the white space below:

At the end of this activity, the participant will be able to...

B. Assessment 4 – Enter at least one assessment question in the white space below. **DOCUMENTATION OF ASSESSMENT IS REQUIRED.** By answering this question, you and your participant should be able to determine if they met your learning goal as described in your objective. Be sure to include the correct answer as well as justification (i.e., why that answer is correct).

C. Active Learning 4

Will you incorporate your assessment as part of your slides and audience discussion to promote engagement as part of your CE activity? (Choose one): YES NO

If you answered “NO” above, leave a brief description of how you will promote engagement with your participants in the white space below.

10. REQUIRED ATTACHMENTS

- I have attached an up-to-date CV for each speaker involved in this presentation. I understand a speaker biography is not sufficient.

- I understand that assessment is required for home study activities and have attached both required versions. The two required versions are: one un-keyed version for participant self-assessment and one keyed version with correct answers and their justifications or explanations. I have included a minimum of 10 stand-alone single-answer MCQ or TF question types.
 - N/A – This is not a home study activity.

- I have attached a completed and signed Conflict of Interest Disclosure form for each faculty presenter involved in this activity. (<https://www.uhsp.edu/careers/pharmacycareers/continuing-education.html>)

- I have attached my complete and signed Faculty Guidance Document Agreement Form. (<https://www.uhsp.edu/careers/pharmacycareers/continuing-education.html>)

11. ADDITIONAL INFORMATION

- I understand that all materials must follow the rules outlined in the Faculty CPE Guidance document and that they must be submitted for approval by the STLCOP CPD Committee. Materials must be approved prior to their implementation. I agree that I will not use non-approved materials.

- I understand that copyrighted materials may not be used in any printed materials. I agree to furnish proof of ownership or permission to use copyrighted materials to STLCOP with my educational materials, no later than two weeks prior to my activity.

- I will submit my required handout and any other educational materials (e.g., visual aids) no later than two weeks prior to my activity.

- I understand that, once approved, changes may not be made to neither my title nor learning objectives once they have been submitted. I am submitting my finalized title and learning objectives.