**Center for Continuing Education (CCE) Activity Planning Document**

The ***CCE Activity Planning Document*** guides activity organizers in describing the educational elements of a proposed learning activity. Its preparation is a collaborative process between the planners and the Geisinger Center for CE to create a high-quality learning experience which is compliant with applicable accreditation requirements. **The planning document and attachments must be submitted 4 months in advance of the activity**. All planning materials must be approved by the CE Executive Team and the CE Committee for credit to be awarded. **Submit the completed planning document by email in MS Word with required attachments to** [cce@geisinger.edu](mailto:cce@geisinger.edu). If you have questions or need assistance, please call 570-271-6692.

Today’s Date: Click or tap to enter a date.

CE Associate: Click or tap here to enter text. Telephone: Click or tap here to enter text.

**Activity Format**:

PLEASE NOTE: Continuing Education charges fees for activities depending on the activity format. Fees will be sent when a document is approved. Additional information, including fee schedules, can be found on <https://go.geisinger.org/CEActivityPlanning>

**Live Activity** – *same content offered one or multiple times for different audiences. Learners will participate in real time.*

In-person  Virtual

**Regularly Scheduled Series** – *a live activity planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly. (e.g., Grand Rounds, M&Ms).*

**Enduring Material(s)** – *on demand activity that does not have a specific time or location. Learners access content asynchronously.*

**Type(s) of Credit Requested:** Reciprocal credit or separate application procedures may apply to certain types of credit requested. You will be contacted regarding credits approved, specific requirements, additional materials, etc.

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| AAPA (Physician Assistant) | APA (Psychologist) |
| AARC (Respiratory Therapist) | ASWB (Social Worker) |
| ACPE (Pharmacist)  ADA/CERP (Dental)  AMA (Physician)  ANCC (Nurses)  AOA (Osteopathic) | BOC (Athletic Trainers)  CDR (Dietitian)  COPE (Optometrist)  NBCC (Counselor)  Other: Click or tap here to enter text. |

**American Board of Surgery, Maintenance of Certification:** Please check here if you would like this activity to be registered for ABS Continuous Certification.

**Activity Title**:

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| Begin Date: Click or tap to enter a date. | Time: Click or tap here to enter text. |
| Hours Requested: Click or tap here to enter text. | Specific Location: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. |

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| Please provide a brief description ( a few sentences ) of this activity, including why learners should attend. |
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| **Activity Director:** | **Title and Email:** |

Duties of the Activity Director are described in the [*Activity Director Roles and Responsibilities*](https://geisinger.sharepoint.com/:w:/r/sites/Education/_layouts/15/Doc.aspx?sourcedoc=%7B69CD4A4C-314E-496C-8B69-A76B0C66495D%7D&file=Activity-Director-Roles---Responsibilities.docx&action=default&mobileredirect=true&wdLOR=c29EB1C42-E851-4134-8D2A-2C16506303FE&cid=a6f7eaeb-baee-4235-aff1-0f9c3de99358) form on the CE SharePoint site.

**Activity Planning Committee** – Please complete the grid below for all individuals involved in the *planning* of this activity who have control over the educational content (attach additional rows if necessary). Per new Joint Accreditation guidelines, members of interprofessional teams should be engaged in the planning and delivery of CME activities. For the credit types you have requested, at least one individual from that profession must be included in the planning of this activity. An electronic Disclosure/Attestation Form for each individual listed must be completed prior to submission. To access this please follow link below:

[Disclosure/Attestation Form](https://go.geisinger.org/CEDisclosureAttestation)

\* *Identified conflicts of interest must be resolved prior to the activity’s occurrence. CE staff determines relevant financial relationships.*

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| **Name/Degree (MD, RN, PhD, etc.)** | **Job Title & Organization/Affiliation** |
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1. **Professional Practice Gap(s)** [JAC 4] – Please state the professional practice gap of the healthcare team/members on which the activity is based. A professional practice gap, or quality gap, is the difference between what is currently being achieved and what could or should be achieved using recognized best practices.For CE credit to be awarded, you need to identify what your audience does not know, does not do, or is not competent in, related to the topics to be addressed:
2. **Educational Needs** [JAC 4] – Indicate and state the educational needs you have determined to be the cause of the professional practice gap(s). Check all that apply, selecting at least one and elaborate.

**Knowledge-based** (information): Click or tap here to enter text.  
 **Competence-based** (ability to apply information and skills): Click or tap here to enter text.  
 **Performance-based** (implementation or application of information and skills): Click or tap here to enter text.

1. **Data Sources** [JAC 6] – Please indicate the sources used to identify the deficiencies/quality gaps or learner needs. Select all that apply and provide at least 2 supportive attachments. These sources cannot be older than 7 years.

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| Literature/Web Research | State and National Patient Care Data |
| Performance Improvement Activity | Quality Improvement Analysis/Audit Data |
| Pre/Post Tests | DRGs |
| Medical Specialty Board – Maintenance of Certification | Other, please specify: Click or tap here to enter text. |

With reference to two sources identified above, write a legend (2-3 sentences) that summarizes the relevance to the practice

gap for each source attached. Please use the section below to identify each source.

**Attachment 3A:**

**Attachment 3B:**

1. **Learning Objectives** – List at least 3-5 overall/global learning objectives for the activity or series. Please provide active, observable, learner-centered objectives, written to reflect the knowledge or ability that learners should be able to exhibit as a result of their participation in the activity. Use the following sentence stem:

***At the completion of this activity, the participant should be able to:***

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

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| **If you have requested AOA Credit, one learning objective must be aligned with an Osteopathic Core Competency listed below.** |
| Osteopathic Principles and Practice  Medical Knowledge and Its Application into Osteopathic Medical Practice  Osteopathic Patient Care  Interpersonal and Communication Skills in Osteopathic Medical Practice  Professionalism in Osteopathic Medical Practice  Osteopathic Medical Practice-Based Learning and Improvement  System-Based Osteopathic Medical Practice |

In addition to overall learning objectives, session-specific objectives MUST be developed for each lecture in a live course or session of a regularly scheduled series. Session-specific objectives are required with the final agenda. Speakers are required to list objectives on their presentation slides.

1. **Educational Design/Methodology** [JAC 7]– The activity should be structured to achieve the stated learning objectives. Please indicate the educational method(s) that will be used to achieve the stated learning objectives.

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| Didactic Lecture(s) | Case Presentations | Panel Discussions | Workshops |
| Small Group Discussion | Questions and Answers | Simulation (e.g., Role Play) | Journal Club |
| Skill-based Training Sessions | Video or Audio Presentation | Web-based Interactive Learning |
| Hands-on Lab/Skills Training | Patient and/or Family and/or Caregiver Presentation | Other: Click or tap here to enter text. |

1. **Content Matter** – Upon submission to [cce@geisinger.edu](mailto:cce@geisinger.edu) include the preliminary program; encompassing topics, titles, and presentation times.*\*If you do not have a schedule, please describe the structure and sequence of the activity, including approximate number and length of session(s). RSS activities must provide CE with the first date of session occurrence. Associates must update session information and complete the workflow process in the learning platform (Ethos) at least five days prior to each session.*

**Additional Educational Content:** *At-Home Pharmacy Delivery Services to Help Support Patient Care* content is available for your activity, [click here](https://ghs.hosted.cloud.ethosce.com/content/script-capture-project-sessions) for more information.

1. **ACGME/ABMS/IOM/IPEC/CAPE Competencies** [JAC 8]– Indicate the desirable attribute(s) of the healthcare team (i.e., competencies) this activity addresses. Check all that apply.

**Core Competencies for:**

**Institute of Medicine Interprofessional Collaborative Practice ACGME/ABMS**

Provide Patient-centered Care  Values/Ethics for Interprofessional Practice  Patient Care and Procedural Skills

Work in Interdisciplinary Teams  Roles/Responsibilities  Medical Knowledge

Employ Evidence-based Practice  Interprofessional Communication  Practice-based Learning and Improvement

Apply Quality Improvement  Teams and Teamwork  Interprofessional and Communication Skills

Utilize Informatics  Professionalism

Systems-based Practice

**If ACPE Credit is requested, please indicate the desirable competencies:**

**Center for the Advancement of Pharmacy Education (CAPE)**

Communication  Medication Use Systems Management

Cultural Sensitivity  Patient Advocacy

Educator  Patient-centered Care

Health and Wellness  Population-based Care

Innovation and Entrepreneurship  Problem Solving

Interprofessional Collaboration  Professionalism

Leadership  Self-awareness

Learner

1. **Teaching Staff** – Please complete a list of expected speakers/presenters/moderators with appropriate titles.

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| **Name/Degree (MD, RN, PhD, etc.)** | **Job Title & Organization/Affiliation** |
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**\*Any/all outside faculty must complete the disclosure form prior to planning document submission**.

A CV from guest faculty must accompany the planning document submission. Identified conflicts of interest must be resolved prior to the activity or no credit will be awarded. *It is strongly encouraged that speakers list disclosure(s) or lack of disclosure on the first slide of any presentation/content.*

Check to acknowledge understanding of the above requirements.

1. **Target Audience** [JAC 5]
2. Identify the professions, medical specialties, duties, roles, functions and/or occupations of the targeted learners. *Please include the professions of the credits you have requested.* Click or tap here to enter text.
3. In addition to your target audience, please list some learner groups that may not receive direct CE/CME credit but who would also benefit from this education. Click or tap here to enter text.
4. **Relevance to Learner Scope of Practice** [JAC 5]– State what this activity is designed to change/improve in terms of learners’ skills/strategy or performance of the healthcare team or patient outcomes. Click or tap here to enter text.

State the impact on attendees, the healthcare team, Geisinger and/or the community if this event did not occur. Click or tap here to enter text.

1. **Mechanisms** [JAC 11]– What mechanism(s) will you use to measure the effectiveness in meeting the expected outcomes? Check all that apply.

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| Skills Assessment of Learners | Formal Study | Performance Improvement | Pre and/or Post Tests |
| Activity Objectives Evaluation | Statistical Review | Follow-up Survey | Chart Audits |
| Quality Improvement Analysis | Self-Assessment | Other: Click or tap here to enter text. |

1. **Outcomes** [JA PARS] – Accredited activities are generally planned to change competence, performance and/or patient outcomes. Indicate one or more of the outcomes that you intend to measure during or after your activity. Also indicate if you will be using objective or subjective measures. *Note: more than one outcome must be selected for compliance with accreditation requirements.*

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| **Learner/Team Competence** – learner/team shows how to do  Objective Measurement (e.g., observed, tested)  Subjective Measurement (e.g., self-reported) | **Learner/Team Performance** – learner/team demonstrates in practice  Objective Measurement (e.g., observed, tested)  Subjective Measurement (e.g., self-reported) |
| **Patient Health** – effects of what learner/team has done for a few  Objective Measurement (e.g., observed, tested)  Subjective Measurement (e.g., self-reported) | **Community/Population Health** – effects of what learner/team has done for many  Objective Measurement (e.g., observed, tested)  Subjective Measurement (e.g., self-reported) |
| **Learner Knowledge** – will also be measured for this activity  Objective Measurement (e.g., observed, tested)  Subjective Measurement (e.g., self-reported) |

1. **Funding Sources** – How do you propose to cover costs associated with this program? Select **ALL** that apply. *Regularly Scheduled Series program fees are handled separately, please select N/A for RSS.*

**Departmental Support** (the activity will be covered by your department).

Please Include the Department Cost center (CC): Click or tap here to enter text.

**Activity Fees** (CE’s recommended registration fee is $100).

$100 Registration Fee

Other Click or tap here to enter text.

**Non-profit Support** (foundation funds, donations). Please list the names of the industry supporter(s) who have/will contribute to this, and the amount contributed. Click or tap here to enter text.

**Commercial Support** (financial or in-kind grants or donations from a company such as a pharmaceutical or medical device manufacture). Please list the names of the companies and any products they make that are related to the content of the course. Click or tap here to enter text.

**N/A**

*\*Geisinger CE does not accept commercial support for any Regularly Scheduled Series activities.* A copy of the Activity Budget worksheet can be found [here](https://geisinger.sharepoint.com/:x:/r/sites/Education/_layouts/15/Doc.aspx?sourcedoc=%7BD9890A37-8FAC-4730-A60A-54AD3E276794%7D&file=CE%20Activity%20Budget.xlsx&action=default&mobileredirect=true):

**Application Completion Checklist:**

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| Completed electronic [disclosure/attestation](https://go.geisinger.org/CEDisclosureAttestation) form for each member of the planning committee and/or faculty. |
| At least 2 needs assessment data sources that are within 7 years are attached. |
| Content matter: Program and/or topics to be addressed are attached. RSS programs should include a date schedule. |
| Outside speaker information (if applicable): name(s), CV(s), content information (topics to be addressed) are attached. |
| Acknowledgment: All faculty/speakers **MUST** complete the [disclosure/attestation](https://go.geisinger.org/CEDisclosureAttestation) form **prior** to the educational event. |

**FOR CE CENTER USE ONLY: Do not write below this line.**

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| ABS Practice Areas | | |
| Bariatric Surgery | Hospice & Palliative Medicine | Surgical Critical Care |
| Complex General Surgical Oncology | Neurocritical Care | Vascular Surgery |
| Hand Surgery | Pediatric Surgery | General Surgery |

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| Joint Accreditation Commendations |
| Patient as a planner AND speaker. [JAC 13] |
| Student or Resident as a planner AND speaker. [JAC 14] |
| Information from this program is used to engage in research and scholarship that will be disseminated through presentation or publication\* [JAC 16] |
| Provider/program teaches about collection, analysis or synthesis of health/practice data. \* [JAC 17] |
| Program teaches strategies that learners can use to achieve improvements in population health.\* [JAC 18] |
| Collaborates with other healthcare or community organizations to address population health issues.\* [JAC 19] |
| Includes direct observation and formative feedback to optimize communication skills of learners.\* [JAC 20] |
| Includes direct observation and formative feedback to optimize technical and procedural skills of learners.\* [JAC 21] |
| Creation and implementation of individualized learning plan for participants. \* [JAC 22] |
| Documentation of improvement in the performance of the healthcare team as a result of the program. \* [JAC 23] |
| IPCE program contributes to improvements in processes of care or system performance. \* [JAC 24] |
| IPCE program collaborates in the process of improving patient or community health. \* [JAC 25] |
| \* Evidence Required |

**Course Expiration Date**: Click or tap to enter a date.

**Approved Credit Hours:** \_\_\_\_

1st Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CE Committee Member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_