



IHS Clinical Support Center

SPONSORSHIP OF
CONTINUING EDUCATION
MANUAL

“Leading Indian Health Care Education”



Two Renaissance Square, Suite 780
40 North Central Avenue
Phoenix, AZ 85004
(602) 364-7777
Fax (602) 364-7788

<http://www.csc.ihs.gov/>

SPONSORSHIP OF CONTINUING EDUCATION ACTIVITIES

The mission of the IHS Clinical Support Center (CSC) Office of Continuing Education (OCE) is to develop, facilitate and support continuing professional education programs meeting the needs of health care providers at Indian Health Service facilities, "contracting" or "compacting" tribal facilities, or Title V urban programs. To accomplish this, the OCE will partner with internal IHS organizational units and external stakeholders to leverage resources. Additionally, CSC will respond to requests from other agencies within the Department of Health and Human Services to plan and implement educational programs when resources allow.

The CSC is accredited as a sponsor of continuing education (CE) by the Accreditation Council for Continuing Medical Education (ACCME), the American Nurses Credentialing Center's Commission on Accreditation (ANCC), and the Accreditation Council on Pharmacy Education (ACPE). The CSC also collaborates with the IHS Division of Oral Health (DOH) who sponsors continuing dental education for dentists, hygienists, and dental assistants. The IHS DOH is an American Dental Association Continuing Education Recognition Program (ADA CERP) recognized provider. Continuing education for dental assistants is approved through the Dental Assisting National Board (DANB). One of the Clinical Support Center's major roles is to assist IHS, tribal, and urban programs in planning continuing education activities. By virtue of its intimate involvement in the development, implementation, and evaluation of activities, the CSC is able to award continuing education hours.

The CSC, Office of Continuing Education (OCE) must participate integrally in the planning and implementation of each sponsored activity. The process begins with the submission of a "Proposal" that is developed when planning begins. By starting the sponsorship relationship early in the planning stages, you can take advantage of the Office of Continuing Education's many years of experience in these endeavors. We will recommend examples, tools, forms, and samples from similar activities and regular consultation with the OCE staff throughout the planning process will ensure that all CE elements are addressed properly. Please understand that our role in your continuing education activity is to support and offer guidance, ultimately ensuring you have a successful CE event.

The most important thing to remember is to contact us at the Clinical Support Center as soon as you decide to plan a continuing education activity. We want to be involved in all aspects of the planning process.

Theodora R. Bradley, MPH, RN, Director, Office of Continuing Education
John F. Saari, MD, Physician Educator
Edward J. Stein, PharmD, Pharmacist Educator
Lisa Palucci, MSN, RN, Nurse Educator
Mary Beth Kinney, EdD, MPH, RDH, Director, Dental Continuing Education
Sandra Sorrell, Program Assistant
Tamara R. Bahe, Secretary

PLANNING CONTINUING EDUCATION ACTIVITIES

The purpose of the sponsorship process is to enhance the quality of continuing education by encouraging the adherence to the adult learning principles embodied in the "Essentials" or "Criteria" of the national accrediting organizations.

The time to contact the IHS Clinical Support Center to inquire about sponsorship and continuing education credits is when you conceive of or **start** to plan an activity, not after all of the details have been worked out. We have no intention of controlling the planning of your activity; we simply need to be involved in the process and want to have the opportunity to offer assistance when we feel we can help. Coordinators who have worked with us in this process have found that we can make their job easier and their CE product a better one.

One of the first steps in the planning process is to determine the target audience for your activity, and some broad, overall goals that you wish to accomplish. Once you have determined these, you should select a "Planning Committee," which must have one representative of each profession for which you plan to offer CE credit.

In order to begin the process of establishing a sponsorship agreement with the Clinical Support Center, Office of Continuing Education you will need to complete the appropriate **Proposal Form**. Proposal forms include: one for a single, one-hour activity or longer course, and one for an ongoing regularly scheduled series (RSS) of one-hour presentations. The other materials in the CE manual describe the steps involved in the completion of the planning process. The time to contact us is before the remainder of the documents and tasks are completed. This early communication with the Clinical Support Center will ensure that everything is accomplished in a mutually satisfactory manner.

We have avoided absolute deadlines for the submission of this "Proposal for a CE Activity" for several reasons; however, we encourage you to contact us at least 30 days prior to your CE event. We want to be as flexible as possible. To some extent, the "deadline" is a function of the complexity of the activity: it would be much longer for a complex, four-day course than for a one-hour lecture.

Although the CE planning steps are occasionally looked at as "requirements" (or obstacles), they are really useful tools to improve the learning experience. For this reason, we never ask you, as a CE coordinator, to do something "because it is required." Rather, we try to show you how, if you use these tools to your advantage, you can produce a better product for those who participate.

THE CONTINUING EDUCATION PROCESS

The remainder of this packet is intended to guide you through the steps involved in the CE planning process and to create a record of what took place. The steps include:

1. Establishing the target audience and broad, overall goals for the activity.
2. Determining the learning needs of the target audience.
3. Prioritizing needs and writing the agenda.
4. Writing behavioral learning objectives.
5. Choosing the teaching methods.
6. Creating and distributing promotional materials.
7. Identifying faculty and communicating with them.
8. Obtaining "Disclosures of Commercial Support."
9. Developing an evaluation plan.
10. Developing methods for documenting attendance.
11. Evaluating the activity after its completion.

Following the submission of your **Proposal** form, we will contact you as soon as we have reviewed it. If time is short, please give us a call so we can expedite the process. Upon acceptance of your proposal, we are committed to guiding you through this process. Again, regular consultation with the CSC staff throughout the planning process will ensure that all elements are addressed properly.



CE SPONSORSHIP CHECKLISTS



For Submitting CE Proposals

All CE activity proposals must be submitted to the IHS Clinical Support Center, Office of Continuing Education, at least 30 calendar days before the activity, unless a waiver of this requirement is obtained from CSC.

The minute you think of a CE activity, give us a call or send an e-mail notice. We will guide you through the sponsorship process, and your notification will alert us of your upcoming event. **Please remember that we cannot award CE hours after an activity has already taken place.**

- Notify CSC regarding a new activity
- Form a planning committee representative of the target disciplines

For new activities, the following items must be completed and submitted prior to the start of the activity:

CHECKLIST FOR A CE COURSE	CHECKLIST FOR A REGULARLY SCHEDULED SERIES
<input type="checkbox"/> Proposal Form for a CE Course	<input type="checkbox"/> Proposal Form for a Regularly Scheduled Series
<input type="checkbox"/> Needs Assessment Form & Narrative	<input type="checkbox"/> Annual Evaluation Summary (for renewal activities only)
<input type="checkbox"/> Agenda (Itemized – shows times, breaks, & lunches)	<input type="checkbox"/> Speaker/Planner Disclosure Forms
<input type="checkbox"/> Learning Objectives	<input type="checkbox"/> Speaker/Planner Biographic Data
<input type="checkbox"/> Copy of Speaker Letter	<input type="checkbox"/> Evaluation Tool(s)
<input type="checkbox"/> Speaker/Planner Disclosure Forms	<input type="checkbox"/> Draft Publicity/Marketing/Promotional Material
<input type="checkbox"/> Speaker/Planner Biographic Data	<input type="checkbox"/> Topics/Dates/Speakers/Objectives of first 3 presentations (if available)
<input type="checkbox"/> Evaluation Tool(s)	
<input type="checkbox"/> Draft Publicity/Marketing/Promotional Material	
<input type="checkbox"/> Faculty List with Disclosure Statement(s)	

After the CE activity is over, the following items are needed before CE certificates are processed:

- Narrative Evaluation Summary** (please do not send individual evaluation forms)
For CE Courses: A summary is needed for *each* activity including *each* repeated course.
For Regularly Scheduled Series: A quarterly or annual summary is needed for the entire series.
- Typed Attendance List or CE Claim Sheets**

Incomplete proposals delay the review process for sponsorship and/or processing of certificates. Use this checklist to help with submitting the correct documents. At any time, please feel free to call our office to follow up as needed. Our telephone number is (602) 364-7777, or e-mail Ms. Sandra Sorrell at sandra.sorrell@ihs.gov.

EDUCATIONAL DESIGN

After establishing the target audience and broad overall goals for the activity have been identified, it is important to consider the questions, "What are the best ways to achieve these goals and course objectives?" and "What is the best format for this learning experience?" While live lectures are the most commonly used teaching method, often other methods can be more effective. Think about using one or more of the following:

- Small, interactive workshops
- Case presentations
- Panel discussions
- Hands-on practice
- Demonstration
- Questions and answers

A committee can spread the workload and improve the systematic planning process. It must include one representative of each profession in the target audience, to assure all professional perspectives are considered. The committee should keep minutes that show how it designed the educational experience:

- What methods did it use to find out what the target audience needed?
- How did it prioritize the needs and choose among them to select the topics to be included in the agenda?
- How were the objectives written?
- How were the faculty selected?
- How was it decided which learning formats to use?
- How were all subsequent tasks accomplished?

Faculty selection should be based not only on expertise in the subject, ability to teach, and familiarity with health care in Indian health programs, but also on enthusiasm. Those chosen to teach should know who will be in the audience (professions, experience, background), and what the learning objectives are for their presentation.

In summary, the following items should be considered when designing your educational activity:

- The planning committee includes someone from each profession for whom the activity is intended.
- Records are kept of the committee's discussions and decisions.
- A variety of learning methods have been/will be considered in designing the activity.
- Faculty have been/will be selected based on expertise, teaching ability, and familiarity with Indian health programs.
- A faculty letter has been/will be sent to each presenter with the key information they will need to prepare.
- Adequate time and meeting facilities have been/will be devoted to the learning activity.

SUBMITTING A CE PROPOSAL

The Office of Continuing Education has two continuing education proposal forms available for your use. The type of CE activity being planned will determine the correct form to use. Receipt of your completed proposal form initiates the CE process. The two proposal forms are defined here:

- *Proposal for a Continuing Educational Course* – this form should be used for a one-time, single activity for no more than two-hours in length and other CE activities that are 3-hours in length to several days (i.e. ½ day, full-day, two day and/or multiple day conference, seminar, and/or workshop).
- *Proposal for a Regularly Scheduled Series (RSS)* – this form should be used for one-two hour long activities being held concurrently on a weekly, bi-weekly, and/or monthly basis (i.e. grand rounds, CE series, tumor board rounds). Please note: if your activity will last longer than 2 hours, please use the *Proposal for a Continuing Education Course*.

If you are unsure of what form to use please contact our office and we will provide guidance. Remember: we cannot award continuing education hours retroactively (after the activity takes place). The timeliness in which we receive your CE proposal will enable us to begin correspondence early; therefore, the minute you think of a potential CE activity, give us a call or send an e-mail notice.

The following pages provide samples of each proposal form as well as a blank copy for your use.



PROPOSAL FOR A CONTINUING EDUCATION COURSE

Please complete this form and send it to us as soon as you begin thinking about an activity.

1. New Activity Renewal Previous File #: _____

2. Activity Start Date: _____ Activity End Date: _____

3. Do you plan to repeat this activity in the next 12 months? Yes No

If yes, list additional dates if known: _____

4. Delivery Methods (check all that apply):

Live in Person Live Internet/Video Enduring Material Other: _____

5. Primary Teaching/Learning Strategies (check all that apply):

<input type="checkbox"/> Didactic Lecture	<input type="checkbox"/> Workshops/Seminar	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Case Studies	<input type="checkbox"/> Demonstration	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Questions and Answers	<input type="checkbox"/> Panel Discussion	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hands-on Practice	<input type="checkbox"/> Roundtable	<input type="checkbox"/> Other: _____

6. Location of Activity: _____

7. Activity Title: _____

8. Brief Description of the activity: _____

9. Primary Goal of the Activity

(Ex: to increase knowledge, skills and attitudes; to improve competence; to enhance patient health status, etc.): _____

10. Contact Person: _____ Title: _____

E-mail Address: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____

Supporting Service Unit/Organization: _____

IHS Tribal/638 Urban Program Other (explain): _____

11. CE Target Audience: Physicians Nurses APNs PAs Dental

Other: _____

12. Type(s) of credit you are requesting:

- CME (Continuing Medical Education – AMA)
- CNE (Continuing Nursing Education – ANCC)
- ADA (American Dental Association – CERP/DANB)
- AAFP (American Academy of Family Physicians) – *Fees apply.

Since October 1, 2005, the American Academy of Family Physicians has been charging the Indian Health Service for the review process for AAFP Prescribed Credit. The fees are as follows: \$110 for a national conference and \$60 for a regional or local conference. An additional charge of \$10 will be incurred each time a national or regional conference is repeated. There will be no charge for ACLS, PALS, and other life support courses. CSC may invoice your facility or program so please make sure that your audience will use this AAFP credit before you check this box.

ACPE (Accreditation Council for Pharmacy Education):

We are unable to sponsor activities for pharmacy credit because the redesign of the Indian Health Service has required changes in the role of the Clinical Support Center (CSC) pharmacy program. Additional duties assigned to CSC now require changes in the sponsorship of continuing education (CE) activities that will offer Accreditation Council for Pharmacy Education (ACPE) credit. The CSC will continue to sponsor the "IHS Pharmacy Practice Training Program" and the "SW Regional Pharmacy CE Seminar", as well as programs developed in conjunction with the IHS Primary Pharmacy Consultant and the Area Pharmacy Consultants. However, we will have to decline requests for sponsorship of programs that are coordinated primarily outside of this office. The goal is to focus continued sponsorship activities that have a national or regional impact on the IHS and Indian health program pharmacists, and suspend the sponsorship of activities that have local impact and require a significant time commitment that CSC can no longer make. Pharmacists who attend your course will receive certificates reflecting AMA credit.

13. Planning Committee: Any person who contributes to the planning and course content and/or can influence the goals or objectives of the course. NOTE: *The Planning Committee MUST include at least one representative from each profession for which you plan to offer continuing education credit – Please provide actual names and credentials.*

Name AND Credentials:	Title:	Attached	
		Disclosure	Bio
<i>Ex: John Saari, MD</i>	<i>Physician Educator</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

14. Checklist: Please attach or send in the following necessary documentation to complete your file for review:

- Needs Assessment Form & Narrative
- Itemized Agenda (showing actual dates/times including breaks and lunches)
- Objectives
- Faculty List with appropriate disclosure statements
- Speaker and Planner Disclosure Forms
- Speaker and Planner Biographic Data
- Evaluation Tool
- Promotional Literature (Draft Publicity/Marketing Material)

SAMPLE CE COURSE PROPOSAL



INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER
40 North Central Avenue, Suite, 780 • Phoenix, AZ 85004 • P: (602) 364-7777 • F: (602) 364-7788
Website: <http://www.csc.ihs.gov/>



PROPOSAL FOR A CONTINUING EDUCATION COURSE

Please complete this form and send it to us as soon as you begin thinking about an activity.

1. New Activity Renewal Previous File #: 4600

2. Activity Start Date: 06/06/2006 Activity End Date: 06/10/2006

3. Do you plan to repeat this activity in the next 12 months? Yes No

If yes, list additional dates if known: _____

4. Delivery Methods (check all that apply):

Live in Person Live Internet/Video Enduring Material Other: _____

5. Primary Teaching/Learning Strategies (check all that apply):

Didactic Lecture Workshops/Seminar Other: _____
 Case Studies Demonstration Other: _____
 Questions and Answers Panel Discussion Other: _____
 Hands-on Practice Roundtable Other: _____

6. Location of Activity: Chaparral Suites Hotel, 5001 N. Scottsdale Rd., Scottsdale, AZ 85250 (P: 480-949-1414)

7. Activity Title: PA/APN Seminar

8. Brief Description of the activity: This 3-day continuing education activity is designed for physician assistants, nurse practitioners, and pharmacist practitioners working for Indian health programs.

9. Primary Goal of the Activity

(Ex: to increase knowledge, skills and attitudes; to improve competence; to enhance patient health status, etc.): The meeting provides an opportunity to network with peers of common concern, update knowledge of current health trends and issues, and develop new skills to improve patient care. The format will include lectures, discussion, and Q&A periods.

10. Contact Person: Theodora R. Bradley, MPH, RN Title: Director, OCE

E-mail Address: Theodora.Bradley@ihs.gov Phone: (602) 364-7777

Address: 40 N. Central Avenue, Ste. 780 Fax: (602) 364-7788

City/State/Zip: Phoenix, AZ 85004

Supporting Service Unit/Organization: Indian Health Service Headquarters

IHS Tribal/638 Urban Program Other (explain): _____

11. CE Target Audience: Physicians Nurses APNs PAs Dental

Other: Pharmacists, CNMs, NPs, Pharmacy Practitioners

12. Type(s) of credit you are requesting:

CME (Continuing Medical Education – AMA)

CNE (Continuing Nursing Education – ANCC)

ADA (American Dental Association – CERP/DANB)

AAFP (American Academy of Family Physicians) – *Fees apply.

Since October 1, 2005, the American Academy of Family Physicians has been charging the Indian Health Service for the review process for AAFP Prescribed Credit. The fees are as follows: \$110 for a national conference and \$60 for a regional or local conference. An additional charge of \$10 will be incurred each time a national or regional conference is repeated. There will be no charge for ACLS, PALS, and other life support courses. CSC may invoice your facility or program so please make sure that your audience will use this AAFP credit before you check this box.

ACPE (Accreditation Council for Pharmacy Education):

We are unable to sponsor activities for pharmacy credit because the redesign of the Indian Health Service has required changes in the role of the Clinical Support Center (CSC) pharmacy program. Additional duties assigned to CSC now require changes in the sponsorship of continuing education (CE) activities that will offer Accreditation Council for Pharmacy Education (ACPE) credit. The CSC will continue to sponsor the "IHS Pharmacy Practice Training Program" and the "SW Regional Pharmacy CE Seminar", as well as programs developed in conjunction with the IHS Primary Pharmacy Consultant and the Area Pharmacy Consultants. However, we will have to decline requests for sponsorship of programs that are coordinated primarily outside of this office. The goal is to focus continued sponsorship activities that have a national or regional impact on the IHS and Indian health program pharmacists, and suspend the sponsorship of activities that have local impact and require a significant time commitment that CSC can no longer make. Pharmacists who attend your course will receive certificates reflecting AMA credit.

13. Planning Committee: Any person who contributes to the planning and course content and/or can influence the goals or objectives of the course. NOTE: *The Planning Committee MUST include at least one representative from each profession for which you plan to offer continuing education credit – Please provide actual names and credentials.*

Name AND Credentials:	Title:	Attached	
		Disclosure	Bio
<i>Ex: John Saari, MD</i>	<i>Physician Educator</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Judy Whitecrane, CNM		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Carol Moffet, FNP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Karen Kavena, NP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
George Kniffen, PA		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dora Bradley, RN, MPH	Director, OCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Dr. EY Hooper, MPH	Agency Risk Manager	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ed Stein, PharmD	CSC Pharmacist Educator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

14. Checklist: Please attach or send in the following necessary documentation to complete your file for review:

- Needs Assessment Form & Narrative
- Itemized Agenda (showing actual dates/times including breaks and lunches)
- Objectives
- Faculty List with appropriate disclosure statements
- Speaker and Planner Disclosure Forms
- Speaker and Planner Biographic Data
- Evaluation Tool
- Promotional Literature (Draft Publicity/Marketing Material)



PROPOSAL FOR A REGULARLY SCHEDULED SERIES

Please complete this form and send it to us as soon as you begin thinking about an activity.

1. New Activity Renewal Previous File #: _____

2. Date of first presentation: _____

3. Frequency: Weekly Monthly Bi-Monthly Other: _____

List first 1 – 3 dates if known and/or attach promotional literature w/ details: _____

4. Delivery Methods (check all that apply):

Live in Person Live Internet/Video Enduring Material Other: _____

5. Primary Teaching/Learning Strategies (check all that apply):

Didactic Lecture Workshops/Seminar Other: _____

Case Studies Demonstration Other: _____

Questions and Answers Panel Discussion Other: _____

Hands-on Practice Roundtable Other: _____

6. Meeting Site: _____

Will the meeting site accommodate the teaching needs of the meeting? Yes No

7. Title of the Series: _____

8. List the primary goals of the series

(Ex: to increase knowledge, skills and attitudes; to improve competence; to enhance patient health status, etc.): _____

9. Describe how you will determine the overall learning needs of your audience: _____

10. List the Sources from which you will choose presenters: _____

11. Contact Person: _____ Title: _____

E-mail Address: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____

Supporting Service Unit/Organization: _____

IHS Tribal/638 Urban Program Other (explain): _____

12. CE Target Audience (i.e. physicians, nurses, etc.) : _____

Expected number of participants: _____ Physicians _____ Nurses _____ APNs _____ PAs _____ Dental

Other: _____

13. Type(s) of credit you are requesting:

CME (Continuing Medical Education – AMA)

CNE (Continuing Nursing Education – ANCC)

ADA (American Dental Association – CERP/DANB)

AAFP (American Academy of Family Physicians) – *Fees apply.

Since October 1, 2005, the American Academy of Family Physicians has been charging the Indian Health Service for the review process for AAFP Prescribed Credit. The fees are as follows: \$125 for a regularly scheduled series for one year. CSC may invoice your facility or program so please make sure that your audience will use this AAFP credit before you check this box.

ACPE (Accreditation Council for Pharmacy Education):

We are unable to sponsor activities for pharmacy credit because the redesign of the Indian Health Service has required changes in the role of the Clinical Support Center (CSC) pharmacy program. Additional duties assigned to CSC now require changes in the sponsorship of continuing education (CE) activities that will offer Accreditation Council for Pharmacy Education (ACPE) credit. The CSC will continue to sponsor the "IHS Pharmacy Practice Training Program" and the "SW Regional Pharmacy CE Seminar", as well as programs developed in conjunction with the IHS Primary Pharmacy Consultant and the Area Pharmacy Consultants. However, we will have to decline requests for sponsorship of programs that are coordinated primarily outside of this office. The goal is to focus continued sponsorship activities that have a national or regional impact on the IHS and Indian health program pharmacists, and suspend the sponsorship of activities that have local impact and require a significant time commitment that CSC can no longer make. Pharmacists who attend your course will receive certificates reflecting AMA credit.

14. Planning Committee: Any person who contributes to the planning and course content and/or can influence the goals or objectives of the course. NOTE: *The Planning Committee MUST include at least one representative from each profession for which you plan to offer continuing education credit – Please provide actual names and credentials.*

Name AND Credentials:	Title:	Attached	
		Disclosure	Bio
<i>Ex: John Saari, MD</i>	<i>Physician Educator</i>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

15. Checklist: Please attach or send in the following necessary documentation to complete your file for review:

- Annual Evaluation Summary from Previous File (if this is a renewal)
- Evaluation Plan/Tool for this activity
- Topics, Dates, Speakers/Credentials, and Objectives for the first (3) Presentations (Required for AAFP application)
- Speaker and Planner Disclosure Forms
- Speaker and Planner Biographic Data
- Promotional Material (Flyers, brochures, schedule, calendar, etc.)



SAMPLE RSS PROPOSAL

INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER
40 North Central Avenue, Suite, 780 • Phoenix, AZ 85004 • P: (602) 364-7777 • F: (602) 364-7788
Website: <http://www.csc.ih.gov/>



PROPOSAL FOR A REGULARLY SCHEDULED SERIES

Please complete this form and send it to us as soon as you begin thinking about an activity.

1. New Activity Renewal Previous File #: 1234
2. Date of first presentation: 01/02/2008
3. Frequency: Weekly Monthly Bi-Monthly Other: _____
List first 1 – 3 dates if known and/or attach promotional literature w/ details: 01/02/08, 01/16/08, 02/06/08

4. Delivery Methods (check all that apply):
 Live in Person Live Internet/Video Enduring Material Other: _____

5. Primary Teaching/Learning Strategies (check all that apply):
 Didactic Lecture Workshops/Seminar Other: video tapes & powerpoint slides
 Case Studies Demonstration Other: _____
 Questions and Answers Panel Discussion Other: _____
 Hands-on Practice Roundtable Other: _____

6. Meeting Site: Hospital Conference Room A
Will the meeting site accommodate the teaching needs of the meeting? Yes No

7. Title of the Series: Primary Care Conference

8. List the primary goals of the series
(Ex: to increase knowledge, skills and attitudes; to improve competence; to enhance patient health status, etc.): Participants will provide better patient care, will manage and stabilize patients prior to referral to consultants, will correct deficiencies noted in peer review and quality assurance, will keep abreast of new information (specific objectives will be submitted).

9. Describe how you will determine the overall learning needs of your audience: CME evaluation, new knowledge, staff consensus, CE committee deliberations, hospital committee data, consultant/admin, recommendations, audit practice profile, health records

10. List the Sources from which you will choose presenters: Staff clinicians with specialization or particular interest; specialty consultants on contract or from teaching institutions; representatives of hospital or community resources or services.

11. Contact Person: William Jones, MD Title: CE Coordinator / Clinical Director
E-mail Address: William.Jones@ih.gov Phone: (213) 345-7890
Address: 123 N. Main Street Fax: (213) 345-7900
City/State/Zip: Oshkosh, WI 09876-5432

Supporting Service Unit/Organization: _____
 IHS Tribal/638 Urban Program Other (explain): _____

12. CE Target Audience (i.e. physicians, nurses, etc.) : Physicians, PAs, Pharmacists, Nurses, NPs

Expected number of participants: 10 Physicians 8 Nurses _____ APNs 4 PAs _____ Dental
 Other: 3 Pharmacists, 3 Other

13. Type(s) of credit you are requesting:
 CME (Continuing Medical Education – AMA)
 CNE (Continuing Nursing Education – ANCC)
 ADA (American Dental Association – CERP/DANB)
 AAFP (American Academy of Family Physicians) – *Fees apply.

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14. Planning Committee: Any person who contributes to the planning and course content and/or can influence the goals or objectives of the course. NOTE: *The Planning Committee MUST include at least one representative from each profession for which you plan to offer continuing education credit – Please provide actual names and credentials.*

Name AND Credentials:	Title:	Attached	
		Disclosure	Bio
<i>Ex: John Saari, MD</i>	<i>Physician Educator</i>	<input type="checkbox"/>	<input type="checkbox"/>
William Jones, MD	CE Coordinator / Clinical Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Joseph Brown, RPh		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Susie Smith, RN	Nurse Educator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

15. Checklist: Please attach or send in the following necessary documentation to complete your file for review:

- Annual Evaluation Summary from Previous File (if this is a renewal)
- Evaluation Plan/Tool for this activity
- Topics, Dates, Speakers/Credentials, and Objectives for the first (3) Presentations (Required for AAFP application)
- Speaker and Planner Disclosure Forms
- Speaker and Planner Biographic Data
- Promotional Material (Flyers, brochures, schedule, calendar, etc.)

NEEDS ASSESSMENT

Your educational activity should be planned to meet identified learning needs of the prospective participants. It follows, then, that there should be some systematic effort to identify whom you are trying to reach want or what they need to learn. Needs should be identified using a **variety** of sources, and **objective** measures should be used whenever possible. Once identified, these needs should be analyzed and prioritized by the planning committee to produce the maximum impact.

The **Needs Assessment Form** will provide you with a list of the many valid methods by which to discover needs. Please place a check next to as many of these methods that will apply to the activity you are planning. Provide a brief narrative describing your needs assessment process in the space provided or on a separate sheet. Cite specific sources of data when possible.

Once you have a compiled list of needs, you will usually need to narrow it down to a manageable number of topics that will fit your resources. You should use the activity planning committee to accomplish this, and you should **record** how the decisions were made about what subjects to include. The **Needs Assessment Form** will also list criteria commonly used for prioritizing continuing education needs. Please place a check next to as many as you used/will use in deciding upon the most important needs for this activity. Please use the sample of the Needs Assessment form and supporting narrative paragraph as a guide.



NEEDS ASSESSMENT

The following is a list of some of the many valid methods by which to discover needs. Please place a check next to as many of these methods as apply to the activity you are planning:

- | | |
|---|---|
| <input type="checkbox"/> Questionnaire/survey
<input type="checkbox"/> Evaluations of prior CE activities
<input type="checkbox"/> New medical/nursing/pharmacy knowledge
<input type="checkbox"/> Continuing Education committee deliberations
<input type="checkbox"/> Staff consensus/interviews
<input type="checkbox"/> Consultant recommendations
<input type="checkbox"/> Hospital administration recommendations
<input type="checkbox"/> Patient care audit data
<input type="checkbox"/> Practice profile (frequency of common diagnoses or conditions)
<input type="checkbox"/> Adverse outcome data
<input type="checkbox"/> Health records statistics
<input type="checkbox"/> New products or services available
<input type="checkbox"/> Departmental meetings
<input type="checkbox"/> Program priority
<input type="checkbox"/> GPRA measurements
<input type="checkbox"/> Health People 2010 | <input type="checkbox"/> Hospital Committee data or findings, i.e.: <ul style="list-style-type: none"> • Pharmacy and Therapeutics • Infection Control • Morbidity and Mortality • Tissue and Transfusion • Quality Assurance/PI <input type="checkbox"/> Epidemiologic data
<input type="checkbox"/> IHS or Area Office priority or initiative
<input type="checkbox"/> Systematic review of a body of knowledge
<input type="checkbox"/> Performance appraisal data
<input type="checkbox"/> Self-assessment data
<input type="checkbox"/> Incident reports
<input type="checkbox"/> Nature of frequently asked questions
<input type="checkbox"/> Monitoring of rounds/clinical discussions
<input type="checkbox"/> Suggestion box
<input type="checkbox"/> "Seasonal" topics
<input type="checkbox"/> Other (Describe on separate page) |
|---|---|

The following are common criteria for prioritizing needs. Please place a check next to as many as you used/will use in deciding upon the most important needs for this activity.

- | | |
|---|--|
| <input type="checkbox"/> Estimate of the impact of the condition
<input type="checkbox"/> Likelihood that CE will affect change
<input type="checkbox"/> Availability of resources to address the need
<input type="checkbox"/> Interest in the topics among providers | <input type="checkbox"/> Prevalence of the need among prospective attendees
<input type="checkbox"/> Number of assessment sources indicating the need
<input type="checkbox"/> How recently similar topics have been addressed |
|---|--|

Please describe the planning process(es) used to assess the CE needs for this activity. **How do you know that there is an educational need for the target audience? What gaps in knowledge or skills have you identified? What clinical problems or opportunities for improvement will the CE activity address?** 1) Attach supporting documentation for at least two of the identified needs. 2) Copies of the planning committee meeting minutes help verify the planning process.

Please make a copy of this page and send it to us; it will help us advise you.

SAMPLE NEEDS ASSESMENT



INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER
10 North Central Avenue, Suite, 780 ▪ Phoenix, AZ 85004 ▪ P: (602) 364-7777 ▪ F: (602) 364-7788
Website: <http://www.csc.ihs.gov/>



NEEDS ASSESMENT

The following is a list of some of the many valid methods by which to discover needs. Please place a check next to as many of these methods as apply to the activity you are planning:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Questionnaire/survey | <input type="checkbox"/> Hospital Committee data or findings, i.e.: |
| <input checked="" type="checkbox"/> Evaluations of prior CE activities | <ul style="list-style-type: none">• Pharmacy and Therapeutics• Infection Control• Morbidity and Mortality• Tissue and Transfusion• Quality Assurance/PI |
| <input type="checkbox"/> New medical/nursing/pharmacy knowledge | <input type="checkbox"/> Epidemiologic data |
| <input checked="" type="checkbox"/> Continuing Education committee deliberations | <input type="checkbox"/> IHS or Area Office priority or initiative |
| <input type="checkbox"/> Staff consensus/interviews | <input type="checkbox"/> Systematic review of a body of knowledge |
| <input type="checkbox"/> Consultant recommendations | <input type="checkbox"/> Performance appraisal data |
| <input type="checkbox"/> Hospital administration recommendations | <input type="checkbox"/> Self-assessment data |
| <input type="checkbox"/> Patient care audit data | <input type="checkbox"/> Incident reports |
| <input type="checkbox"/> Practice profile (frequency of common diagnoses or conditions) | <input type="checkbox"/> Nature of frequently asked questions |
| <input type="checkbox"/> Adverse outcome data | <input type="checkbox"/> Monitoring of rounds/clinical discussions |
| <input type="checkbox"/> Health records statistics | <input type="checkbox"/> Suggestion box |
| <input type="checkbox"/> New products or services available | <input type="checkbox"/> "Seasonal" topics |
| <input type="checkbox"/> Departmental meetings | <input type="checkbox"/> Other (Describe on separate page) |
| <input checked="" type="checkbox"/> Program priority | |
| <input type="checkbox"/> GPRA measurements | |
| <input type="checkbox"/> Health People 2010 | |

The following are common criteria for prioritizing needs. Please place a check next to as many as you used/will use in deciding upon the most important needs for this activity.

- | | |
|---|---|
| <input type="checkbox"/> Estimate of the impact of the condition | <input type="checkbox"/> Prevalence of the need among prospective attendees |
| <input checked="" type="checkbox"/> Likelihood that CE will affect change | <input type="checkbox"/> Number of assessment sources indicating the need |
| <input checked="" type="checkbox"/> Availability of resources to address the need | <input checked="" type="checkbox"/> How recently similar topics have been addressed |
| <input type="checkbox"/> Interest in the topics among providers | |

Please describe the planning process(es) used to assess the CE needs for this activity. **How do you know that there is an educational need for the target audience? What gaps in knowledge or skills have you identified? What clinical problems or opportunities for improvement will the CE activity address?** 1) Attach supporting documentation for at least two of the identified needs. 2) Copies of the planning committee meeting minutes help verify the planning process.

Planning & needs assessment: All of the health programs in our state are tribally operated. There is (historically) under-funding of level of need relative to other areas. We have focused on the issue of quality improvement initiatives in the area to promote directed allocation of science resources and maximizing utilization of existing resources. We receive requests for this kind of training verbally and surveys have good attendance and evaluations from previous years conference.

Please make a copy of this page and send it to us; it will help us advise you.

SAMPLE NEEDS ASSESSMENT NARRATIVE

The planning committee this year consists of:

Mary A. Riley, MD (Director of Medical Services for the California Rural Indian Health Board)
Steve Champion, RN (Nurse Consultant for the California Rural Indian Health Board)
Karen Tracey, RN (Nurse Consultant for the California State Indian Health Program)

Ms. Tracey approached Dr. Riley about cosponsoring the QI conference again in 2005 with the contribution of funds from the State IHP. The 3rd Annual QI conference was deemed a great success across the state and we agreed to continue the partnership for the 4th Annual conference. We began discussions about potential topics, dates, and locations at that time. Dr. Riley and Mr. Champion both work in the CRIHB offices and were able to meet every 1 to 2 weeks for on-going planning discussions.

We began by reviewing the 2004 evaluations and summary to generate a list of topics for the 2005 conference. We noted several requests to hold the conference on a Thursday and Friday instead of the Monday and Tuesday sessions as in 2004. Previous years had been Thursday and Friday also. We chose the dates of June 23 and 24 to accommodate this request. We also had a number of requests to change the location of the event as it had been held at the same venue for 3 years in a row. Dr. Riley investigated locations throughout the Sacramento area and found the Radisson Inn to be most in line with our needs and space was reserved at that location.

The committee came up with a list of topics based on evaluation comments from 2004, conversations with programs at site visits conducted in December and January 2005, and review of current topics in the medical literature with regards to quality improvement. Due to staff turnover issues and loss of momentum in ongoing QI related work at the sites, we decided that it was time to do a "back to basics" training on what a QI program is and what it should look like at the Tribal Health programs. We planned a day long session devoted to this topic. We still had one whole day to utilize and discuss what would be most useful for the programs at this particular time.

The research department at CRIHB has been working towards becoming an Epi Center for California for the past 2 years and to this end has been compiling health data in community profiles for the entire state of California. These profiles are now ready for release and we would like to give the programs some ideas on how to use the information contained in them. The kind of data we will be releasing can be used in strategic planning and clinical prioritization of resources as well as advocacy work. We decided to provide a structured discussion of the data and its applications because of its relevance to QI planning. We had received requests for case management or planned care training and have added a session to accommodate this as well. We had learned that IHS will be releasing add on software for RPMS that includes these functions and would like our programs (most of whom are using RPMS) to have background and knowledge about case management to utilize these tools although we do not plan on presenting specific information related to RPMS. The case management session will be more related to how to set up a clinical system that allows for planned care and the improvements that can be made.

The program staff are generally always in need of cultural competency training as many of the staff persons are not Native and come to the programs with little knowledge of Native American culture and how it might affect the healthcare provided to the patients they serve. We discussed adding training related to this and identified Barbara Aragon as a known speaker in this area.

As the planning has progressed our theme for this year's conference has become evident. We chose to put it into words as "Planning for Continuous Improvement". We are continuing to work on rounding out the agenda and have secured speakers for all but one session. We will continue the planning process and keep notes for our records as we go.

-Notes compiled on April 19, 2005 by Mary A. Riley, MD.

AGENDA FORMAT

In order to determine how many continuing education hours will be awarded for a ½ day, full day, multi-day course, we will need a copy of the course agenda. The course agenda should include the following:

- Start and end times
- Scheduled break times in the morning and afternoon, if applicable.
- Scheduled lunch time, if applicable

Please keep in mind, if you have not yet finalized a course, send in a copy of the draft agenda so that we can at least get started with determining hours. We will work through the changes/revisions as we go along and adjust the CE hours as needed.

Attached is a sample agenda for your review and consideration.

SAMPLE AGENDA

Continuing Education Agenda

DAY 1

8:15 - 8:30 AM	Welcome Prayer Opening Remarks
8:30 – 9:30 AM	Integrating Spiritual & Traditional Aspects in Community Wellness
9:30 – 10:15 AM	Suicide Prevention and Intervention
10:15 – 10:30 AM	BREAK
10:30 – 11:30 AM	Update on Pharmacology
11:30 - 1:00 PM	LUNCH (On Your Own)
1:00 – 2:00 PM	Pain and Addiction
2:00 - 3:00 PM	Desert Vision Youth Wellness Center
3:00 - 3:15 PM	BREAK
3:15 - 5:00 PM	DISCIPLINE BREAKOUTS Nurses Physicians Pharmacists

DAY 2

8:15 - 8:30 AM	Prayer and Opening Remarks
8:30 - 10:00 AM	HIV/AIDS
10:00 - 10:15 AM	BREAK
10:15 - 11:45 AM	Family Health Court
11:45 - 1:00 PM	LUNCH (On Your Own)
1:00 - 2:15 PM	Attention Deficit/Hyperactivity Disorder (ADHD)
2:15 - 2:25 PM	BREAK
2:25 – 3:40 PM	<u>Concurrent Sessions</u> A-1 Recruiting Qualified Staff in Rural Areas A-2 Autism A-3 Supervision: A Common Factors Approach A-4 Addressing Title 36 Issues
3:45 – 5:00 PM	<u>Concurrent Sessions</u> B-1 Assessing & Managing Suicide Risk B-2 Cancer of the Cervix: Screening, Prevention, and Treatment B-3 Cultural Competency: A Practical Guide for Mental Health Service Providers

SAMPLE AGENDA (CONT'D)

DAY 3

8:15 - 8:30 AM	Prayer and Opening Remarks
8:30 - 10:00 AM	Co-Occurring Disorders
10:00 - 10:15 AM	BREAK
10:15 - 11:45 AM	A Personal Journey through Motivational Interviewing and the Stages of Change
11:45 - 1:00 PM	LUNCH (On Your Own)
1:00 – 2:15 PM	<u>Concurrent Sessions</u>
	C-1 Adolescents with Substance Use Disorders
	C-2 Child Abuse and Neglect: ICWA Update
	C-3 Ethics
	C-4 Community Response Team
2:15 - 2:30 PM	Break
2:30 - 3:45 PM	Maintaining a Healthy Perspective in Providing Community Services
3:45 – 4:00 PM	Closing & Training Evaluation

EDUCATIONAL LEARNING OBJECTIVES

The educational needs you've identified should be translated into statements describing the expected learning outcomes of your activity. Clearly stated objectives give potential attendees a realistic understanding of the nature and purposes of the activity so they can make an informed decision about whether or not to attend. The objectives also help the faculty focus their presentations on the needs of the participants. The participants and the faculty, therefore, need to know the objectives in advance. Ideally, the objectives should be stated in terms of what participants should be able to do for their patients as a result of having participated in the educational activity. Clear objectives will also allow those attending to judge the success of the activity when it is over. **Objectives**, then, come from the **needs** and lead to the **evaluation**.

In summary, the following items should be considered:

- _____ The objectives are/will be derived from the assessed needs.
- _____ Learning objectives are/will be written for each presentation.
- _____ The objectives are/will be written in terms of what the participants will be able to do for their patients, or what influence they will have on health care and its delivery.
- _____ Faculty members will know the objectives ahead of time.
- _____ Potential participants will receive the objectives ahead of time.
- _____ The learning objectives will be used in the evaluation of the success of the activity.

Advice about writing objectives:

State the desired outcomes or actions the participants can expect to demonstrate as a result of the educational experience (changes in abilities, skills, attitudes, or knowledge). Review and incorporate the action words below. Write the learning objectives so they relate to these outcomes and reflect the content of the session. Objectives describe the behavior of the learner, and should at all possible relate to patient care. Learning objectives:

- ❖ Are stated clearly and adequately defines the level of presentation
- ❖ Define or describe an action
- ❖ Are measurable, in terms of time, space, amount, and/or frequency

This can be done by completing the following sentence, “At the completion of this activity, participants will be able to (*action verb*)...”

Examples:

At the end of this workshop, the participants will be able to:

1. Apply a short arm cast.
2. Recognize and treat the four major dysrhythmias presented.
3. List the differential diagnosis for acute chest pain.
4. Incorporate knowledge of traditional diets into care of patients with diabetes.

Useful verbs to facilitate writing of measurable objectives:

Level 1: Recall	Level 1: Recall	Level 2: Interpretation	Level 2: Interpretation	Level 3: Problem Solving	Level 3: Problem Solving
Knowledge	Comprehension	Application	Analysis	Synthesis	Evaluation
cite	associate	apply	analyze	arrange	appraise
count	classify	calculate	appraise	assemble	assess
define	compare	complete	contrast	collect	choose
draw	compute	demonstrate	criticize	compose	critique
identify	contrast	dramatize	debate	construct	determine
indicate	describe	employ	detect	create	estimate
list	differentiate	examine	diagram	design	evaluate
name	discuss	illustrate	differentiate	detect	judge
point	distinguish	interpret	distinguish	formulate	measure
read	explain	interpolate	experiment	generalize	measure
recite	estimate	locate	infer	integrate	rank
recognize	express	operate	inspect	manage	rate
relate	express	order	inventory	organize	recommend
repeat	interpret	predict	question	plan	revise
select	interpolate	practice	separate	prepare	score
state	locate	relate	summarize	produce	select
tabulate	predict	report		propose	test
tell	report	restate		specify	
trace	restate	review			
write	review	schedule			
	translate	sketch			
		solve			
		translate			
		use/utilize			

Please note – Words to Avoid: Words or phrases such as know, think, appreciate, learn, comprehend, include, remember, perceive, specify, understand, be aware of, be familiar with, have knowledge of, are not measurable and should be avoided.

The objectives should not be confused with the activity's goals or an activity's description; they are not the same thing. Objectives should be communicated to all speakers/faculty to assist them in preparing their presentations and to participants so they will know what to expect by participating in the continuing education activity.



IHS Clinical Support Center EDUCATIONAL ACTIVITY OVERVIEW FORM



Name of Accredited Sponsor: IHS Clinical Support Center **Name of Sponsor:** _____

Title of Educational Activity: _____

Date(s) of Activity: _____

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER/CONTENT SPECIALIST	TEACHING/LEARNING STRATEGIES
<i>List the learners' objectives in measurable terms.</i>	<i>Provide a descriptive outline of the content for each objective. <u>It must be more than a restatement of the objective.</u></i>	<i>State the time frame for each content area (in minutes).</i>	<i>List the name of presenter/content specialist for each objective/content area.</i>	<i>Describe the teaching/learning strategies, including the materials, resources & delivery methods for each content area. Ex: Discussion, Demonstration, Hands-on activity, etc.</i>

Guidelines for Completion of the Educational Activity Overview Form

Objectives: Objectives are *learner-oriented*, not faculty-oriented. The objectives should answer the question: “What is expected of the learner?” **Faculty-oriented objective/incorrect form:** *Explain theories of health care economics.*

Learner-oriented objective/correct form: *Review theories of health care economics.*

Use measurable, behavioral terms; do not use the word “*understand*” as it is not measurable. See the **Writing Objectives Guide**.

Limit objectives to 2-3 objectives per hour (50 minutes/contact hour) of content.

Content: Outline must reflect content covered related to objective in column one. Outline must be more descriptive than a single phrase. An incomplete outline may be returned to you for revision.

<u>For example:</u>	<u>Objective</u>	<u>Content</u>
<i>Incorrect</i>	1. Analyze six case studies for potential abuse situations.	1. Case studies
<i>Correct</i>	1. Analyze six case studies for potential abuse situations.	1. Case studies: Elder abuse, child abuse, adult abuse situations – clues, interventions, legal issues, resources for help.

Time Frame: List time frame for each section of content. Times should add up to total time for presentation.

Presenter-Content Specialist: If multiple speakers are presenting on different sections of content, list each speaker in box across from content. If single speaker for all content, list speaker in first box only.

Teaching-Learning Strategies: Strategies should reflect adult learning principles. Listing “lecture” only does not reflect adult learning principles. Also include use of handouts, demonstrations/return demonstrations, Power Point presentations, slides, overheads, videos, etc.

Appropriate strategies include:

- ◆ Lecture with discussion
- ◆ Q & A

- ◆ Discussion
- ◆ Guided discussion

- ◆ Demonstration

SAMPLE OBJECTIVES CONTENT OUTLINE



IHS Clinical Support Center EDUCATIONAL ACTIVITY OVERVIEW FORM



Name of Accredited Sponsor: IHS Clinical Support Center **Name of Sponsor:** NNMC and NIH Clinical Center

1st Annual Northern Navajo
Medical Center Evidence Based
Practice (EBP) Training

Title of Educational Activity:

Date(s) of Activity: April 29th, 30th, and May 1, 2008

OBJECTIVES	CONTENT (Topics)	TIME FRAME	PRESENTER/CONTENT SPECIALIST	TEACHING/LEARNING STRATEGIES
<i>List the learners' objectives in measurable terms.</i>	<i>Provide a descriptive outline of the content for each objective. <u>It must be more than a restatement of the objective.</u></i>	<i>State the time frame for each content area (in minutes).</i>	<i>List the name of presenter/content specialist for each objective/content area.</i>	<i>Describe the teaching/learning strategies, including the materials, resources & delivery methods for each content area. Ex: Discussion, Demonstration, Hands-on activity, etc.</i>
Review and analyze the importance of Evidence Based Practice (EBP) in advancing and improving clinical nursing practice.	<input type="checkbox"/> Distinguishing the difference between a QA/QI, research utilization, an EBP project, clinical research, and plain common sense. <input type="checkbox"/> How do I lead an EBP project?	75 minutes	Gwenyth Wallen, PhD, RN	Lecture Case Examples Guided Discussion
Define and refine clinical research question (PICO question).	<input type="checkbox"/> Develop searchable and answerable clinical questions. <input type="checkbox"/> Define population, intervention, comparison group and outcome for each question (PICO). Define population, intervention, comparison group and outcome for each question (PICO).	60 minutes	Gwenyth Wallen, PhD, RN	Lecture Case Examples Guided Discussion

ANNOUNCEMENTS AND BROCHURES

Promotional material is useful to you and your participants in many ways. It can give prospective attendees sufficient information so that they can make an informed choice as to whether to attend an activity or not; it can advise participants about requirements that must be completed prior to the course; it can inform them of the amount of credit available; and if distributed early enough, it can assist them in adjusting their schedules to be able to attend. Some coordinators feel that since their audience is small, and limited to their service unit, announcements are not needed. While the time and topic for any given activity may be known to many, the additional elements are clearly helpful to planner and attendee alike.

All brochures, announcements, or other publicity must be reviewed by the accredited sponsor (CSC, if that is the case) when they are in draft form, so that there is an opportunity to make suggestions for improvements. Obviously, then, we need to be working together soon enough to be able to reach a sponsorship agreement before publicity needs to be printed and distributed. Most accrediting organizations discourage or prohibit the use of statements to the effect that "continuing education credits have been applied for."

The promotional materials should include, at a minimum, the following items:

1. The name of the **accredited** sponsor (the IHS Clinical Support Center, in our case) must be prominently displayed on the top or front of any and all publicity.
2. The name of other entities or sponsors that have played a role in the development of the activity.
3. The target, or intended, audience.
4. The course title and information about the date, time, schedules, and location.
5. The names of key faculty members and their role or credentials.
6. The seminar goals or specific learning objectives stated in terms of what participants can expect to be able to do for their patients as a result of having attended the activity.
7. A description of any requirements established by the planning committee, such as advanced preparation, completion of previous courses, reading, prior experience, job title, profession, or completion of a pre-test at a certain proficiency level).
8. Any applicable fees.
9. The amount and type of continuing education credit that can be earned through participation in the program.
10. The accreditation statements, **worded precisely as they are given by the accredited sponsor**, are always to be included. Statements to the effect that "Credits have been applied for...." are prohibited by some accrediting bodies since they may be misleading. The "ACPE logo," the symbol of the American Council on Pharmacy Education, must be included with that organization's accreditation statement, when applicable. The logo and text for ADA CERP and DANB must be included when CE involves dentists, dental hygienists, and assistants.
11. Disclosure of commercial support or conflict of interest, if that information is available.
12. A name and phone number for a contact person.

The following are sample announcements to use for your activity or you can develop your own. We also have the ability to assist you with the design of more complex announcements or provide you with additional samples electronically in Word format.

Please remember that we must review your announcement prior to its distribution.

SAMPLE CE COURSE ANNOUNCEMENT FLYER

IHS ELECTRONIC HEALTH RECORD INTRODUCTION

Presented by

Warm Springs PHS Indian Health Center
and the
IHS Clinical Support Center (Accredited Sponsor)

December 29, 2004

Warm Springs Health & Wellness Center

INFORMATION ABOUT SPONSORSHIP AND CONTINUING EDUCATION CREDIT:

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing education for up to ____ hours of Category 1 credit toward the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit he or she actually spent in the educational activity.

This Category 1 credit is accepted by the American Academy of Physician Assistants and the American College of Nurse Midwives.

The Indian Health Service Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity is designated ____ contact hours for nurses.

The Indian Health Service (IHS) Division of Oral Health is an ADA CERP Recognized Provider (November 2004-November 2008).



The IHS Division of Oral Health designates this continuing dental education course up to _ hours under AGD _____ DANB _____. Each attendee should claim only those hours of credit actually spent in the educational activity.

Faculty Disclosure Statements:

The course coordinator, all planning committee members, and all of the faculty for this course have completed the disclosure process and have indicated that they have no significant financial relationships or affiliations with any product or commercial manufacturer that might constitute a conflict of interest, with the following exceptions:

Dr. Jones is on the speaker's bureau for Company A that makes medication R.

Dr. Smith has a research grant from Company B to study the epidemiology of Parkinson's Disease in minority populations.

Additionally, each faculty member has indicated that he or she will identify any experimental or "off-label" uses of any medications, and will use generic names or multiple trade names when discussing medications.

As of the time of the printing of this document, Dr. Green had not completed his Disclosure form.

SAMPLE CE COURSE ANNOUNCEMENT FLYER

**The Warm Springs PHS Indian Health Center
and
The IHS Clinical Support Center (Accredited Sponsor)
Present:**

IHS ELECTRONIC HEALTH RECORD INTRODUCTION

SPEAKER
SPEAKER

TARGET AUDIENCE:

DATES: 11/17/04 - 11/17/04

TIME:

LOCATION: Conference Room

OBJECTIVES: As a result of having attended this activity, participants will be able to:

- 1.
- 2.
- 3.

To obtain a certificate of continuing education, you must submit a completed evaluation form and document your attendance on the sign-in record.

ACCREDITATION:

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing education for up to ___ hour(s) of Category 1 credit toward the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit he or she actually spent in the educational activity.

This Category 1 credit is accepted by the American Academy of Physician Assistants and the American College of Nurse Midwives.

The Indian Health Service Clinical Support Center is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This activity is designated ___ contact hours for nurses.

The Indian Health Service (IHS) Division of Oral Health is an ADA CERP Recognized Provider (November 2004-November 2008).



The IHS Division of Oral Health designates this continuing dental education course up to _____ hours under AGD _____ DANB _____. Each attendee should claim only those hours of credit actually spent in the educational activity.

Disclosure statement: The course coordinator, all planning committee members, and all of the faculty for this course have indicated that they have no significant financial interest or affiliations with any manufacturers or commercial products to be discussed during this activity. Furthermore, they assure that they will use generic names or multiple trade names when referring to medications, and will identify any "off-label" uses of medications if any are discussed.

Faculty Disclosure Statements:

The course coordinator, all planning committee members, and all of the faculty for this course have completed the disclosure process and have indicated that they have no significant financial relationships or affiliations with any product or commercial manufacturer that might constitute a conflict of interest, with the following exceptions:

Dr. Jones is on the speaker's bureau for Company A that makes medication R.

Dr. Smith has a research grant from Company B to study the epidemiology of Parkinson's Disease in minority populations.

Additionally, each faculty member has indicated that he or she will identify any experimental or "off-label" uses of any medications, and will use generic names or multiple trade names when discussing medications.

As of the time of the printing of this document, Dr. Green had not completed his Disclosure form.

SAMPLE RSS ANNOUNCEMENT FLYER

**The Hopi Health Care Center
and
The IHS Clinical Support Center (Accredited Sponsor)
Present:**

FAMILY PRACTICE DEPARTMENTAL CONFERENCE

**Thursday, March 25, 2004
8:00 to 9:00 am
Conference Room A**

"GUIDELINES FOR USE OF ALCOHOL DETOX BEDS"

Dave Eppehimer, MD
Internist, Chemical Dependency Consultant, PIMC
Susan Anderson, RN, MS

Nurse Manager, 3 East, PIMC

TARGET AUDIENCE:

Physicians, Nurses, Pharmacists, & other Healthcare Professionals.

OBJECTIVES:

As a result of having attended this conference, participants will be able to:

- 1. agree on priorities and strategies for selection of patients for alcohol detoxification,**
- 2. screen patients effectively to identify which patients are likely to have alcohol withdrawal symptoms requiring medical and nursing treatment, and**
- 3. establish uniform treatment and nursing plans and/or protocols for management of alcohol detoxification.**

To obtain a certificate of continuing education, you must submit a completed evaluation form and document your attendance on the sign-in record.

ACCREDITATION:

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing education for up to 1 hour of Category 1 credit toward the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit he or she actually spent in the educational activity.

This Category 1 credit is accepted by the American Academy of Physician Assistants and the American College of Nurse Midwives.

The Indian Health Service Clinical Support Center is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center Commission on Accreditation.

This activity is designated 1.0 contact hours for nurses.

The Indian Health Service (IHS) Division of Oral Health is an ADA CERP Recognized Provider (November 2004-November 2008).



The IHS Division of Oral Health designates this continuing dental education course up to 1 hour under AGD ___ DANB _____. Each attendee should claim only those hours of credit actually spent in the educational activity.

Disclosure Statement: The course coordinator, all planning committee members, and all of the faculty for this course have indicated that they have no significant financial interest or other relationships with any manufacturers or commercial products to be discussed during this activity. Furthermore, they assure that they will use generic names or multiple trade names when referring to medications, and will identify any "off-label" or experimental uses of medications if any are discussed.

COMMUNICATING WITH FACULTY

Generally after you have asked someone to participate as faculty in your activity, you will need to follow up with a letter that confirms the logistical arrangements and other details. This letter should include the learning objectives for that presentation so that the speaker will know exactly what he or she is expected to accomplish. Please refer to the sample faculty letter that we have provided in the following pages. In many situations, the speaker plays an important role in defining the objectives -- for example, a sub-specialist to whom you often refer patients may have the best insight into what your staff needs to learn about early diagnosis and pre-transfer management of your patients. At other times, your staff or planning committee will have an exclusive role in defining the objectives. In either case, the statement of the objectives in the letter assures there will be no misunderstanding. In fact, most presenters place so much stock in the objectives that if they are poorly considered or carelessly written, you may find that the session did not turn out as you intended or assumed it would.

Be certain to consider the following items, when appropriate, in your faculty letters:

- Name of the educational activity and overall goals or purpose
- Date, day of the week, and time of their presentation(s)
- Duration and format of presentation(s)
- Location of facility and meeting room; offer directions if necessary
- Target audience, numbers, and their characteristics or background
- How their contribution fits in with the larger meeting (enclose agenda to clarify this)
- Whether they will be expected to respond to questions
- The objectives, and perhaps how the need was determined
- How the meeting will be evaluated
- Request that they complete the Disclosure Form and the reverse side with biographical data and audiovisual needs and handouts
- How honorarium, if any, or reimbursement of expenses will be handled
- Faculty contact information (i.e. e-mail address, phone number and mailing address).

Guidelines for Faculty and Speakers

The following are several tips and guidelines we feel will make your planning easier and your presentation/s more successful. Please share these suggestions with faculty/speakers you have identified for your educational activity.

Presentation Design

- Know the size and composition of your audience. Material must be tailored to the background, needs, and abilities of that group.
- Follow the objectives that have been presented to you. These objectives are based upon the needs of the audience and are stated in terms of what the audience should be able to do as a result of having attended your presentation.
- Utilize adult learning principals when designing the presentation style.
 1. Learning occurs when the learner perceives a problem; adult learning is problem centered.
 2. Adults prefer to participate actively and need to be able to express themselves freely.

3. Learning applied immediately is retained longer.
 4. Use the knowledge of the entire group, not just the instructors.
 5. Create a friendly environment of mutual respect.
 6. Case studies are an excellent way to involve the group and utilize these principals.
- Construct an outline to organize your thoughts.
 - Limit important points to a few, making sure that you cover the intended objectives.

Designing Effective Visual Aids

- Make certain that you practice your presentation with your audiovisuals to be sure it is appropriate for the environment and setting in which you will be presenting.
- Keep it simple. Limit amount of information on each overhead or slide. You should use only one figure, one table, or a few lines of text to emphasize a single idea.
- Use the visual aids as a guide. Do not read the information to the audience.
- Be aware of problems when using colors. Avoid colors that blend together.
- Avoid too many slides or overheads. Use them to enhance the presentation; do not overwhelm the audience.
- Know how to position and operate the audio/visual equipment.
- Presentation Software
 1. Use appropriate software techniques that enhance participants learning; ex. PowerPoint™, Internet and/or web-based packages.
 2. Remember to budget your presentation time and interact with the audience – technology requires this.
 3. Do not allow technology to dictate the educational content of the presentation.
 4. Do not read screens verbatim; use them to drive discussion of the educational content.
 5. Some common problems include: too much information per slide, busy background, multiple backgrounds in the same presentation, misuse of color, illegible font sizes and/or styles, and excessive animation or graphics.

Presentation Guidelines

- Be aware that using a lectern or podium makes a lecture more formal.
- Introduce the presentation in a manner that commands attention. You have only about two minutes to capture the audience.
- Explain at the beginning what the audience can expect and what they will be able to take back with them.
- Ask the audience what they expect to learn from your presentation.
- Make eye contact with the audience and be aware of your body language.

- Make the presentation sound like you. Use a natural tone of voice, simple language, and avoid speaking rapidly.
- Reinforce key points throughout the presentation and summarize at the end.
- Allow time for questions.
- Prepare handouts to summarize key information so audience can focus on speaker rather than taking notes.
- Evaluate your progress throughout the presentation by asking for audience feedback.

If you have an interest in more advice about any aspect of preparation or presentation, please contact the Clinical Support Center at (602) 364-7777.

SAMPLE SPEAKER LETTER

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE



INDIAN HEALTH SERVICE
CLINICAL SUPPORT CENTER
TWO RENAISSANCE SQUARE
40 NORTH CENTRAL AVENUE, SUITE 780
PHOENIX, ARIZONA 85004

March 7, 2000

Steve Smith, MD
4350 Westview Road
Albuquerque, NM

Dear Dr. Smith:

Thank you for agreeing to speak at the "Albuquerque Area Annual Diabetes Conference." This two-day conference provides relevant, high quality continuing education to providers throughout the Albuquerque Area of the Indian Health Service.

The meeting will be held at the Downtown Hotel and Convention Center May 23-24, 2000. Those attending will be primary care providers from IHS service units in the Albuquerque Area. This will include about 30 physicians, and 20 physician assistants and nurse practitioners, the majority of whom have many years experience in IHS and have large numbers of diabetic patients in their caseloads. Although some work at the Albuquerque IHS hospital, most work in outlying service units; resources and staffing vary accordingly. The complete agenda for the conference is enclosed to let you know the other topics that will be covered during the meeting.

For the most part, the conference participants will be meeting in small workshops, but we will be starting both days with plenary sessions. Your plenary presentation on "Staged Diabetes Management" is scheduled for 9 to 10am on Monday, May 23rd. If you could set aside the last ten minutes of your hour for questions and answers, this will give the audience the opportunity to bring up issues of particular importance to them. As we discussed on the phone, the objectives for your session are as follows:

Upon completion of the activity, participants will be able to:

1. Employ clinical practices that reflect the principles of Staged Diabetes Management.
2. Follow the treatment protocols for preserving renal function in the diabetic patient.
3. Apply Staged Hypertension Management for diabetic patients with high blood pressure.

These objectives were developed by the conference planning committee and are

SAMPLE SPEAKER LETTER (CONT'D)

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derived from the current emphasis plan of the IHS diabetes program and new medical knowledge. If you have any questions concerning these objectives, need clarification Regarding the expectations of the committee, or would like to suggest refinements in the objectives, please let me know. One way we measure the success of the course is to find out from those attending if the objectives were met for each of the talks; that is why we are so careful to share them with you and the participants ahead of time. The results of evaluations will be used to plan future CE activities and will be shared with the faculty.

Could you please complete the "Disclosure Form" I have enclosed? It is important to let the audience know if there are any relationships with commercial entities that might be perceived as a conflict of interest. As we agreed upon, your expenses will be reimbursed by the Area Diabetes Program and there is no commercial support for your presentation. On the other side of the "Disclosure Form" you can give us some information to use when we introduce you; you can either complete this or send us a brief resume. The form also allows you to list the audiovisual equipment you will need for your presentation. If you will submit your handouts to us by May 1st, we will be pleased to reproduce them for you and include them in the distributed course materials.

The address of the convention center is 2444 West Market Street (998-2343). Please contact Ms. Begay at 444-8695 for any assistance with your plans. We are looking forward to your presentation. If you have any questions or needs, please contact me directly at (509) 322-2345.

Sincerely,

John F. Saari, M.D.
Medical Educator

SAMPLE FACULTY LIST

**Rolling Hills Service Unit
Advance Cardiac Life Support Provider Course
November 2, 2006
Faculty List
File # 1234**

Peter Jones, MD
Consultant in Cardiology
High Valley Community Hospital
ACLS Affiliate Faculty

Tom Smith, DO
Consultant in Neurology
High Valley Community Hospital
Paramedic Instructor
High Valley Fire Department
ACLS Instructor

Mary Brown, RN
Emergency Room Nurse
Rolling Hills Service Unit
EKG Instructor
High Valley School of Nursing
ACLS Affiliate Faculty

John Green, MD
Family Physician
EMS Director
Rolling Hills Service Unit
ACLS Instructor

Faculty Disclosure Statements:

The course coordinator, all planning committee members, and all of the faculty for this course have completed the disclosure process and have indicated that they have no significant financial relationships with any product or commercial manufacturer, with the following exceptions:

Dr. Smith has a research grant from Company B to study the epidemiology of Parkinson's Disease in minority populations, which will not be discussed in this conference.

Additionally, each faculty member has indicated that he or she will identify any experimental or "off-label" uses of any medications, and will use generic names or multiple trade names when discussing medication.

DISCLOSURE OF COMMERCIAL SUPPORT

The Clinical Support Center generally does not sponsor activities for which there is commercial support from prohibited sources*. Prohibited sources include any person who (1) is seeking official action by the employee's agency, or (2) does business or seeks to do business with the employee's agency. Sometimes, however, faculty you have selected do have relationships with commercial entities; these might include, for example, acceptance of research grants or significant stock holdings. These are not necessarily a problem; it is however required practice to let the audience know about such relationships and **resolve** any **conflicts of interest** that may be disclosed. Therefore, all coordinators, planning committee members, and speakers (without exception) should complete a **Disclosure of Commercial Support** Form. This form should be filled out **before** the activity takes place. You may be surprised how many health care professionals have established ties with commercial entities. You will also find that most individuals involved with continuing education are familiar with the form and have no reluctance to fill it out.

In the past, only faculty members had to complete the disclosure process. New accreditation requirements state that "everyone who is in a position to control the content of an educational activity" must complete the disclosure process also. This means that all course coordinators and planning committee members must also complete the disclosure process by completing the **Disclosure of Commercial Support** Form. Those who are unable or unwilling to do so must be excluded from participating. An easy way to meet this requirement is to have all planning committee members complete and sign a CSC Disclosure Form at the beginning of the planning process.

The disclosure form gives two options: you can state that there are no such relationships, or you can identify the type of relationship that exists and list the name of the commercial entity with a brief description of the existing relationship. There is also a box for the speaker to check affirming that he or she will inform those attending of any "off-label" or investigational uses of medications, and will use generic names or multiple brand names when referring to medications.

If a conflict of interest is identified during the disclosure process, the new accreditation requirement standards requires that we 1) identify all relevant financial relationships with commercial interest; 2) have a mechanism to determine whether these relationships create a conflict of interest with the individual's control of the content; and 3) have a mechanism to **resolve** all conflicts of interest **before** the activity occurs.

The following outlines what needs to be conducted during the disclosure process:

1. If the person states that he/she has nothing to disclose, then nothing more needs to be done other than letting the audience know that the process has taken place and that there is nothing to disclose, using the prescribed disclosure statements on the pre-conference publicity and on the course materials distributed at the meeting. If however, there is something significant to disclose, then the new requirements state that not only must the audience be informed, but there must be "**resolution of the conflict of interest**".
2. There are various types of relationships that might constitute a conflict of interest, such as the receipt of an honorarium, service on a speaker's bureau, acceptance of research funds, ownership or equity in the company, and so on. The Standards for Commercial Support have always required that these relationship[s] be disclosed to the audience. However, now we have to examine those relationships in the context of the role that the person plays in the design and execution of activity, and the scope of the educational content of the activity. An easy way to do this is to contact the CSC whenever there is any potential conflict of interest and we will discuss the matter together and determine what needs to be done.
3. Some examples on how to resolve a conflict of interest are as follows:

- a. Prior review of the content of a presentation with special attention to the best available evidence, and requirements for revision as need be.
- b. Asking a speaker or a planning committee member to recuse him/herself from the activity.
- c. Asking the person in question to divest themselves of the financial relationship.
- d. Assigning the speaker a different topic.

There are many other ways to resolve a conflict of interest. However, simply monitoring the activity will no longer suffice. **Concrete action** must be taken **before** the educational activity takes place. **Written documentation** of what steps were taken to resolve the conflict of interest will need to be submitted and is a **critical** component of the continuing education file.

You, as the educational activity coordinator, should mark the appropriate box(es) at the bottom of the **Disclosure of Commercial Support form** showing how the information obtained from these forms was communicated to the participants.

All information obtained from the completed **Disclosure of Commercial Support forms** needs to be communicated to those attending. The best way to do this is to include it on the faculty list (see **sample faculty list** located in the following pages) and to make a brief announcement at the time each speaker is introduced.

If you want more information about this matter, please call and ask us to send the "Standards for Commercial Support" from the Accreditation Council for Continuing Medical Education.

Remember, the completed faculty **Disclosure of Commercial Support** Form/s should be forwarded to CSC **before** the meeting and will be filed in the permanent continuing education activity record.

On the reverse side of the Disclosure Form, faculty can provide biographical information that will allow you to compile a faculty list and gives you information with which to introduce your speaker.

*CSC may jointly sponsor or cosponsor activities for which the other sponsors accept commercial support, so long as this is done in accordance with the accreditation bodies' standards for commercial support and applicable ethical guidelines for federal employees.



DISCLOSURE OF COMMERCIAL SUPPORT



Relative to the educational activity under discussion, all **providers, planners, presenters, speakers, and content experts** must **disclose to the audience, prior to the activity whether or not** there are: 1) any vested or financial interest(s) or relationship(s) with the manufacture(s) of commercial product(s) or provider(s) of commercial services or 2) any uses of unlabeled products under investigational use. Disclosure does not prohibit the provision of courses or the awarding of CE credit; merely, there must be proper planning, proper disclosure, and the proper documentation kept on file. The intent is to provide the audience the information to form their own judgments. Disclosures should cover relationships in place currently or up to 12 months preceding the activity.

CE Activity or Meeting: _____ **CSC File #** _____

Your Name: _____

Your Role In this Activity: **Planner** **Faculty/Speaker** **Content Specialist**

Title of Presentation(s): _____

Date of Presentations(s): _____

Please check one of the following two boxes:

- I (and immediate family members) **do not** have any financial arrangements or affiliations with any corporate organizations.
- I (and/or immediate family members) **do** have financial interests, arrangements, or affiliations with one or more corporate organizations. The financial arrangements or affiliation are as follows:

Nature of Affiliation / Financial Interest	Name and Description of Commercial Interest
<input type="checkbox"/> Receipt of Honorarium or Expenses for this Lecture	_____
<input type="checkbox"/> Consultant	_____
<input type="checkbox"/> Speakers Bureau	_____
<input type="checkbox"/> Major Stock Shareholder	_____
<input type="checkbox"/> Researcher	_____
<input type="checkbox"/> Other Financial or Material Interest	_____

- Please attest to the following by marking this box:** I will make the audience aware of any "off label" or investigational uses described for any medications discussed. Further, when discussing specific medications, I will use generic names, and/or if I mention trade names, I will mention the trade names of similar products by other manufacturers.

Signature: _____
Please complete this form and return it to your CE Coordinator.

To be completed by the CE Coordinator:

- Information from this form was included in the preconference publicity.
- Information from this form was disclosed in the course materials

If a conflict of interest exists, how will you, the coordinator, resolve it before the activity takes place? Please contact CSC about this.

- Prior review of the content of a presentation with special attention to the best available evidence, and requirements for revision as need be.
- Ask the speaker to recuse him/herself from the activity.
- Ask the person in question to divest themselves of the financial relationship.
- Assign the speaker a different topic.
- Other: _____



BIOGRAPHIC DATA FORM



NAME & CREDENTIALS: _____

PRESENT POSITION/TITLE: _____

BUSINESS ADDRESS: _____

CONTACT INFORMATION: _____

Business Telephone No.	Fax No.	Email Address

EDUCATION: (Include basic preparation through highest degree held)

DEGREE (BSN, MSN, etc.)	INSTITUTION (Name/City/State)	MAJOR AREA OF STUDY	YEAR DEGREE AWARDED
1.			
2.			
3.			
4.			

ADDITIONAL INFORMATION:

(Briefly describe your professional experience or areas of expertise related to this CE)



JOURNAL CLUBS, TUMOR BOARDS, OR ROUNDTABLES DISCLOSURE OF COMMERCIAL SUPPORT and ATTENDANCE ROSTER



Having an interest in or affiliation with a corporate organization does not preclude participation, but the relationship must be made known in advance to the other participants, in accordance with the requirements of the accreditation bodies. Therefore, we ask that you read and agree to the following:

CE Activity or Meeting: _____ **CSC File #** _____
Your Name: _____
Title of Session: _____
Date of Session: _____

If any of the participants signing below has a financial interest, arrangement, or affiliation with one or more corporate organizations whose products may be discussed in the context of the session today or who will be offering financial support or educational grants for this continuing education activity, this must be disclosed to the other participants. Possible financial arrangements or affiliations are as follows:

- Receipt of Honorarium or Expenses for this Lecture
- Consultant
- Speakers Bureau
- Major Stock Shareholder
- Researcher
- Other Financial or Material Interest (Please describe)

By signing below, each participant indicates that they have no relationships to disclose, or that they have disclosed the relationship(s) listed:

Legibly PRINT NAME	PROFESSION	LAST FOUR DIGITS OF SSN	RELATIONSHIP OR "NONE"

Continue on back or attach another sheet if necessary

EVALUATION

After the activity is over, you will want to know whether or not you met the needs you identified at the outset and if you achieved the learning objectives. You may also want to know how you can improve your next activity, and what unmet needs still exists. Evaluation can also be used to assess the quality of the teaching and the participants' perception of their enhanced professional effectiveness. The ideal evaluation would examine whether or not patient care or patient outcomes are favorably affected by continuing education.

Evaluation ranges from the simplest, the so-called "satisfaction index" about how well the participants liked the course (the so-called "satisfaction index"), to the most complex assessment of how patient care or health status changed as a result of provider participation in the educational activity. It is impossible to evaluate all aspects of an activity; therefore, at the outset, you will need to decide just what it is you will want to know at the end of your evaluation effort. Rather than choosing a tool and finding out after your meeting what you learned from it, decide in the beginning what you want to learn and then select or design a tool accordingly. The following is one example of an evaluation tool you may use. We can help you design your own evaluation tool or modify one you have seen elsewhere.

While asking participants to complete questionnaires after an activity is the most common way used to collect data, there are other methods. Keep in mind that the amount of data collected must be manageable, and that someone has to tabulate and analyze it. Evaluation should not be a routine exercise that is done to "meet the requirements." If you feel that you are not accomplishing anything useful with your evaluations, then it is time for us to help you find a better way to do it.

OUTLINE OF THE EVALUATION PROCESS

Here are some ideas to help you develop and document your evaluation process. The steps listed are followed by examples or explanations, but you are encouraged to tailor the process to your own needs. All of this should be the responsibility of the planning committee, not one individual.

Step 1: Write down several goals for your evaluation process.

Examples of Goals:

- Determine future topic needs
- Find out how to improve future CE activities
- See if the speakers are worth asking back
- Find out if the objectives were accomplished
- Find out if the topics were well chosen
- See if participants feel a sense of enhanced professional effectiveness
- Learn if health care providers' behavior is changed by the activity
- Determine if patient outcomes are affected by the course

Step 2: Decide how much data you are able to collect and who is going to analyze it. Don't plan to collect more data than you are able to handle. You can't analyze all things for all activities and do it well, so decide what's important.

Step 3: Decide what data to collect and how to collect it. Questionnaires completed by participants are the common method, but there are other ways.

Step 4: Design a suitable collection tool or method to obtain the data (or you may ask the Clinical Support Center for examples that meet your needs.)

Step 5: Collect the data.

Step 6: Tabulate the data.

Step 7: Write your findings based on an analyses of the data. Some typical evaluation questions may include: What was good? What was bad? Were the objectives achieved? How would you change it next time?

Step 8: Critique your evaluation process itself. Was it done well? Did it provide useful information? How would you do it differently next time?

In summary, the following items should be considered:

_____ The planning committee will consider what it wants to learn from the evaluation process.

_____ An appropriate method will be chosen to collect data to answer those questions.

_____ At a minimum, evaluation assesses the quality of instruction, the achievement of the objectives, and the perception of enhanced effectiveness.

_____ The plan will include the means to tabulate and analyze the data. The planning committee will examine the data and send a concise written report to the Clinical Support Center summarizing its conclusions, including the strengths and weaknesses of the activity and plans to improve continuing education activities in the future.

Presentation Evaluation

Title of Activity: _____ Date: _____

Goal/Purpose of Activity: _____

Please indicate your profession by checking one: MD PA RN NP RPh DDS
 Other (specify): _____

If 5 is the highest, best, or most, and 1 is the least, lowest, or worst, please rate the following:

1. Please evaluate the speaker(s):

Name of Presenter(s):	Expertise of Presenter	Appropriateness of teaching strategies
_____	1 2 3 4 5	1 2 3 4 5
_____	1 2 3 4 5	1 2 3 4 5

2. Please comment about the above presenter(s): _____

3. How would you rate the extent to which you can meet *each* of the following objectives?

- A. _____ 1 2 3 4 5
- B. _____ 1 2 3 4 5
- C. _____ 1 2 3 4 5

4. Please rate the quality of learning materials (e.g. case studies, problem-based activities). 1 2 3 4 5

5. How useful were each of the instructional methods used during this training in increasing your preparedness to teach others about the subject? 1 2 3 4 5

6. Please rate the extent to which the above objectives were related to the overall purpose/goal(s) of the activity. 1 2 3 4 5

7. How do you rate this conference in meeting your learning objectives? 1 2 3 4 5

8. Looking back, how would you rate your knowledge of the subject before the training? 1 2 3 4 5

9. Now that you have attended the training how do you rate your knowledge of the subject? 1 2 3 4 5

10. How likely is it that you will change your practice behavior as a result of this conference? 1 2 3 4 5

11. List at least two things you will incorporate into your professional/clinical work as a result of this training:

12. The presenter(s) delivered balanced and objective, evidence-based content. 1 2 3 4 5

13. Did you feel this presentation conveyed any commercial bias toward any particular product or company? No Yes If yes, please explain:

14. How would you rate the appropriateness of the meeting/educational facilities (including meeting room(s), location, food, etc.)? 1 2 3 4 5

Please comment: _____

15. Please list topics you would like to hear in the future: _____

Additional Comments:

DOCUMENTING CE COURSE ACTIVITY ATTENDANCE

Accurate attendance records must be kept to assure the proper issuance of credit hours. The method of record keeping may depend upon the type and size of your CE activity. For smaller meetings, the **Summary of Course Attendance form** can be used to compile the totals of hours recorded on **Sign-in Sheets**. At larger meetings (for example 150 participants who attend an educational activity over several days), sign-in sheets may be impractical. In that situation, we recommend the use of the **Documentation of Attendance Form or CE Claim Sheet**, on which participants record their own attendance. A **Registration Form** may be used to collect demographic and contact information about your participants.

The completed report of attendance to be submitted to CSC should include:

1. The name and profession (MD, RN, PharmD, CNM, LPN, PA, NP, etc.) of attendee.
2. The participant's address, if we are to send certificates directly to the attendee. Please have the participants specify if this is their business or personal mailing address. If all certificates are to be sent back to the coordinator for distribution, participant's addresses may be omitted.
3. The last four digits of the Social Security Number (SSN). We use this number as a unique identifier for each individual in our data system so that we will be able to keep cumulative records and send individuals transcripts of all CSC-sponsored events in which they have participated and for which they have earned continuing education hours or units. You may explain to participants that this is for our own internal data system only.
4. The total hours of verified participation. If there are data from several sessions or days, we ask that you add up the hours for each participant and submit only the total. The hours awarded are generally broken down by half-day segments in our letter to you agreeing to sponsor the activity; these hours awarded are the ones to use in calculating totals. If someone attended only part of a session, calculate hours accordingly.

All of the information on the **Summary of Course Attendance Form** should be typed. A handwritten name that is recognizable to you and you may already know who the person is, may lose something in copying, faxing, etc... In our experience, instructions to "please print" have little effect, and almost always such sheets have to be returned to you for translation.

We have printed examples of the various forms for you to use or reference, feel free to choose from these forms, reproduce them, modify them (as long as the content remains the same). If you feel you have an idea to improve their usefulness, let us know and we will modify them for you. If you would like one of these forms modified for your use and sent to you on paper or electronically, just ask.

SAMPLE1 CE CLAIM SHEET

2006 Annual Meeting of the Combined National Councils
Hyatt Regency Phoenix Hotel, Phoenix, Arizona
February 25 - March 2, 2006

REQUEST FOR CE CERTIFICATE

PLEASE NOTE: Continuing Education Credits are available for nurses, physicians, and dentists. Please **PRINT** your name and address **LEGIBLY**, and indicate below which sessions you attended. Turn in this completed form at the registration desk or place it in one of the labeled collection boxes before you leave the conference on **Tuesday, February 1, 2007**. **No certificate of hours attended can be issued unless you complete and return this document.**

PRINT LEGIBLY

Full Name: _____ SS# _____ - _____ - _____

Business Address: _____

P.O. Box/Street: _____ City/State/Zip: _____

Check One:

PROFESSIONAL CATEGORY (✓): Nurse Physician Dentist Other: _____

Please Specify

PLEASE INDICATE THE SESSIONS YOU ATTENDED BY PLACING an "X" or "✓" IN ALL APPROPRIATE SPACES.

Monday, January 30, 2006

Plenary Sessions

- _____ Prevention & Chronic Disease: Reshaping the Future (8:30 – 9:15 am)
_____ Case Studies in Chronic Disease Models (9:15 - 10:00 am)
_____ IHS Strategic Plan for Chronic Disease (10:30 -11:00 am)

Workshop Session A (1:30 - 3:00 pm) – Check One:

- _____ **A-1** Diabetes as a Social Disease
_____ **A-2** Building Community Based Prevention Program
_____ **A-3** Telemedicine as a Disease Management Tool

Workshop Session B (3:30 – 5:00 pm) – Check One:

- _____ **B-1** Repeat of A-1
_____ **B-2** Repeat of A-2
_____ **B-3** Repeat of A-3

Tuesday, January 31, 2006

Plenary Sessions

- _____ Changing Demographics & Future of Indian Health Service (8:30 – 9:15 am)
_____ Adjusting to an Aging Population (9:15– 10:00 am)

Workshop Session A (1:30 -3:00 pm) – Check One:

- _____ **C-1** Role of Oral Disease in Systemic Disorders
_____ **C-2** Responding to Communities in Crisis: The Red Lake Experience
_____ **C-4** Creating a Culture of Excellence

I certify that I attended the sessions indicated above.

Signature of Attendee

Date

CSC USE ONLY

Total Hours Awarded: _____ Approved By: _____

IHS Clinical Support Center ♦ 40 North Central Avenue, Suite 780 ♦ Phoenix, AZ 85004
Phone: (602) 364-7777 ♦ Fax: (602) 364-7788

SAMPLE2 CE CLAIM SHEET

DOCUMENTATION OF ATTENDANCE AND REQUEST FOR CERTIFICATE

In order to receive continuing education credit for this activity, you should complete this request form and return it before you leave.

PLEASE PRINT

Course Title: _____ **File #** _____

Your Name: _____

Mailing Address: _____

CITY STATE ZIP

Profession:

Physician Nurse Pharmacist

Other (specify) _____

I attended the following session: (Please check all that apply):

Tuesday afternoon Wednesday morning

Wednesday afternoon Thursday morning

I certify that I attended the sessions specified above.

Attendee Signature

The person identified above has received a total of _____ hours of continuing education at this activity.

Course Coordinator

DOCUMENTING REGULARLY SCHEDULED SERIES ATTENDANCE

Accurate attendance records must be kept to insure proper issuance of education hours for regularly scheduled series (RSS) activities. In order to maintain accurate participant attendance, the following four (4) items should be submitted to CSC for each presentation conducted:

1. Completed **Documentation of Regularly Schedules Series Form**. This form will be sent to you electronically upon notification of sponsorship. This form includes the title of the activity, the time frame the session took place, faculty demographics, needs assessment, and learning objectives. Please ensure that this form is completed in its entirety.
2. **Typed attendance list**. At recurring hourly sessions, participants may initial a pre-printed sign-in sheet. Please ensure that the attendance list is legible and includes the participants' professional credentials. A sample of the attendance sheet is located in the following page.
3. **Signed speaker disclosure form and Biographical Data Form** from faculty member/s for each presentation.
4. **Final Draft Copy of Promotional Literature** (announcement flyer with complete details).

Facility	OCE File	Title of Activity
Sponsorship Period:		



INDIAN HEALTH SERVICE
 Clinical Support Center
 Office of Continuing Education
 40 North Central Avenue, Suite 780, Phoenix, AZ 85004



DOCUMENTATION OF “REGULARLY SCHEDULED PRESENTATIONS”

Title of Presentation: _____

Date of Presentation: _____ **and Time:** _____ **to** _____

Presenter’s Name/Degree: _____ **and Job Title:** _____

Presenter’s Worksite: _____

Staff Present: *Sign-in sheet verifies attendance for CE credit (must be complete).*

Needs Assessment: *How were the needs for this presentation determined?*

Objectives: *At the completion of this CE activity, participants will be able to:*

ACCREDITATION:

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Education to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing medical education activity for hour for hour Category 1 credit toward the Physician Recognition Award of the American Medical Association.

This Category 1 credit is accepted by the American Academy of Physician Assistants.

The Indian Health Service Clinical Support Center is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center Commission on Accreditation. This activity has been awarded _____ contact hours (which includes _____ hours of pharmacology).

 John F. Saari, MD
 Physician Educator

 Lisa A. Palucci, MSN, RN
 Nurse Educator

SAMPLE DOCUMENTATION OF RSS PRESENTATION

Northeastern Tribal Health System
Facility

5054
OCE File

NETHS CE SERIES
Title of Activity

Sponsorship Period: 01/04/08 - 01/03/09



INDIAN HEALTH SERVICE
Clinical Support Center
Office of Continuing Education
40 North Central Avenue, Suite 780, Phoenix, AZ 85004



DOCUMENTATION OF "REGULARLY SCHEDULED PRESENTATIONS"

Title of Presentation: Skin Malignancies

Date of Presentation: May 4, 2008 **and Time:** 9:30am **to** 10:30am

Presenter's Name/Degree: Sandra Clark, MD **and Job Title:** Pathologist

Presenter's Worksite: Tulsa Medical Laboratory

Staff Present: *Sign-in sheet verifies attendance for CE credit (must be complete).*
Please see attached CME roster and sign-in sheets.

Needs Assessment: *How were the needs for this presentation determined?*
Annual Needs Assessment survey.

Objectives: *At the completion of this CE activity, participants will be able to:*

- Identify the signs of skin abnormalities
- Identify & explain the risk associated with skin malignancies.
- Identify & educate providers on appropriate treatment for skin cancer

ACCREDITATION:

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Education to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing medical education activity for hour for hour Category 1 credit toward the Physician Recognition Award of the American Medical Association.

This Category 1 credit is accepted by the American Academy of Physician Assistants.

The Indian Health Service Clinical Support Center is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center Commission on Accreditation. This activity has been awarded _____ contact hours (which includes _____ hours of pharmacology).

John F. Saari, MD
Physician Educator

Lisa A. Palucci, MSN, RN
Nurse Educator

PLANNING COMMITTEE EVALUATION SUMMARY

After the educational activity is over, the members of the planning committee will want to read and analyze the evaluation data you have collected. You will no doubt want to know if the goals and objectives were achieved, and whether you were able to answer the learning needs originally identified when planning began. Not only will the data give you feedback about how successful this activity was, but they will help you do a better job planning the next one.

Although it is difficult to face one more task after a meeting has concluded, and it may be tempting to put the evaluations on the shelf to be looked at later, the best time to examine the findings is while the event is fresh in your mind. You will also find that a written report done now will be a useful tool six months later when planning for the next meeting begins in earnest. Furthermore, if someone else assumes responsibility for the next course, he/she will not have to start from scratch.

We ask that you complete the circle for this continuing education activity by writing a brief narrative summary of what you have concluded from the evaluation. What were the strengths of the activity? Were the objectives achieved? What went poorly? What should be done differently next time to improve the course? A few samples of a evaluation summaries are included in the following pages. Please send your evaluation summary the Clinical Support Center to include in the permanent file for the activity.

The following are samples of a CE course evaluation summary and Regularly Scheduled Series annual evaluation summaries.

SAMPLE CE COURSE EVALUATION SUMMARY



DEPARTMENT OF HEALTH & HUMAN SERVICES

U. S. Public Health Service
Department of Health and Human Services
Oklahoma City Area Indian Health Service
Five Corporate Plaza
3625 NW 56th Street
Oklahoma City, OK. 73112

To: Clinical Support Center 10/10/2006
40 N. Central Ave. Suite 780
Two Renaissance Square
Phoenix, Arizona 85004

From: Travis Watts, Pharm.D
Area Pharmacy Consultant
Oklahoma City Area Indian Health Services
5 Corporate Plaza
3625 NW 56th street
OKC, OK. 73112

Subject: Final Close-out Summary Report for the 2006 OKC Area Health Summit

The 2006 Oklahoma City Area Indian Health Service Health Summit planning committee met on 10/10/2006 and reviewed and analyzed the descriptive statistics and evaluations provided by attendees for the 2007 Health Summit. Below is a summary of findings and committee recommendations for next year's meeting. This will be the committee's last submission for the 2007 Health Summit to the Clinical Support Center unless you decide further analysis is needed.

Summary of Findings

1. All speakers scored well except for Ms. Dorsett and Dr. Boyd. Both were inexperienced speakers and had less than 10 formal presentations on their CV. Most attendees felt the speakers were all informative and they gained new knowledge.
2. Conference room was cold, but otherwise, excellent location, amenities, and conference rooms. Temperature was cold in room due to a cold front moved in the evening before the meeting and the temperature could not be adjusted fast enough. Participants wanted refreshments (coffee, water, etc.) but federal regulations would not allow.
3. Attendance decreased from last years meeting by about 30%. Feel this was due to an increase number of meetings in September 2006 and lack of area funding to attend.
4. Awards process was well received and time for awards was adequate. Pictures taken with the Director of the I.H.S was well received.
5. Topics this year were viewed mostly as positive and informative. Had great suggestions for next years meeting.
6. The CE awarded was viewed as very good by attendees and felt is was better

SAMPLE EVALUATION SUMMARY (CONT'D)

than last years meeting. CE certificates were already in attendees hands by the time this review was performed.

7. Most attendees felt them would attempt to make changes in both their practices and also their own personal lifestyle health promotion activities. Overall attendees felt they were able to network at the meeting and had a good exchanged of ideas and got new ideas for their program.
8. A couple of speakers went over their allotted time. Next year moderators will need to be more aggressive in stopping speakers before their allotted time.
9. Overall, the conference room was excellent, speakers were well received, and the CE awarded was acceptable. The meeting registration and sign-in was organized and attendees received handouts and notebooks before all lectures.

Recommendations for Next Year

1. Evaluate speaker's experience in speaking to large groups. Try to bring in only experienced speakers due to the large audience.
2. Increase audience participation by providing advertisement not only by email but also by regular mail. Send out meeting announcements at least 2 times and start 6 months in advance of the meeting.
3. Topics for next years meeting suggested by attendees had a strong behavior health focus. Next year's planning committee will consider making behavioral health as the main theme of the meeting. Will look to add Oklahoma City Area Indian Health Service Behavioral Health Consultant to the planning committee.
4. CE process went very smooth, but may try to get the CSC speaker objectives even earlier and also try to nail down speakers at least 3 months in advance. The planning committee had 2 cancellations at the last minute and had to scramble for speakers. Will try to avoid speaker changes by locking them in early next year.
5. The deadline for the awards needs to be at least 2 weeks before the room block deadline to allow for award attendees to reserve a room before the block is cancelled. This will allow for government rate to be acquired by the awardees.

Thank you,

Travis Watts, Pharm.D., BCPS
Oklahoma Area Pharmacy Consultant
Oklahoma City Area Indian Health Service
Five Corporate Plaza
3625 N.W. 56th Street
Oklahoma City, Oklahoma 73112
Telephone: 405-951-3829
Cell: 405-605-9543
fax: 405-951-3916

SAMPLE1 RSS EVALUATION SUMMARY

Annual Evaluation
2005 Weekly CME Program
Chinle Service Unit

DESCRIPTION OF CME PROGRAM

The CCHCF Weekly CME program consists of one to three lectures per week by various presenters. Usually, the talks are given in our largest meeting room; though occasionally they are held in other locations. Talks are usually scheduled from 12-1pm to allow the greatest opportunity for staff participation. Staff from Tsaile Clinic, located about 40 miles from Chinle, can view these programs by an interactive satellite system.

The presenters include CCHCF staff, visiting consultants and speakers associated with Flagstaff Medical Center's outreach program. The CCHCF Department of Native Medicine includes presentations to the Weekly CME Program in their educational series.

The CME coordinator is Cathy Rountree, APN. The CME advisory group consists of the Nurse Educator, a physician assistant, a medical doctor, and a Chief of Pharmacy. The group members communicate in person or through the hospital internet.

Topics are chosen by committee members through staff polls, through the CQI process, and through recommendations by consultants as well as other staff.

FINANCIAL REPORT

We receive outside financial support for the series. Speakers do not receive any gratuity. Flagstaff Medical Center covers the costs of transportation for their speakers and provides lunch. It is rare that we have a speaker with any financial interest in their topics, though consultants may receive indirect benefits through patient referrals.

ATTENDANCE

Attendance at CME talks varies from 4 to more than 20, depending on the topic and the time of the talk. Typically, the majority of the audience is medical staff. Pharmacy staff usually attends talks that will affect prescribing practices at CCHCF. Nursing staff attendance varies by topic. Attendance of outpatient nursing staff is limited by clinical duties. Other staff including social workers also occasionally attend talks of interest.

EVALUATION

Through the end of December 2005, the CME Program included 45 talks. Of these, Chinle staff presented 27. This year, the pharmacy department has taken an active role, presenting 6 of the programs and sponsoring a seventh. Their programs have been helpful in addressing common clinical concerns and clarifying pharmacy practice and current pharmacologic treatment options. The Women's health department coordinator, Yohannah Leiva, continued her series on Domestic Violence. The Native Medicine Department continued its monthly series on a variety of topics related to culturally appropriate care and Native Medical practices. We continue to invite visiting consultants to give educational programs with their scheduled clinics; most are happy to offer this additional service.

In the past year, we have made a number of improvements to the program. The medical staff administrative support team has assumed greater responsibility for scheduling talks, for communicating with speakers and coordinating documentation and communication with the clinical support center. This change has greatly improved publicity, scheduling and communication with speakers and the CSC. To improve attendance at talks we have added regular advanced e-mail notice of programs, continued the monthly educational calendar posted throughout the hospital, and added a listing of CME events to the weekly provider schedule which goes to all units and providers in the clinic and inpatient units. The Chief of Medical Staff has formed a committee to coordinate medical educational services including print and internet sources and the CME series. Among the goals of this committee is to increase participation of the Medical Staff in program presentation. This committee creates an additional forum for program recommendations and evaluations.

SAMPLE1 RSS EVALUATION SUMMARY (CONT'D)

We provided evaluation forms to staff in November. These forms (included) allowed the evaluator to comment on individual programs. Those returned generally favored local presentations over those from outside sources.

As discussed in the 2004 evaluation, the CSC Sponsored CME programs continue to be important to our staff in maintaining clinical competence and in providing educational opportunities for staff. This program also continues to allow us to address specific issues of our facility and community. This year, for the first time, Chinle presenters gave the majority of the programs. This reflects both the increased participation in the program and the program's focus on locally identified needs.

AREAS OF IMPROVEMENT

The challenges to the CME Program continue to be improving advertising and attendance; assuring that the talks reflect the needs of the staff and facility; and developing an effective evaluation tool. With the improved administrative support from the medical staff secretarial department and with the inclusion of the program in the larger Library Committee directing medical staff educational needs, we have greatly improved advertising and responsiveness to local needs. On the initial evaluation in November, the nursing department was not polled. We will be doing this now and revising the survey to include room for comment on the series as a whole.

CONCLUSION

Again, we appreciate the Clinical Support Center's work in allowing us to offer CME's while meeting the educational needs of our Chinle staff. Please feel free to forward any suggestions or concerns regarding the program.

Respectfully Submitted:

Cathy Rountree, FNP
CME Coordinator

SAMPLE2 RSS EVALUATION SUMMARY

CANCER CONFERENCE

CLAREMORE PHS INDIAN HOSPITAL

SUMMARY EVALUATION

12/05/2006

The Cancer Conference remains one of the primary learning tools in this facility. Attended by 12-15 providers each month it provides the opportunity for all providers involved in the treatment of cancer patients, Surgeons, Medical Oncologists, Radiation Oncologists, Pathologists and others, the opportunity to sit together and discuss individual patient cases. Treatment plans, preventive therapies, medical trials and new medical developments are discussed at length. Additional testing requirements are also discussed and at times have resulted in savings of Contract Health dollars and also resulted in better patient care. If consultants have differing opinions, each is allowed the opportunity to discuss their opinions and explain the thought process that brought them to their conclusion. This saves time and improves the patient's care.

Tests results of the patient to be discussed are presented by consultants to show the total picture of diagnosis and treatment plan. Presentations take place in a round table format and each participant is allowed to make comments and ask questions.

We are still working on a method of arranging for copies of all x-rays, CT's, etc. to be available for viewing on conference day. Since often the patient takes these films to outside physicians for consultation or they have been done at field clinics it is not always possible to have the actual films available and dictated reports are relied on for information.

This year we have developed a system so that the Pathologists use flash drive or jump drive on the computer to project slides for the presentation in the Board room. The cancer conferences are held in the Administrative Board Room.

Conference evaluation forms are completed by attendees and overall results have expressed satisfaction with the methods used in presentations and with the conference itself.

As a rural healthcare facility 30 miles from Tulsa this is an exceptional learning experience. There is no other manner that such an individual learning process could take place.

Therefore, due to the nature and importance of this activity, we are requesting that our Cancer Conference be re-approved for Category 1 CME credit.

Respectfully submitted,

Sumathy Vannarth, M.D.
Cancer Conference Chairperson

SAMPLE2 RSS EVALUATION SUMMARY (CONT'D)

December 05, 2006

CANCER CONFERENCE

CLAREMORE PHS INDIAN HOSPITAL

SUMMARY EVALUATION:

The Cancer Conference has been a long established educational opportunity at Claremore PHS Indian Hospital. Formerly known as the Tumor Board, it is characterized by a gathering of providers to discuss cancer cases identified at this facility. It gives our providers the opportunity to discuss face to face with other in-house providers and with Radiology, Medical Oncology, and Radiation Oncology providers, the proposed methods of treatment for individual cancer patients.

Paul Mobley, D.O., Clinical Director – The Cancer Conference has evolved into a very beneficial endeavor for the entire Medical Staff. The multidisciplinary presentations of various cancers integrated in a very pragmatic way, and include inputs from primary care providers, radiologist, surgeons, radiation oncologists, medical oncologists and others.

Barney Nicholson, M.D., Chief, Surgery Service – This is the best learning activity at CIH and it also improves patient care. This kind of activity would be very expensive to receive on the outside in the private sector.

Physician Assistant – CIH has only one PA on staff at this time but anticipates that others may be hired in the future. While our current PA has not been able to arrange his schedule to attend, we are hopeful that sometime in the near future this may be a possibility. We would like to maintain credits for PA's.

Sumathy Vannarth, M.D., Chief OB/GYN - During the last year many cancer cases have been presented and discussed. Cancer Conference gives providers the opportunity to discuss all aspects of the patient care as well as watch any possible trends in cancer. It allows all providers to keep abreast of any developments in the diagnosis and treatment of various cancers, with input from the specialists involved. It is imperative that each specialist be given time and opportunity to share information regarding each case. At times it has seemed that the Radiologist has been somewhat excluded from the discussion, as Chair of the Conference I have tried to make sure that each specialist's input is included as a vital part of the overall discussion. The availability of reports and studies has improved during the past year. We have worked closely with the consultant's offices to assure that all patient information is available at the time of discussion.

The Cancer conferences are held in the Administrative Board Room for the last two years. The room has more space, computer and over head projection capability using flash drive. The space is reserved for the conference on the schedule.

CANCER CONFERENCE

Page 2

It is the consensus of the Cancer Conference participants that this is a worthwhile Continuing Education activity and we would like to request continuation of our Category 1 accreditation for the coming year.

Respectfully submitted,

Sumathy Vannarth, M.D.
Chair Person

SAMPLE2 RSS EVALUATION SUMMARY (CONT'D)

CANCER CONFERENCE CLAREMORE PHS INDIAN HOSPITAL
12-05-2006

SUMMARY EVALUATION

The Cancer Conference has been a long established educational opportunity at Claremore PHS Indian Hospital. Formerly known as the Tumor Board, it is characterized by a gathering of providers to discuss cancer cases identified at this facility. It gives our providers the opportunity to discuss face to face with other in-house providers and with Radiology, Oncology, and Radiotherapy Consultants proposed methods of treatment for individual cancer patients.

This discussion allows for the different consultants to express their opinions on diagnostic testing, treatment, and follow-up. The patient's primary provider presents each case. Since the consultants are notified of the cases to be presented prior to the conference date, this allows any pending test results to be personally delivered for joint review. It allows a time for our Consultants to discuss any current studies that are taking place and to offer advise as to whether the patient would benefit from taking part in the study and eventually to present results of past studies.

As a rural hospital, 30 miles from Tulsa, it is imperative to have close contact with consultants from the metropolitan areas and to get to know the providers we have on contract to provide services to our cancer patients.

All presentations are in a round table format and everyone is allowed to ask questions and participate. All of each patients available x-rays, sonograms, mammograms, etc. are presented by our in-house radiologist.

There is no other manner that such an individual educational process can take place.

At the next CME planning meeting we will discuss opportunities for improvement for the conference, such as:

- 1) Optional time and day of conference for provider's convenience.
- 2) Ways to have all radiological studies (not only reports but also films) in this facility, the day of conference, for review.
- 3) Optional methods of presenting cases. Use of Electronic Health Record for additional information.

Therefore, due to the nature and importance of this activity, we are requesting that our Cancer Conferences be approved for Category I CME credit.

Respectfully Submitted,
Sumathy Vannarth, M.D.
Cancer Conference, Chair