

Office of Interprofessional Continuing Health Education

Date: \_\_\_\_\_

ACTIVITY INFORMATION	
ACTIVITY ID ISSUED:	
ACTIVITY TITLE:	
ACTIVITY START DATE:	ACTIVITY END DATE:
FREQUENCY:	
TIME:	
IS THIS A NEW ACTIVITY?	Yes No
IF NO, HAS THIS ACTIVITY BEEN PREVIOUSLY ACCREDITED?	Yes No

ACTIVITY LOCATION	
FACILITY NAME:	
BUILDING/ROOM:	
ADDRESS:	
ONLINE:	Yes No

ACTIVITY PLANNING COMMITTEE INFORMATION			
PLANNING DEPARTMENT			
	NAME	EMAIL/PHONE	SPECIALTY
<b>ACTIVITY DIRECTOR</b> (Person with overall responsibility for planning this activity)			
<b>ACTIVITY REPRESENTATIVE</b> (Contact person assisting with accreditation application process)			
<b>PLANNING COMMITTEE MEMBER(S)</b> . (List any person(s) who contributed to the planning of this activity. Must include members that specialize/represent identified target audience.)			

ACTIVITY PRESENTER INFORMATION			
PRESENTER(S). (List all presenters including faculty, content experts and reviewers.)	NAME	EMAIL/PHONE	SPECIALTY

DISCLOSURE INFORMATION		
<p>It is required to submit a completed Relevant Financial Relationship Disclosure Form for all planners, faculty, and others in control of educational content. They must disclose ALL financial relationships with Ineligible Companies (defined on form) within the prior 24 months. There is no minimum financial threshold; individuals must disclose all financial relationships regardless of the amount, with ineligible companies. Individuals must disclose regardless of their view of the relevance of the relationship to the education.</p> <p>Any disclosure must be <u>identified, mitigated and disclosed</u> to the learner prior to the beginning of an educational activity. Please see the attached ACCME “Standards for Integrity and Independence in Accredited Continuing Education” at ACCME.org</p>		
<p>Have you included signed Relevant Financial Relationship Disclosure Forms for all planners, faculty, and others in control of educational content for this activity?</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	

ACTIVITY TYPE			
Course	Regularly Scheduled Series	Online	In-Person
Internet Live Course	Enduring Material		
Internet Activity	Journal-Based CME		
Manuscript Review	Test Item Writing		
Committee Learning	Performance Improvement		
Internet Searching and Learning	Learning from Teaching		
Other:			
<p>Please let us know if this activity is clinical or non-clinical. Mark clinical if any part of the activity/sessions will address direct or indirect care and/or treatment or observation of patients.</p> <p style="text-align: center;">Clinical                      Non-clinical.</p> <p>(ACCME Standards for Integrity and Independence in Accredited Continuing Education apply to all activities that are clinical in any way). Please see the ACCME “Standards for Integrity and Independence in Accredited Continuing Education” at ACCME.org</p>			

TARGET AUDIENCE – Check all that apply		
Physician	Pharmacist	Optometrist
Nurse	Physical Therapist	Dietitian
Nurse Practitioner	Occupational Therapist	Dentist
Physician Assistant	Psychologist	Health Professions Student
Physician Trainees (Resident/Fellow)	Social Worker	Other:

**\*\*Important – all specialties checked as target audience MUST have a representative on the activity planning committee with the appropriate credential and experience.**

ACCREDITATION DESIGNATION AND CREDITS – Choose all that apply			
SPECIALITY	COLLABORATING ACCREDITORS	YES OR NO	# OF CREDITS REQUESTED
Medicine	Accreditation Council for Continuing Medical Education (ACCME) (AMA PRA Category 1 Credit™)	Yes No	
Nursing	American Nurses Credentialing Center (ANCC)	Yes No	
Pharmacy	Accreditation Council for Pharmacy Education (ACPE)	Yes No	
Psychology	American Psychological Association (APA)	Yes No	
Social Work	Association of Social Work Boards (ASWB)	Yes No	
Interprofessional Continuing Education	Interprofessional Continuing Education (IPCE)	Yes No	

GAP AND NEEDS ASSESSMENT	
State the professional practice gap(s) of the healthcare team/members on which the activity was based. (max 100 words)	
State the educational need(s) that you determined to be the cause of the professional practice gap(s) (max 50 words each)	Knowledge needs
	Skills and Strategy needs
	Performance needs
State what this CE activity was designed to change in terms of learners' skills/strategy or performance of the healthcare team or patient outcomes. (max 50 words)	
Explain how you ensured the activity was generated around valid content. (Activity providers are responsible for ensuring that their education is fair and balanced and that any clinical content presented supports safe, effective patient care). (max 50 words)	
Explain how the activity promotes active learning for the healthcare team that is consistent with the activity's desired results. (max 50 words)	

**INDICATE THE DESIRABLE ATTRIBUTE(S) OF THE HEALTHCARE TEAM (I.E. COMPETENCIES) THIS ACTIVITY ADDRESSES.**

CHECK ALL THAT APPLY CORE COMPETENCIES FOR		
INSTITUTE OF MEDICINE COMPETENCIES	INTERPROFESSIONAL COLLABORATIVE PRACTICE	ACGME/ABMS COMPETENCIES
Provide Patient-Centered Care	Values/Ethics for Interprofessional Communication	Patient Care and Procedural Skills
Work in Interdisciplinary Teams		Medical Knowledge
Employ Evidence-Based Practice	Roles/Responsibilities	Practice-Based Learning & Improvement
Apply Quality Improvement	Interprofessional Communication	
Utilize Informatics	Teams and Teamwork	Professionalism
		Systems-Based Practice
		Interpersonal Communication
<b>Other Competency(ies):</b>		

**OICHE MISSION**

OICHE Mission Statement: “We strive to optimize health and healthcare team knowledge, innovative skills, values and evidence-based strategies to design, implement and evaluate team-based models of health and healthcare to improve value, enhance the patient experience of care, impact population health, and cultivate the well-being and work life of healthcare providers.”

**\*\*IMPORTANT – To ensure this activity meets the OICHE Mission – it is required that the objectives of this activity address at a minimum 1 (3-4 preferred) of the below Mission Core Measures:**

<b>M-1</b>	<b>KNOWLEDGE</b>
<b>M-2</b>	<b>SKILLS/STRATEGIES</b>
<b>M-3</b>	<b>PERFORMANCE</b>
<b>M-4</b>	<b>OUTCOMES</b>

**OVERALL GOAL**

(How this activity will be addressing the Gap and Needs Assessment)

<b>Purpose Statement</b>	
--------------------------	--

<b>OVERALL LEARNING OBJECTIVES</b>		
What are the desired results for this CE activity? What overall objectives do you want to accomplish?		
<p><b>**IMPORTANT – To ensure this activity meets the OICHE Mission – it is required that the objectives of this activity address at a minimum 1 (3-4 preferred) of the below Mission Core Measures. Make sure to consider all learning objectives to see what applies most to your activity. (Please use Bloom’s taxonomy verb list when writing operational/behavioral objectives. The list is located on the last page of this document).</b></p>		
<b>PLEASE SELECT FROM THE DROPDOWN MENUS BELOW</b>		
<b>Objective 1</b>	Objective Statement	Objective Mission Core Measure Please select from drop-down menu
<b>Objective 2</b>	Objective Statement	Objective Mission Core Measure Please select from drop-down menu
<b>Objective 3</b>	Objective Statement	Objective Mission Core Measure Please select from drop-down menu
<b>Objective 4</b>	Objective Statement	Objective Mission Core Measure Please select from drop-down menu
<b>Objective 5</b>	Objective Statement	Objective Mission Core Measure Please select from drop-down menu

POTENTIAL BARRIERS THAT MAY PREVENT LEARNERS FROM ACHIEVING DESIRED RESULTS	
(These may be perceived or real barriers preventing the learners from achieving expected changes in competence, performance or patient outcomes).	
(Check all that apply)	
No Perceived Barriers	Cost
Lack of Time	Insurance or Reimbursement
Patient Adherence	Lack of Consensus on Professional Guidelines
Lack of Administrative Support or Resources	Other:
Please explain how you will address potential barriers with the CE activity.	

DIVERSITY AND INCLUSION	
<p><b>DIVERSITY STATEMENT:</b> Describe how your program respects and attends to diversity in its content and the application of concepts presented. Explain which diverse populations are addressed, reflected in and drawn from your title, program description, learning objectives, and references. Diversity includes but is not limited to culture, gender, sexual orientation, racial, ethnic, disability, age, religion, or socioeconomic differences.</p>	

INCOME AND EXPENSES	
REGISTRATION FEES	
Will there be a registration fee?	Yes      No
If Yes, please list all applicable fee(s):	\$
	\$
Anticipated number of attendees	

FINANCIAL/IN-KIND SUPPORT	
<p>Will you seek financial or in-kind support from ANY ineligible companies? (ACCME defines Ineligible Companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients).      YES      OR      NO</p>	
<p><b>**If you answered YES to this question, please contact OICHE before submitting this application.</b></p>	
<p><i>Disclaimer: OICHE does not directly accredit activities that receive commercial support from ineligible companies. If the activity is being accredited as a joint providership, OICHE may choose to accredit the activity but will not directly accept or manage any of the commercial support funds received by an ineligible company.</i></p>	
<p><i>Please include all detailed income and expense information on a budget worksheet to be submitted with this application. This must also include any payments/honoraria being made to faculty, planners, authors, reviewers associated with this activity.</i></p>	

**MARKETING**

**(How will this activity be publicized to prospective participants?)**

**(Check all that apply)**

“Save the Date” Flyer	Website Announcement/Banner Ads
Brochure	Advertisements/Journal Announcements
“Save the Date” Postcard for the “Future Meetings Table” at outside meetings	“Save the Date” PowerPoint on ASU Faculty Presentations
Learning Management System (LMS)	Posters placed in Hospitals and Clinics
Email Campaigns	Other:

**\*\*\* Once this activity is approved by OICHE, marketing must include all required disclosures and must have correct accreditation statement(s) and logo(s). This will be on the Award Letter Provided to the Activity Representative once the activity is approved for accreditation. Please see the attached ACCME “Standards for Integrity and Independence in Accredited Continuing Education” at ACCME.org**

**EVALUATION AND IMPROVEMENT**

**What method(s) will you use to measure actual changes in performance or patient/system outcomes implemented by your learners as a result of this activity.**

1. OICHE requires that evaluation data captures the Mission (M) Core Measures identified in the objectives of this activity. Please ensure your evaluation questions address those objectives directly.
2. OICHE also requires that evaluations capture learner Reaction (R) Core Measures. These refer to learner satisfaction (activity content, venue, mode of delivery, presenters, objectives, overall satisfaction etc.). It is also recommended to include questions that address that the activity *is Free from Commercial Bias* and also addresses *Presenter conflict of interest/disclosures*.
3. It is requested that you use the evaluation scoring format of 1 – 5 (5 being the highest) as well as learner comments/feedback.
4. OICHE will provide guidance and evaluation samples upon request.

**Please select the method(s) of evaluation for this activity. The learner must complete an evaluation and the evaluation data must directly connect the learner to the data for the learner to receive CE credit.**

**Select all methods of evaluation:**

Post activity Evaluation	Quality Improvement Data
Retro Pre-test and Post-test	CMS/JCAHO Reports
Patient Satisfaction Data	Formative Feedback of Technical or Procedural Skills
Formative Feedback of Communication Skills	Longitudinal Evaluation – 4-6 weeks post activity
Pre and Post Comparison Performance Data	Other:

<b>APPLICATION PROCESS</b>		
<b>DUE</b>	<b>ITEM</b>	<b>ITEM/DOCUMENT DESCRIPTION</b>
<b>SUBMIT ITEMS 1-9 TO OICHE FOR APPLICATION ACCREDITATION REVIEW AND APPROVAL.</b> (Application will not be reviewed until these are received).	1	OICHE application – completed and signed.
	2	Completed spreadsheet listing Activity Representative, planning committee members, faculty and presenters. Template for this list will be sent to the Activity Representative post the activity intake meeting.
	3	Completed Financial Relationship Disclosure Forms for anyone associated with the activity in control of content.
	4	Data source used to determine gap analysis and needs assessment.
	5	Schedule of program/agenda/syllabus (speakers, topics and times).
	6	Planning meeting minutes.
	7	Draft evaluation.
	8	Proposed budget (as detailed as possible). Must include any support from ineligible companies.
	9	Draft Marketing
<b>SUBMIT ITEMS 10-16 TO OICHE 14 DAYS PRIOR TO START OF ACTIVITY.</b>	10	Biosketch and professional headshot for all non-ASU faculty/presenters.
	11	Final activity agenda/syllabus showing topics, faculty assignments and timing.
	12	Promotional/marketing materials. Must include applicable disclosure statement(s) statement and must have correct accreditation statement(s) and logo(s).
	13	Documented communication with faculty regarding the goal of the activity.
	14	FINAL evaluation form(s) and delivery format. Schedule of delivery for RSS and Enduring Material Activities.
	15	Updated or changed Financial Relationship Disclosure Forms (OICHE Approval Required).
	16	Learning materials including PowerPoint presentations, handouts, etc. Must include all applicable disclosures and must have correct accreditation statement(s) and logo(s).
<b>ITEMS 17-21 DUE AFTER ACTIVITY COMPLETION ACCORDING TO THE DOCUMENT SUBMISSION SCHEDULE INCLUDED IN THE ACTIVITY AWARD LETTER.</b>	17	Attendance data.
	18	Evaluation data.
	19	Certificate distribution instructions.
	20	Closing report and data.
	21	Final budget.
<b>ACTIVITY APPROVAL PROCESS</b>		
<p>OICHE Advisory Council is responsible for approving and awarding the requested credit for the activity. The council meets the 2<sup>nd</sup> Tuesday of every month. After the council meets, Activity Directors/Representatives are notified of the outcomes with an “Award Letter” which will detail the results and any required follow-up. If the activity is approved, the award letter will also include the correct accreditation statement(s) and logo(s). The activity cannot be marketed as accredited until this award letter is issued.</p>		



**AFFIRMATION**

*Please review and sign*

**ACTIVITY REPRESENTATIVE | AFFIRMATION STATEMENT**

- ✓ I have reviewed and attest to the accuracy of this activity proposal.
- ✓ Any changes will be conveyed to the Office of Interprofessional Continuing Health Education **in writing** prior to the beginning of the activity.
- ✓ I ensure that accredited continuing education serves the needs of patients and the public.
- ✓ I will ensure we present learners with only accurate, balanced, scientifically justified recommendations.
- ✓ I will assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.
- ✓ I will ensure to create a clear, unbridgeable separation between accredited continuing education and marketing and sales.
- ✓ I affirm that the disclosure information provided by faculty and activity planning members will be communicated to the learners **prior to the beginning of the educational activity as described in the application.**
- ✓ I will maintain accountability for distribution of funding related to the activity and will provide an accurate income/expense statement to the ASU Office of Interprofessional Continuing Health Education, at the completion of the activity.
- ✓ I will submit the required information and documentation to the ASU Office of Interprofessional Continuing Health Education according to the document submission schedule
- ✓ I have reviewed and will adhere to the ACCME “Standards for Integrity and Independence in Accredited Continuing Education” at ACCME.org

Activity Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THE APPLICATION AND ALL SUPPORTING DOCUMENTATION TO:**

Kathryn.Westbrook@asu.edu  
Office of Interprofessional Continuing Health Education  
Arizona State University  
(480) 727- 8811

## Revised Bloom's Taxonomy Action Verbs

Definitions	I. Remembering	II. Understanding	III. Applying	IV. Analyzing	V. Evaluating	VI. Creating
<b>Bloom's Definition</b>	Exhibit memory of previously learned material by recalling facts, terms, basic concepts, and answers.	Demonstrate understanding of facts and ideas by organizing, comparing, translating, interpreting, giving descriptions, and stating main ideas.	Solve problems to new situations by applying acquired knowledge, facts, techniques and rules in a different way.	Examine and break information into parts by identifying motives or causes. Make inferences and find evidence to support generalizations.	Present and defend opinions by making judgments about information, validity of ideas, or quality of work based on a set of criteria.	Compile information together in a different way by combining elements in a new pattern or proposing alternative solutions.
<b>Verbs</b>	<ul style="list-style-type: none"> <li>• Choose</li> <li>• Define</li> <li>• Find</li> <li>• How</li> <li>• Label</li> <li>• List</li> <li>• Match</li> <li>• Name</li> <li>• Omit</li> <li>• Recall</li> <li>• Relate</li> <li>• Select</li> <li>• Show</li> <li>• Spell</li> <li>• Tell</li> <li>• What</li> <li>• When</li> <li>• Where</li> <li>• Which</li> <li>• Who</li> <li>• Why</li> </ul>	<ul style="list-style-type: none"> <li>• Classify</li> <li>• Compare</li> <li>• Contrast</li> <li>• Demonstrate</li> <li>• Explain</li> <li>• Extend</li> <li>• Illustrate</li> <li>• Infer</li> <li>• Interpret</li> <li>• Outline</li> <li>• Relate</li> <li>• Rephrase</li> <li>• Show</li> <li>• Summarize</li> <li>• Translate</li> </ul>	<ul style="list-style-type: none"> <li>• Apply</li> <li>• Build</li> <li>• Choose</li> <li>• Construct</li> <li>• Develop</li> <li>• Experiment with</li> <li>• Identify</li> <li>• Interview</li> <li>• Make use of</li> <li>• Model</li> <li>• Organize</li> <li>• Plan</li> <li>• Select</li> <li>• Solve</li> <li>• Utilize</li> </ul>	<ul style="list-style-type: none"> <li>• Analyze</li> <li>• Assume</li> <li>• Categorize</li> <li>• Classify</li> <li>• Compare</li> <li>• Conclusion</li> <li>• Contrast</li> <li>• Discover</li> <li>• Dissect</li> <li>• Distinguish</li> <li>• Divide</li> <li>• Examine</li> <li>• Function</li> <li>• Inference</li> <li>• Inspect</li> <li>• List</li> <li>• Motive</li> <li>• Relationships</li> <li>• Simplify</li> <li>• Survey</li> <li>• Take part in</li> <li>• Test for</li> <li>• Theme</li> </ul>	<ul style="list-style-type: none"> <li>• Agree</li> <li>• Appraise</li> <li>• Assess</li> <li>• Award</li> <li>• Choose</li> <li>• Compare</li> <li>• Conclude</li> <li>• Criteria</li> <li>• Criticize</li> <li>• Decide</li> <li>• Deduct</li> <li>• Defend</li> <li>• Determine</li> <li>• Disprove</li> <li>• Estimate</li> <li>• Evaluate</li> <li>• Explain</li> <li>• Importance</li> <li>• Influence</li> <li>• Interpret</li> <li>• Judge</li> <li>• Justify</li> <li>• Mark</li> <li>• Measure</li> <li>• Opinion</li> <li>• Perceive</li> <li>• Prioritize</li> <li>• Prove</li> <li>• Rate</li> <li>• Recommend</li> <li>• Rule on</li> <li>• Select</li> <li>• Support</li> <li>• Value</li> </ul>	<ul style="list-style-type: none"> <li>• Adapt</li> <li>• Build</li> <li>• Change</li> <li>• Choose</li> <li>• Combine</li> <li>• Compile</li> <li>• Compose</li> <li>• Construct</li> <li>• Create</li> <li>• Delete</li> <li>• Design</li> <li>• Develop</li> <li>• Discuss</li> <li>• Elaborate</li> <li>• Estimate</li> <li>• Formulate</li> <li>• Happen</li> <li>• Imagine</li> <li>• Improve</li> <li>• Invent</li> <li>• Make up</li> <li>• Maximize</li> <li>• Minimize</li> <li>• Modify</li> <li>• Original</li> <li>• Originate</li> <li>• Plan</li> <li>• Predict</li> <li>• Propose</li> <li>• Solution</li> <li>• Solve</li> <li>• Suppose</li> <li>• Test</li> <li>• Theory</li> </ul>
Anderson, L. W., & Krathwohl, D. R. (2001). A taxonomy for learning, teaching, and assessing, Abridged Edition. Boston, MA: Allyn and Bacon.						