

Educational Activity Planning Timeline Worksheet

For your Educational Activity Planning, we recommend that you use a project tracking chart.

Planning Activity	Timeline	Projected Completion	Actual Completion
I. Assessment			
<ul style="list-style-type: none"> Identify Learning Needs 	6-12 months prior		
<ul style="list-style-type: none"> Determine Target Audience 	6-12 months prior		
II. Planning			
<ul style="list-style-type: none"> Select Planning Committee 	6-12 months prior		
<ul style="list-style-type: none"> Define and Assign Roles & Responsibilities of Committee Members 	6-12 months prior		
<ul style="list-style-type: none"> For the Educational Activity Identify: <ul style="list-style-type: none"> Purpose Theme Objectives Content Outcomes 	6-12 months prior		
<ul style="list-style-type: none"> Select: <ul style="list-style-type: none"> Date Time Facility/Location 	6-12 months prior		
<ul style="list-style-type: none"> Create Budget 	6-9 months prior		
<ul style="list-style-type: none"> Select & Confirm Speakers 	6-9 months prior		
<ul style="list-style-type: none"> Finalize Activity Agenda/ Grid: Including course description, title of each lecture, content and teaching methods. 	3-6 months prior		
<ul style="list-style-type: none"> Submit Educational Activity Proposal for CEs 	3-6 months prior		
<ul style="list-style-type: none"> Develop Marketing Plan 	3-6 months prior		
<ul style="list-style-type: none"> Design Brochure, prepare mailing list and mail brochures 	3-6 months prior		
<ul style="list-style-type: none"> Develop Course Materials 	1-3 months prior		
III. Implementation			
Prior Coordination			
<ul style="list-style-type: none"> Contact Speakers to review all materials and forms are submitted 	1-3 months prior		
<ul style="list-style-type: none"> Contact Facility to Confirm Room Set-up, Menu, etc. 	1-3 months prior		
<ul style="list-style-type: none"> Ensure all Course Materials are uploaded 	1 week prior		
<ul style="list-style-type: none"> Meet with Planning Committee to review timeline and assigned responsibilities 	Ongoing		
On-Site Coordination			
<ul style="list-style-type: none"> Arrive Early: 	Day of Activity		

<ul style="list-style-type: none"> ○ Check In with Facility Coordinator ○ Review Room Set-Up ○ Check AV Equipment, including media used in presentations ○ Set-up Registration Area ○ Post Wayfinding Signs ○ Recognize Presenters and assist them with any AV needs 			
<ul style="list-style-type: none"> ● At Conclusion of Educational Activity: <ul style="list-style-type: none"> ○ Open Evaluation, email out any links ○ Explain to learners how to collect contact hour certificates ○ Return any borrowed equipment 	Day of Activity		
IV. Evaluation			
<ul style="list-style-type: none"> ● Reconcile paperwork as needed for contact hours 	1-2 weeks post		
<ul style="list-style-type: none"> ● Finalize Budget & Pay Bills 	1-2 weeks post		
<ul style="list-style-type: none"> ● Send Speaker(s) Letter of Appreciation & Summary of Evaluations 	2-3 weeks post		
<ul style="list-style-type: none"> ● Conduct a Post-Educational Activity Debrief with the Planning Committee 	3-4 weeks post		

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Center for Education and Professional Development (CEPD)



COVID-19 Webinars

Upcoming CEPD Webinars

May 13, 2020 - May 12, 2021
The Impact of Covid-19 on the Social Determinants of Health

Welcome to the CEPD registration website

Healthy Classroom

ACLS & BLS Re-certifications:

We are currently offering the AHA blended learning option for ACLS & BLS renewals for staff with cards expiring in March, April, May and June 2020. Blended learning is a combination of eLearning, **part 1: HeartCode® online course** followed by **part 2: hands-on skills session**. The hands-on skills session is completed in person with an AHA instructor.

- [Part 1: HeartCode® Online Course](#)
- [Part 2: Hands-on Skills Check](#)

Staff with cards expiring *after* May (June and beyond): Please continue to check our registration site for updates. We are closely monitoring COVID-19 developments and will update our website in the coming weeks

[Click here](#) for CEPD course updates related to COVID-19 developments

Learners

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[Cancel My Registration](#)

Educational Activity Planner

[Submit Educational Activity Proposal](#)
[Activity Planner Toolkit](#)

Faculty/Presenter

[Complete Disclosure](#)
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New User

If you do not have an account with us, please click the button below to create one.

[Sign Up Now](#) →

Select Login Provider

SHC EMPLOYEES – SIGN IN WITH YOUR SID

ALL OTHERS – SIGN IN WITH YOUR EMAIL
(Includes Stanford Children's Health & Stanford University)

SHC EMPLOYEES ONLY – SID LOGIN

ALL OTHERS – SIGN IN WITH YOUR EMAIL



Welcome to the CEPD registration website

Healthy Classroom

Learners

Choose SHC Employees ONLY





Healthy Classroom

renewals for staff with cards expiring in
eLearning, **part 1: HeartCode® online**
session is completed in person with an

ck our registration site for updates. We
the coming weeks

developments

Learners

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Life Support

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Community Events - Coming Soon



Click on "Submit Educational
Activity Proposal"

Select “New Application”

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Continuing Educational Activity Application

Instructions:

Complete the various sections of the application and scroll to the bottom of each form and click Save. Note that you will need the email addresses of any planners/faculty you identify in the application. The forms can be edited as needed until all required information is entered. When finished, click the '**Submit For Review**' button to send it for review. Review times vary and you will be contacted via email.

NEW APPLICATION

Filter By Application Status:

Hide Approved



Search By Event Name:

Search

Admin User Lookup

Find Disclosures

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ActivityID	Activity Name	Author	Planners	Last Revised	Disclosure Status			
<input type="text"/>		<input type="text"/>						

You have not created any applications yet. Click [Add Application](#) to begin.

[Administration](#)

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American
Heart
Association

**AUTHORIZED
TRAINING
CENTER**


Basic Activity Information
Planners and Faculty
Gap and Needs
Objectives and Learning Outcomes
Commercial Support
Signatures
Files - upload/download
Comments
Return To Applications List


Activity Planning Form Overview

 print

Basic Information

Specify the following for your activity

Activity Name: * 

Activity Type: * 

ANCC

ANCC Activity Type: 

- ☐ Provider Directed, Provider Paced
- ☐ Provider Directed, Learner Paced
- ☐ Learner Directed, Learner Paced: Enduring Materials

Activity Format: * 

- | | |
|--|---|
| <input type="checkbox"/> Live Activity | <input type="checkbox"/> Enduring Material |
| <input type="checkbox"/> Journal-based CME activity | <input type="checkbox"/> Test-item writing activity |
| <input type="checkbox"/> Manuscript review activity | <input type="checkbox"/> PI CME activity |
| <input type="checkbox"/> Internet point-of-care activity | <input type="checkbox"/> Learning from teaching |
| <input type="checkbox"/> Other | |

If other format, please specify:

Department: 

Synopsis (short description shown on listing pages - 300 character max):

Course Description with Overall Learning Outcome (shown on detailed course page and marketing materials):

* 

Basic Information

Specify the following for your activity

Activity Name: * ⓘ

Activity Type: * ⓘ

ANCC

ANCC Activity Type: ⓘ

- ☐ Provider Directed, Provider Paced
☐ Provider Directed, Learner Paced
☐ Learner Directed, Learner Paced: Enduring Materials

Activity Format: * ⓘ

- | | |
|--|---|
| <input type="checkbox"/> Live Activity | <input type="checkbox"/> Enduring Material |
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If other format, please specify:

Department: ⓘ

Synopsis (short description shown on listing pages - 300 character max):

Course Description with Overall Learning Outcome (shown on detailed course page and marketing materials):

* ⓘ

Same as course title. The Activity Name will be used as the course title on the CE certificate.

****Spell out all acronyms.**

Eg. IntraAortic Balloon Pump (IABP)

Activity Type: * ⓘ

Directly Provided - Course (Live)
Directly Provided - Regularly Scheduled Series
Directly Provided - Internet (Live)
Directly Provided - Enduring Materials - Internet
Directly Provided - Other
Jointly Provided - Course (Live)
Jointly Provided - Regularly Scheduled Series
Jointly Provided - Internet (Live)

Directly Provided- Course (Live)
(live in-person)

OR

Directly Provided- Internet (Live)
(live webinars)

OR

**Directly Provided-Enduring
Materials- Internet**
*(these are pre-recorded
educational sessions)*


The synopsis is an abbreviated course description which can be used on electronic marketing materials, such as, SHC internet or an eNewsletter.

The Course Description should answer the following questions:

1. Why are you having this education?
2. What content will be presented in this educational session?
3. What are the attendees expected to know or know how to do after the educational session?
4. Who should attend?

Type of Credit Requested: * 

<input checked="" type="checkbox"/> ANCC - American Nurses Credentialing Center contact hour(s)	<input type="checkbox"/> General Attendance
<input type="checkbox"/> ANCC Pharma- American Nurse Credentialing Center Pharma contact hour(s)	<input type="checkbox"/> AAPA- American Academy of Physician Assistants Category 1 CME credit(s)
<input type="checkbox"/> NASW- National Association of Social Workers contact hour(s)	<input checked="" type="checkbox"/> CA BRN - California Board of Registered Nurses contact hour(s)
<input type="checkbox"/> Physical Therapy/Occupational Therapy/Speech Language Pathology Contact Hour(s)	<input type="checkbox"/> ABTC- American Board for Transplant Certification Category 1 CEPT(s)
	<input type="checkbox"/> ASRT- American Society of Radiologic Technologists Category A


Enter the number of credits or contact hours that you are requesting to be awarded to the activity (enter 0 if none): * 

Enter the number of Pharma Contact hours that you are requesting to be awarded to the activity:

Location and Dates/Times of Activity

Please complete the fields below based on where your meeting/activity will be held.


What location have you reserved for your activity (building/facility/hotel/conference center/online)? *

City: * 

State:

Country:

Activity Start and End Dates

Start Date: * 

End Date: * 

Activity Start and End Times

Start Time: * 

End Time: * 

For Non-RSS recurring activities, please list the additional dates/times the recurring activity will meet:

Please select requested credit types.

CE calculation:

60 min instructional content= 1 contact hour (ANCC, 2015)
1 hour of theory = 1 continuing education contact hour (CA BRN, 2004).


Only enter numbers if you are requesting ANCC Pharm contact hours for the activity.

If you plan to have this learning activity more than once within the same calendar year, please list all the dates.

Recurring Activity:

1. The agenda and contents do not change in any subsequent activities.
2. Presenters also stay the same.

Target Audience

Identify the learners' specialties (check all that apply): * 

- | | |
|---|---|
| <input type="checkbox"/> All Specialties | <input type="checkbox"/> Ambulatory Care |
| <input type="checkbox"/> Behavioral Health/Psychosocial | <input type="checkbox"/> Cardiovascular |
| <input type="checkbox"/> Critical Care | <input type="checkbox"/> Endocrine |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Leadership/Professionalism | <input type="checkbox"/> Life Support |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Palliative/End of Life | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Quality/Patient Safety |
| <input type="checkbox"/> Surgical | <input type="checkbox"/> Transplant |
| <input type="checkbox"/> Trauma | |

List other specialties here:

 Save and Continue

Choose the specialty which the activity is geared towards.


Presenter/Faculty

Faculty/Presenters/Authors must have documented qualifications that demonstrate their education and/or experience in the content area they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications must address how the individual is knowledgeable about the topic and how expertise has been gained.

All faculty participating in a sponsored activity are expected to disclose to the audience whether or not they have any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) and/or providers of commercial services discussed in an educational presentation and with any commercial supporters of the activity.

To add additional Faculty, click the green plus (+) icon to the left of the table row.

NOTE: Faculty who do not have a disclosure on file will receive an automatic e-mail requesting their disclosure form once you click "Save and Continue" below as long as a valid email address is provided for them below.

	Email	Full Name	Degree	
				

Ensure all faculty names, email addresses, and degrees are included so they will receive all email notifications for the activity.

Agenda Information

Behavioral Objectives Example

▼ Agenda Information

Agenda Time Frame (HHMM - HHMM): (Eg. 1030-1130) *

1030-1130

Presenter Name & Credential: (Faculty per topic area)

Example: Joan Doe, PhD, RN, NP, NEA-BC *

Content: (Title of Lecture and Description/Outline of content to be presented) *

Behavioral Objectives (3 objectives per hour). By the end of this class, the Student will be able to: *

Teaching Methods: (Check all that apply) *

☐ Lecture

☐ Video & Audio

☐ Discussion

☐ Case Studies

☐ Role Play

☐ Simulations

☐ Demonstration

☐ Games

☐ Self-Learning Modules

☐ Computer Applications

☐ E-learning via Internet

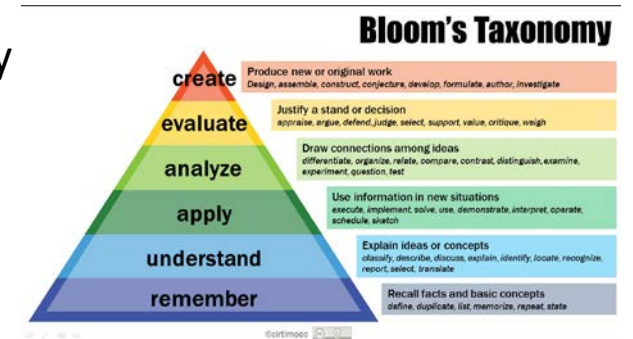
Click “+” icon to add more time frames.
Remember to add break and lunch time frame.

How to write a Behavioral Objective:

1. Remember SMART

S: Specific
M: Measurable
A: Achievable
R: Realistic
T: Timely

2. Use Bloom Taxonomy



Example:

Upon completion of this program, the nurse will be able to calculate the correct insulin dose using the facility-approved sliding scale.

➔ Save and Continue

Once you click “Save”, the presenter will receive an email notification.

Gap and Needs

Description of the Professional Practice Gap

i What is the professional practice gap? (eg. Change in practice, problem in practice, opportunity for improvement).

Describe the current state: *

Staff in the clinic settings are inconsistent in providing newly diagnosed patients with hypertension (HTN) teaching and coaching on use of an electronic blood pressure (BP) monitoring device and the benefits of regular self-monitoring.

Describe the desired state: *

Newly diagnosed patients with HTN receive patient education based on evidenced based practice guidelines including medication education; lifestyle education; and instruction on use of an electronic BP monitoring device and education about the benefits of regular self-monitoring.

Identified gap: *

Staff are distributing the HTN electronic BP monitoring device without patient education about the use of the device and the benefits of regular self-monitoring.

Identify the Gap

These may include:

- General professional issues
- New standards or guidelines
- Issues related to alignment with current trends in practice

← What is currently happening?

← What should be happening?

← Difference between what is and what should be

Gap Analysis/ Needs Assessment

Evidence to validate the identified professional practice gap (Check all that apply). 

- ☐ Evaluation data from previous education activities
- ☐ Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement
- ☐ Federal/State Government Mandate
- ☐ Identified New Skills
- ☐ Informal Feedback
- ☐ Input from stakeholders such as learners, managers, or subject matter experts
- ☐ National guidelines (NIH, CDC, AHRQ, etc.)
- ☐ Needs Assessment Survey
- ☐ Other
- ☐ Planning Committee
- ☐ QA/QI data or dashboards
- ☐ Regulatory requirements (Joint Commission, MOC, etc.)
- ☐ Survey data from stakeholders, target audience members, subject matter experts or similar
- ☐ Trends in literature, law and health care

Educational need that underlines the professional practice gap: *

- ☐ Gap in Knowledge (knows)
- ☐ Gap in Skills (knows how)
- ☐ Gap in Practice (show/does)
- ☐ Other—Describe

If other professional practice gap, please describe



Gap Analysis/ Needs Assessment

Methods used to identify Professional Practice Gap?

- What evidence do you have to validate the gap exists?
- Incorporate evidence from a variety of sources

Analyze Gap:

- Why do you think the current state exists?
- What is the underlying or root cause?
- Is the gap due to a deficit in knowledge, skills, or practice?
- Are system issues involved?
(Gaps due to system issues cannot be corrected by an educational activity)
- If the gap is due to a lack of knowledge, skill or practice, an educational activity is needed.

Evaluation Method

Short-term evaluation options: *

- ☒ Intent to change practice
- ☐ Active participation in learning activity
- ☐ Post-test
- ☐ Return demonstration
- ☐ Case study analysis
- ☐ Role-play
- ☐ Other (describe)

If other short-term evaluation option, please describe:



Long-term evaluation options: *

- ☐ Self-reported change in practice
- ☐ Change in quality outcome measure
- ☐ Return on Investment (ROI)
- ☐ Observation of performance
- ☐ Other (describe)

If other long-term evaluation option, please describe:



➔ Save and Continue

Evaluation method

*Note, the CEPD will always evaluate the short term option, intent to change practice, via an online evaluation.

- For other evaluation methods....Please submit all related data after the educational activity.

Objectives, Learning Outcomes and Competencies

Objectives/Learning Outcomes

What do you expect your participants to be able to do as a result of participating in this activity? *List up to 20 objectives/learning outcomes appropriate to your activity.*

To enter your objectives/learning outcomes, type an objective/learning outcome into the table below. At least one Objective/Learning Outcome is required. To add additional objectives/learning outcomes click the plus icon. To remove objectives click the minus icon.

At the conclusion of this activity, participants will be able to:


ANCC Learning Outcome(s)

	Number	Learning Outcomes
<div><div>+</div></div>	1	

NOTE: These objectives will be stated in the promotional brochure and activity's syllabus.

Learning Outcomes	Learning Objectives
Describe the overall purposes or goal	Use to structure the content
Address the educational needs to narrow or close the identified practice gap	Are written as tasks
Must be measurable and reflect the desired state	
E.g. At conclusion of the educational activity, participants will self-report an intent to change practice by applying evidence-based communication strategies	E.g. List 5 methods of creating a safe environment for holding a confidential conversation

Outcomes Measure(s)

 How do you intend to measure if competence, performance and/or patient outcomes have occurred?

Knowledge/Competence:

- ☐ Evaluation/Self-Assessment
- ☐ Audience Response System
- ☐ Customized pre/post test
- ☐ Embedded evaluation in online activity
- ☐ Physician or patient surveys and evaluations
- ☐ Other (please specify)

If Other, please specify

Performance in Practice:

- ☐ Adherence to guidelines
- ☐ Case-based studies
- ☐ Chart audits
- ☐ Customized follow-up survey/interview/focus group about actual change in practice at specified intervals
- ☐ Physician or patient feedback, surveys and evaluations
- ☐ Reminders and feedback
- ☐ Other (please specify)

If Other, please specify

Patient Outcomes


- ☐ Change in health status measure
- ☐ Change in quality/cost of care
- ☐ Measure mortality and morbidity rates
- ☐ Patient feedback and surveys
- ☐ Other (please specify)

If Other, please specify

Nursing Quality Outcome Measures

Nursing Quality Outcome Measures

- ☐ Professional Practice Behaviors
- ☐ Leadership Skills
- ☐ Critical Thinking Skills
- ☐ Nurse Competence
- ☐ High Quality Care Based on Best Available Evidence
- ☐ Improvement in Nursing Practice
- ☐ Improvement in Patient Outcomes
- ☐ Improvement in Nursing Care Delivery

 Save and Continue

What do you want learners to be able to do as a result of participating in this activity? How are you going to measure that change?

- Knowledge
- Competency/Skill
- Performance
- QI data

All outcome measurement data should be submitted post educational activity.

Commercial Support

All commercial supporters must comply with the **ANCC's Standards of Commercial Support of CNE Activities**.

Is this activity receiving commercial support? *

☐ Yes

☐ No

➔ Save and Continue

Content of continuing activities must be **free of commercial influence**.

1. What is Commercial Support?

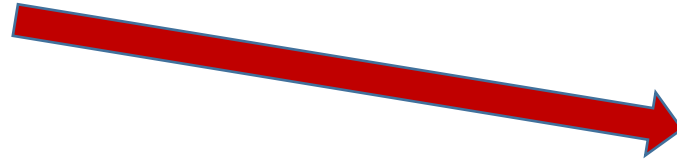
- Support from commercial interest organization is called commercial support
- A commercial interest is any entity producing marketing, re-selling, or distributing health care goods or services consumed by, or used on, **patients**.
(ACCME, n.d.a.,p.1)

2. Types of Commercial support

- Financial support: Money given to cover educational activity expenses)
- In-kind support: Non-monetary support such as provide AV equipment)
(ANCC, 2016)

3. If yes, please submit a copy of the Agreement & this must be Disclosed to all participants at the beginning of the educational activity.

Basic Information
Planners and Faculty
Gap and Needs
Objectives and Learning Outcomes
Commercial Support
Signatures
Files - upload/download
Comments
Return To Applications List



Signatures

Attestation:


I/we attest to the accuracy and completeness of this application, and I accept responsibility for the planning, implementation, and evaluation of this CNE activity. I/we agree to submit a complete and accurate Final Report on this activity to the Continuing Education and Professional Development within 30 days of the event's completion.

Signature of Course Director:



Date:

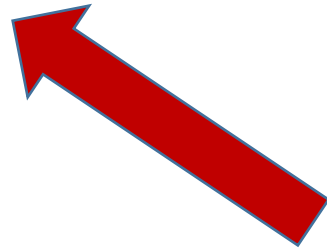


 Save Application

Cancel 

1. Attest, Sign and Date the application.
2. Click "Save Application".
 - If you save and do not yet submit, you may return back to the application at any time to update the information.

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Signature of Course Director:



Date:



➔ Save Application

Cancel ✕

When the application is complete, you must **Submit** the application for it to be reviewed:

1. Select "Return to Applications List".
2. In the next window, click "Submit for Review" (see next slide).



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[NEW APPLICATION](#)

Filter By Application Status:

Hide Approved



Search By Event Name:

Search

Admin User Lookup

Find Disclosures

[Export XLS](#)

ActivityID	Activity Name	Author	Planners	Last Revised	Disclosure Status			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
2509	TEST	Ningning Guo, DNP		12/2/2019 12:12:28 PM	No faculty or planners have been specified for this application.	SUBMIT FOR REVIEW	COPY	DELETE

Find the Activity Name and Click on "Submit For Review". Done. You should receive a confirmation email.

**If you have questions
Email**

CEPDNursePlanner@stanfordhealthcare.org