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Stanford HEALTH CARE
STANFORD MEDICINE

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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 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

My Account/Transcripts
Cancel My Registration

Educational Activity Planner

Submit Educational Activity Proposal
Activity Planner Toolkit

Faculty/Presenter

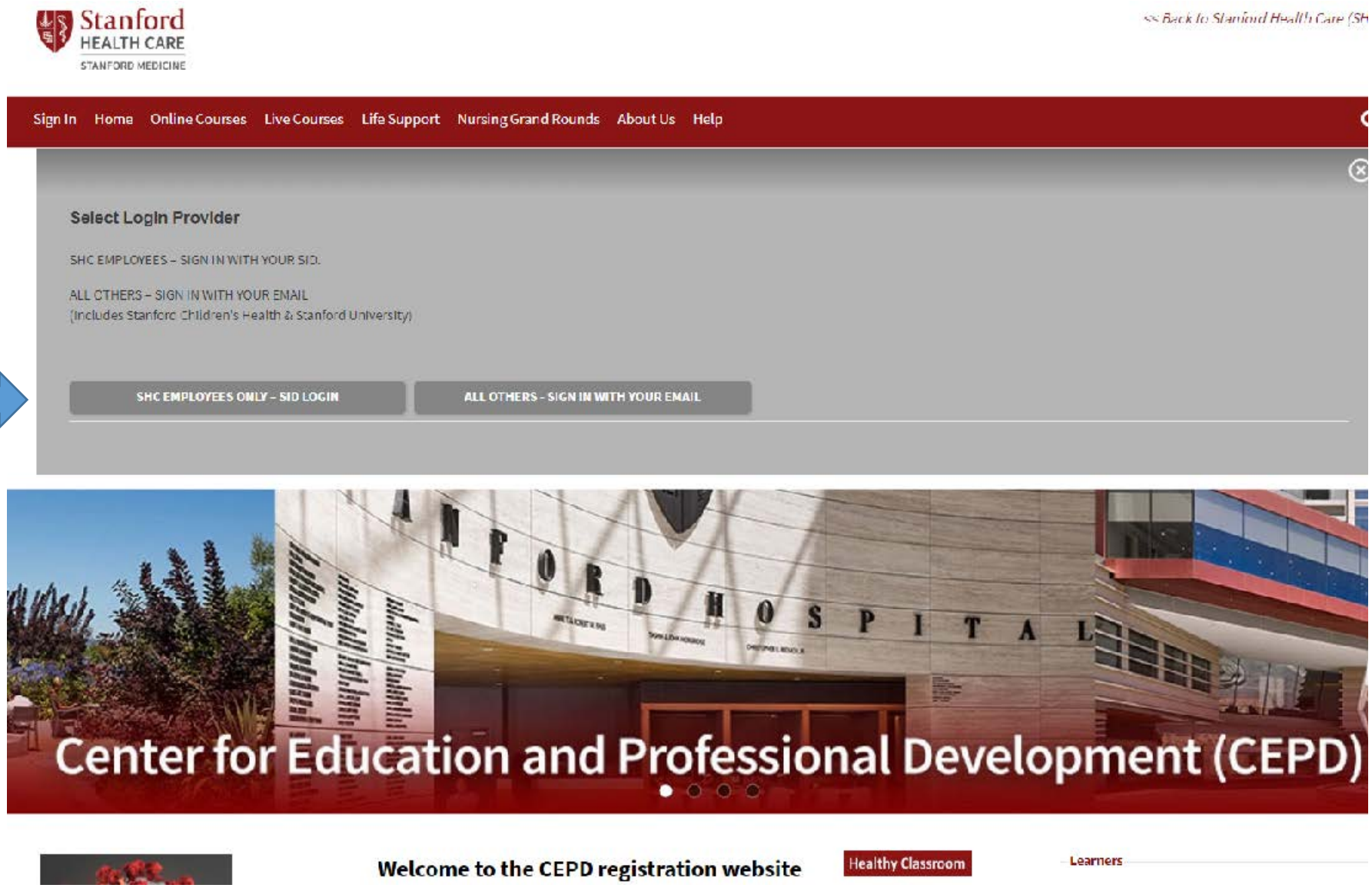
Complete Disclosure
Faculty Resources

New User

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

Sign Up Now

Choose SHC Employees ONLY



Healthy Classroom

renewals for staff with cards expiring in
eLearning, **part 1: HeartCode® online**
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developments

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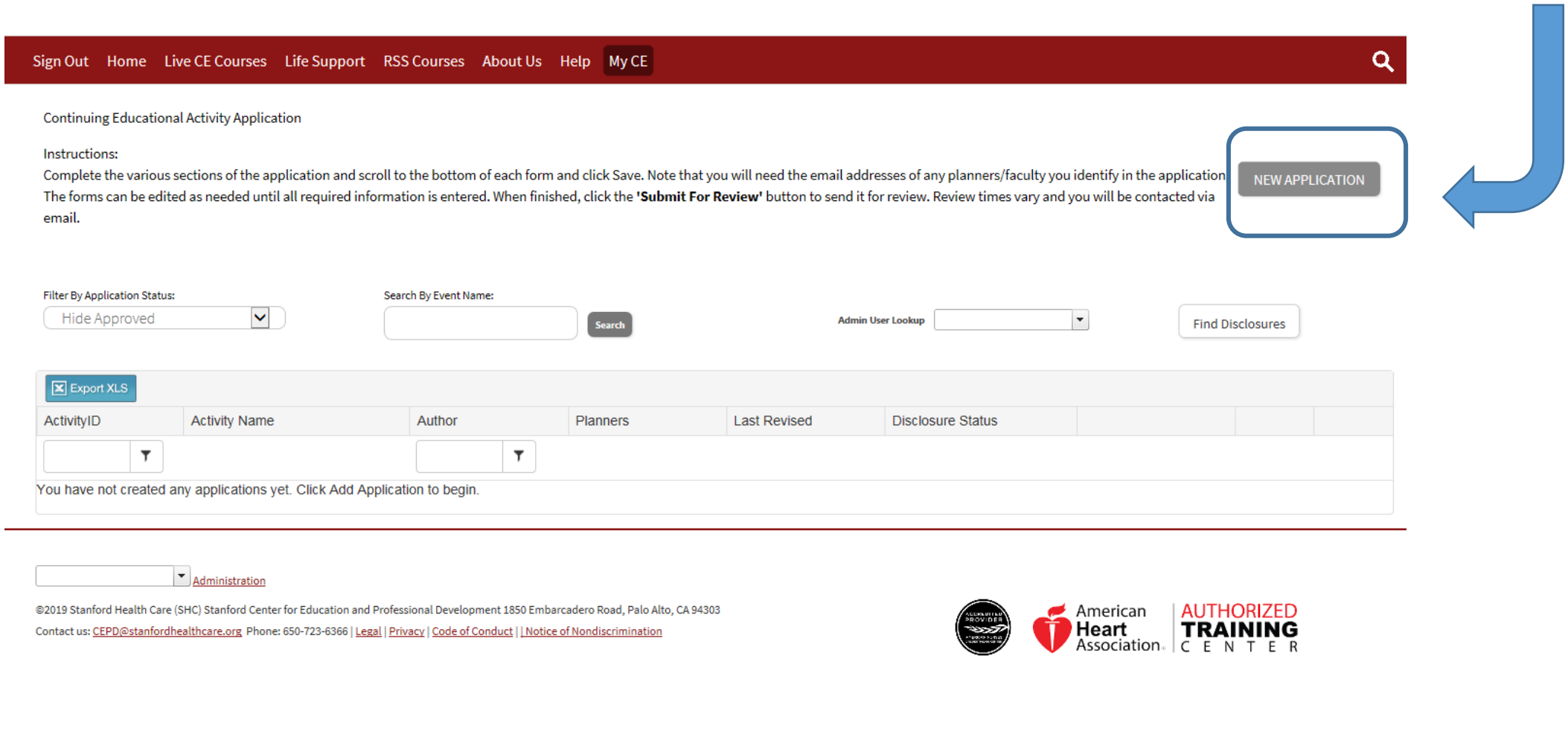
Faculty Resources

Life Support

Access Claimed AHA eCard
Student Resources
GME Housestaff Payment Form
Community Events - Coming Soon

Click on "Submit Educational Activity Proposal"

Select “New Application”



- 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: *

- [ ] Live Activity
- [ ] Journal-based CME activity
- [ ] Manuscript review activity
- [ ] Internet point-of-care activity
- [ ] Other
- [ ] Enduring Material
- [ ] Test-item writing activity
- [ ] PI CME activity
- [ ] Learning from teaching

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): *

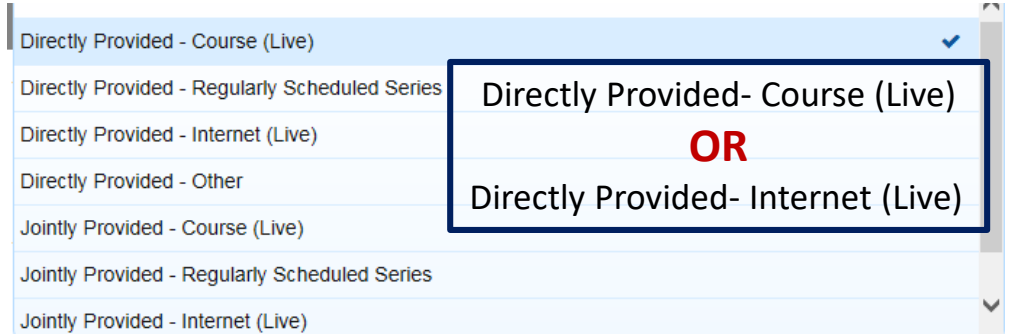
Basic Information

Specify the following for your activity

Activity Name: *

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: *



ANCC

ANCC Activity Type:

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

Activity Format: *

- Live Activity
- Journal-based CME activity
- Manuscript review activity
- Internet point-of-care activity
- Other
- Enduring Material
- Test-item writing activity
- PI CME activity
- Learning from teaching

If other format, please specify:

Department:

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

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

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

Type of Credit Requested: *

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

Please select requested credit types.

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

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

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

Only enter numbers if you are requesting ANCC Pharm contact hours for 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: CA | Country: UNITED STATES

Activity Start and End Dates

Start Date: * | End Date: *

Activity Start and End Times

Start Time: * 06:30 AM | End Time: * 06:30 PM

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

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): *

- [ ] All Specialties
- [ ] Behavioral Health/Psychosocial
- [ ] Critical Care
- [ ] Gastrointestinal
- [ ] Hematology
- [ ] Leadership/Professionalism
- [ ] Medicine
- [ ] Oncology
- [ ] Palliative/End of Life
- [ ] Pulmonary
- [ ] Surgical
- [ ] Trauma
- [ ] Ambulatory Care
- [ ] Cardiovascular
- [ ] Endocrine
- [ ] Geriatrics
- [ ] Infectious Disease
- [ ] Life Support
- [ ] Neurology
- [ ] Orthopedics
- [ ] Pharmacology
- [ ] Quality/Patient Safety
- [ ] Transplant

List other specialties here:

Save and Continue

Choose the specialty which the activity is geared towards.

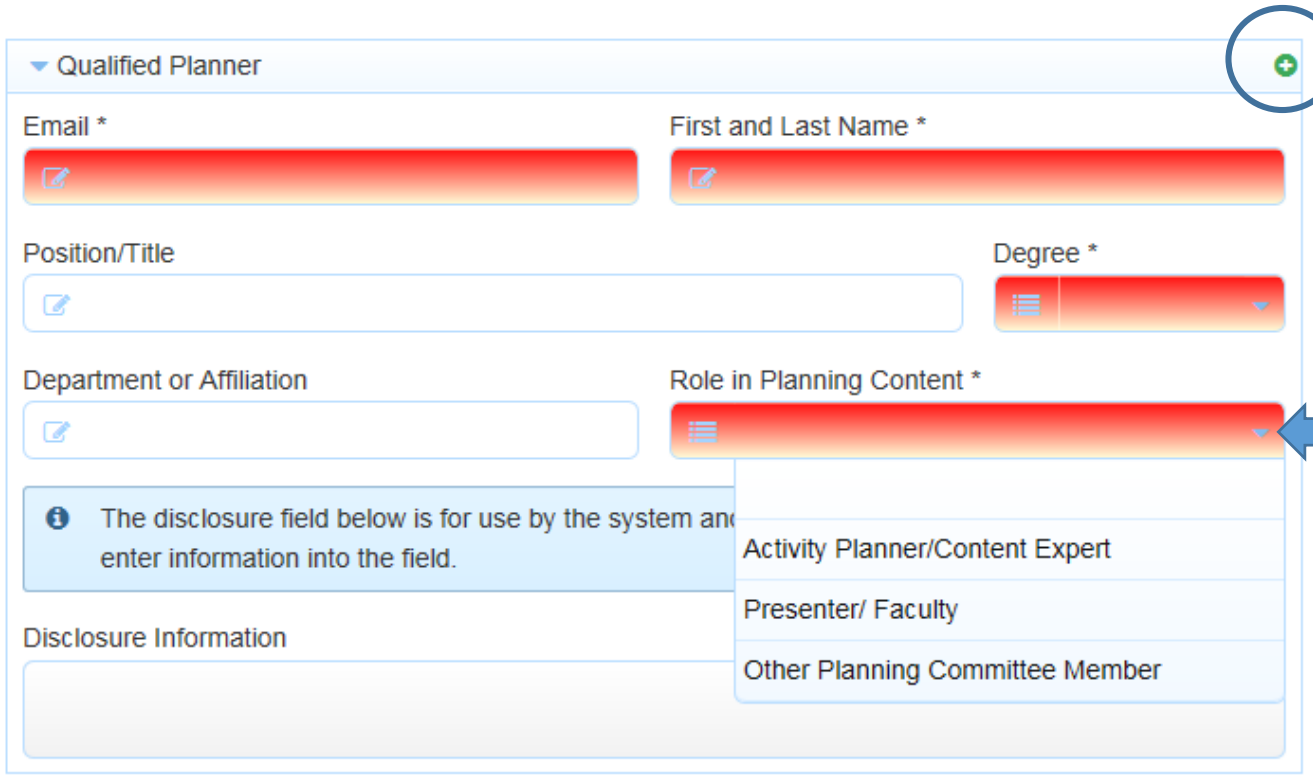
Planners and Faculty

Planning Committee

Complete the table below for each person on the planning committee and include name, credentials, educational degree(s), and role on the planning committee.

Instructions: The fields in red are required. Enter a valid email address, if the user has a disclosure on file the name and degree will be automatically populated for you. If the user does not have a disclosure, the Disclosure form will automatically be emailed to them as long as a valid email address is provided for them below.

To add more planners, click the green plus (+) icon.



Click "+" button to add more planners

Click drop down menu and select **ONE** role

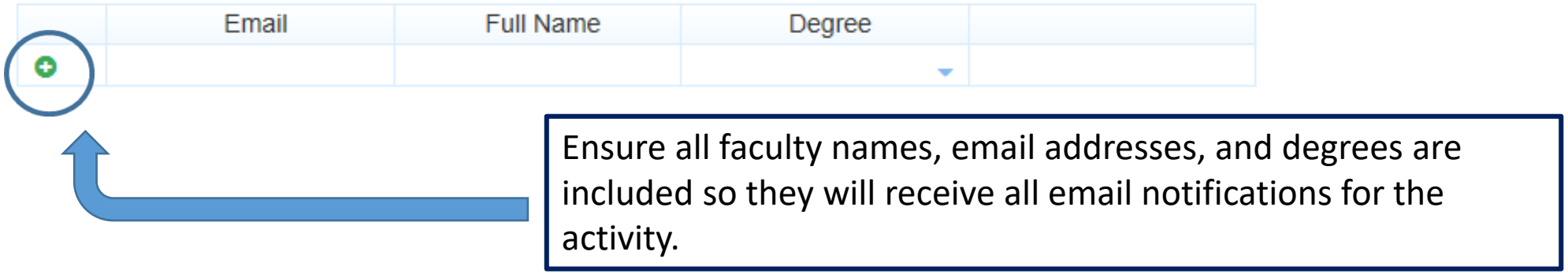
Presenter/Faculty

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.



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

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

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) *

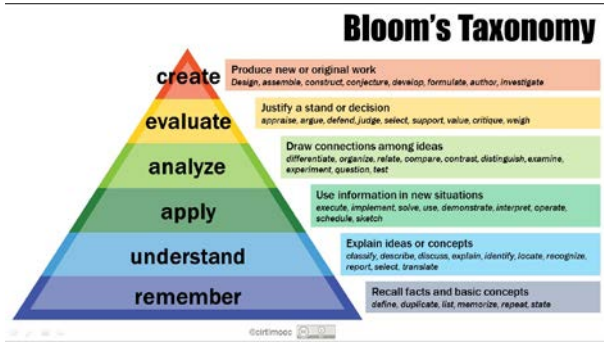
- Lecture
- Case Studies
- Demonstration
- Computer Applications
- Video & Audio
- Role Play
- Games
- E-learning via Internet
- Discussion
- Simulations
- Self-Learning Modules

Save and Continue

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

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.

Identify the Gap

These may include:

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

Gap and Needs

Description of the Professional Practice Gap

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.

← What is currently happening?

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.

← What should be happening?

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.

← 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)

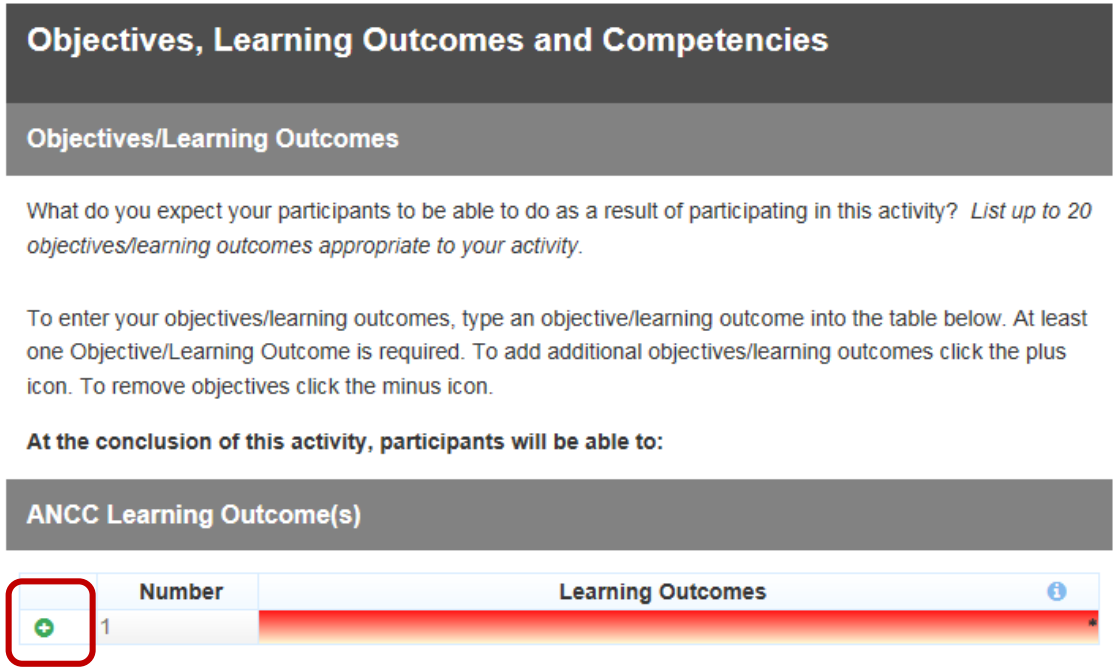
If other long-term evaluation option, please describe:

Save and Continue

Evaluation method

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

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



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

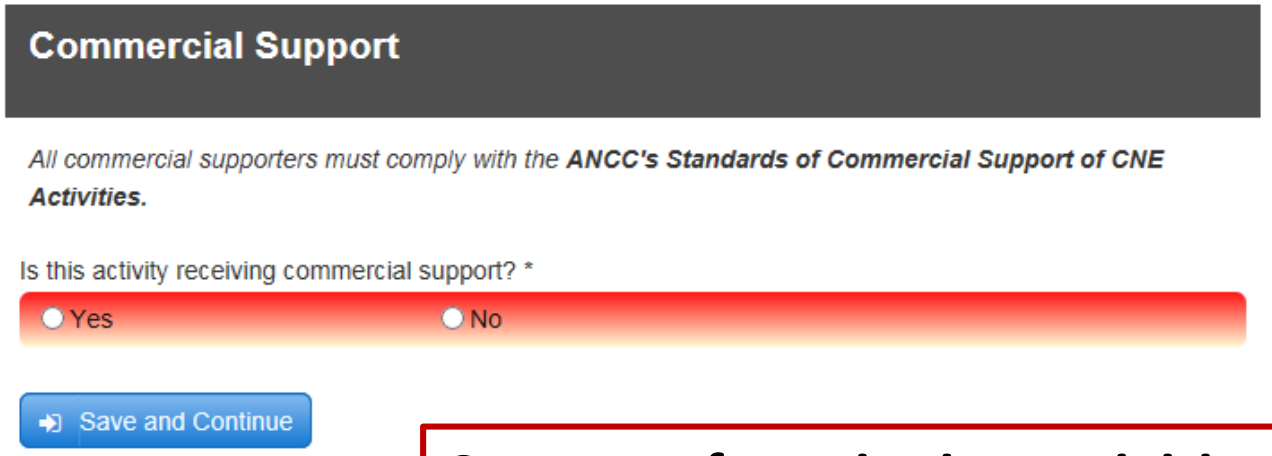
- [ ] Professional Practice Behaviors
- [ ] Leadership Skills
- [ ] Critical Thinking Skills
- [ ] Nurse Competence
- [ ] High Quality Care Based on Best Available Evidence
- [ ] Improvement in Nursing Practice
- [ ] Improvement in Patient Outcomes
- [ ] Improvement in Nursing Care Delivery

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.



Content of continuing activities must be free of commercial influence.

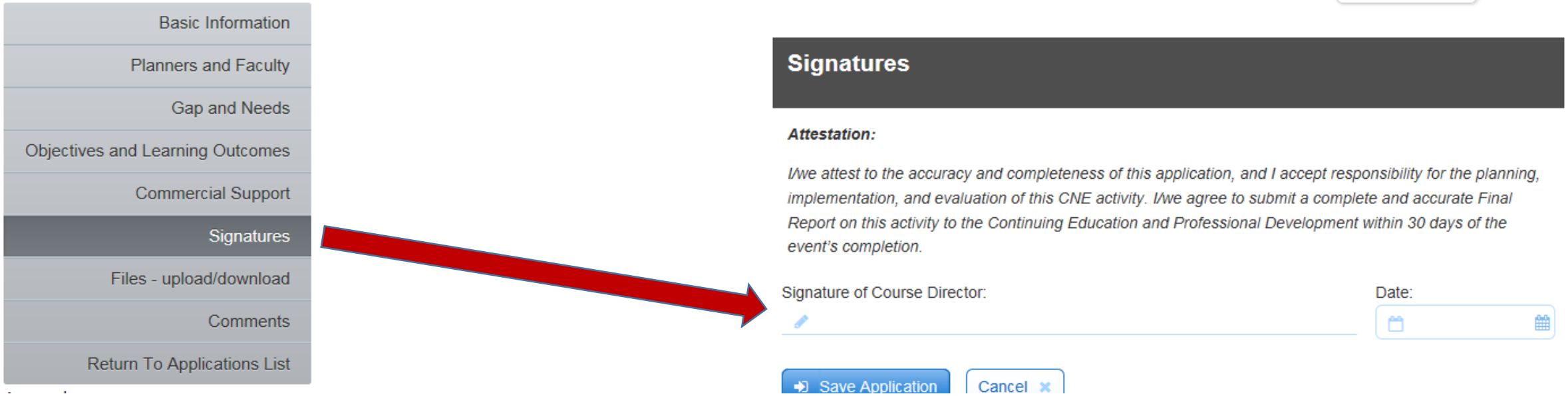
1. What is Commercial Support?
   - -Support from commercial interest organization is called commercial support
   - A commercial interest is any entity producing marketing, re-selling, or distributing health care goods or services consumed by, or used on, ***patients.***

   (ACCME, n.d.a.,p.1)

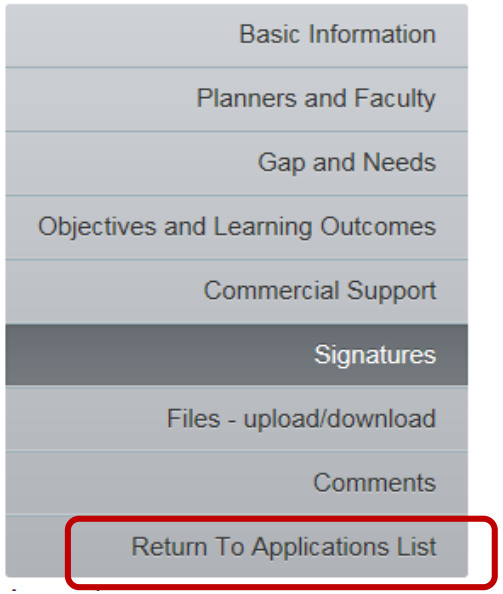
2. Types of Commercial support
   - Financial support: Money given to cover educational activity expenses)
   - In-kind support: Non-monetary support such as provide AV equipment)

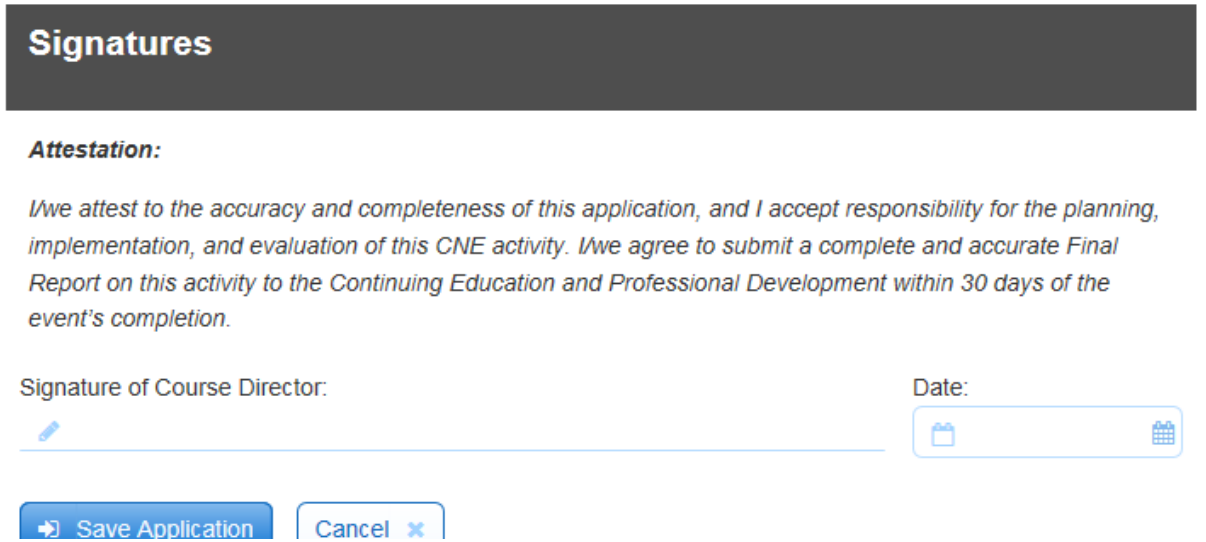
   (ANCC, 2016)

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

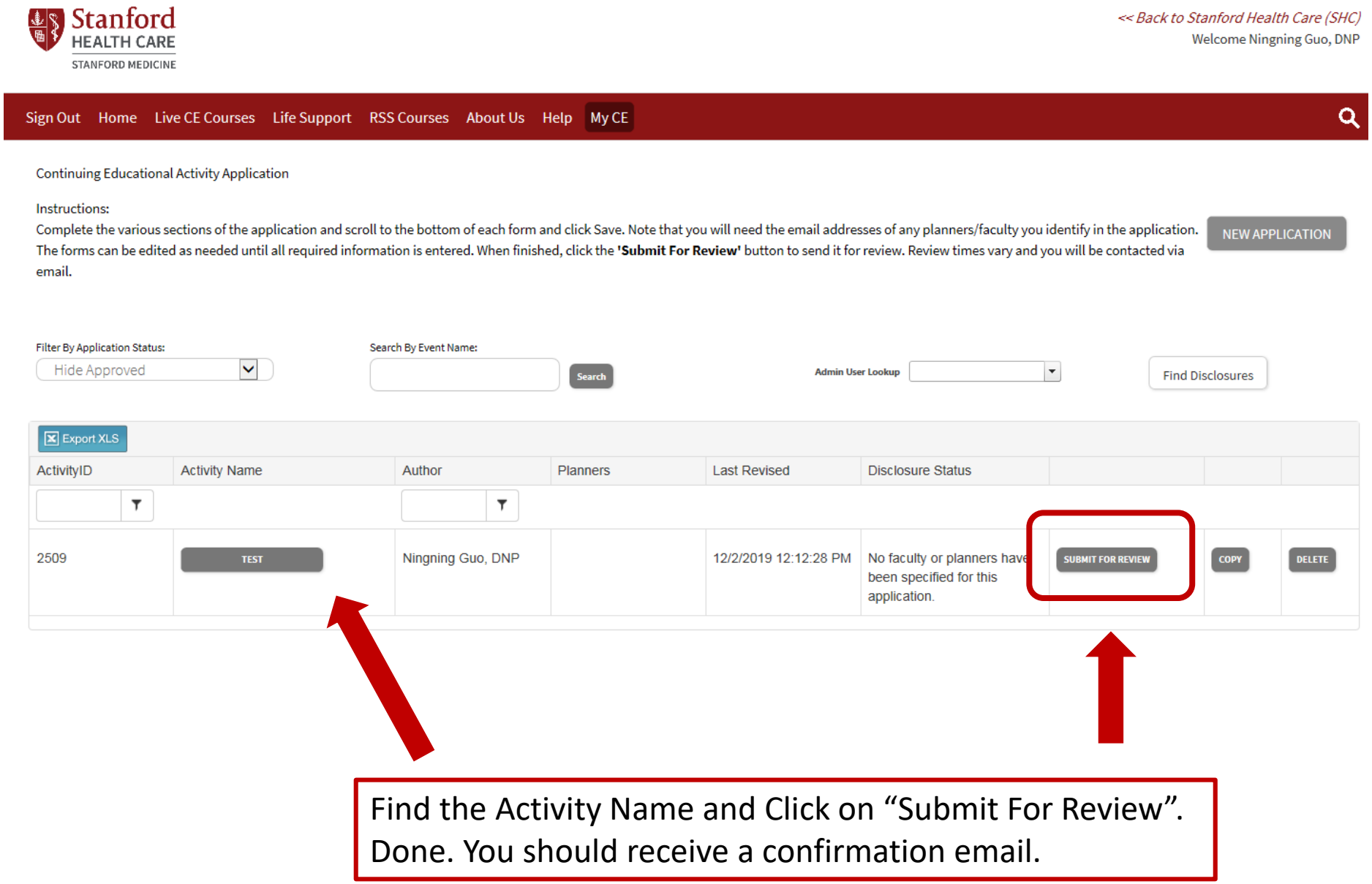


1. Attest, Sign and Date the application.
2. Click “Save Application”.
- If you save and do not yet submit, you may return back to the application at any time to update the information.





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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Welcome Ningning Guo, DNP
Sign Out
Home
Live CE Courses
Life Support
RSS Courses
About Us
Help
My CE
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
Export XLS
ActivityID
Activity Name
Author
Planners
Last Revised
Disclosure Status
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.