**To be completed by the Course Coordinator**

1. **Course Coordinator Name:** **Click here to enter text.**

**Course Coordinator Email:** **Click here to enter text.**

**Date Form Completed:** **Click here to enter text.**

1. **Title of Educational Activity:** **Click here to enter text.**

**Activity Format:**

[ ]  Provider-directed, provider-paced: Live/synchronous (in person, webinar)

[ ]  Provider-directed, learner-paced: Non-live/asynchronous (eLearning, online module)

[ ]  Hybrid activity: Live component with required pre or post work

1. **Needs assessment/gap analysis.** Description of the professional practice gap (e.g. the current problem or opportunity for improvement this activity is designed to address).

**Describe the current state or practice.**



**Identify the type of professional practice gap.** (Select all that apply)

[ ]  Knowledge (Doesn’t know)

[ ]  Skill (Doesn’t know how)

[ ]  Practice (Not able to show or do in practice)

**Describe the identified gap in knowledge, skills, or practice.**



**Methods used to identify the professional practice gap.** (Select all that apply)

[ ]  Survey data from stakeholders, target audience, subject matter experts or similar

[ ]  Input from stakeholders such as learners, managers, or subject matter experts

[ ]  Evidence from quality studies and/or performance improvement

[ ]  Evaluation data from previous education activities

[ ]  Trends in literature, law, and healthcare

[ ]  Direct observation

[ ]  Other - Describe: **Click here to enter text.**

**Provide a brief summary of data gathered that validates the need for this activity.**

Explain the results of the method checked above (e.g. what did the survey results indicate?)



1. **Target audience.** (Select all that apply)

[ ]  Registered Nurses

[ ]  Licensed Vocational Nurses

[ ]  Clinical Care Partners

[ ]  Advanced Practice Nurses

[ ]  Physicians/Physician Assistants

[ ]  Other - Describe: **Click here to enter text.**

1. **Learning outcome(s)**. A quantitative statement to explain the overall purpose/goal from participation in this activity (e.g. what should the learners know, show and/or be able to do at the end of the activity?)



1. **Evaluation method(s).** Identify the short-term and long-term evaluation methods to show a change in knowledge, skills and/or practices of target audience.

**Short-term evaluation:**

[ ]  Learner-reported intent to change practice

[ ]  Active participation in learning activity

[ ]  Post-test

[ ]  Return demonstration

[ ]  Case study analysis

[ ]  Simulation/Role-play

[ ]  Other – Describe: **Click here to enter text.**

**Long-term evaluation:**

[ ]  Learner-reported change in practice over a period of time

[ ]  Change in quality outcome measure

[ ]  Return on Investment (ROI)

[ ]  Observation of performance

[ ]  Other – Describe: **Click here to enter text.**

1. **Learner engagement strategies.** (Select all that apply)

[ ]  Encourage question and answer during activity

[ ]  Engage learners in dialogue or discussion groups

[ ]  Analyze case studies or peer review

[ ]  Debriefing session

[ ]  Include time for self-check or reflection

[ ]  Provide results of pretest and posttest

[ ]  Other - Describe: **Click here to enter text.**

1. **Criteria for successful completion of the activity.** (Select all that apply)

[ ]  Completion of an evaluation form

[ ]  Successful completion of a post-test. Participant must score at least **Click here to enter text.**%

[ ]  Successful completion of a return demonstration

[ ]  Other - Describe: **Click here to enter text.**

1. **Content of activity.** Submit a separate agenda for the activity using the following format. The agenda must account for all breaks, meals, and evaluation time.

|  |  |  |  |
| --- | --- | --- | --- |
| Time Frame | Agenda Topic | Presenter | Teaching Methods |
|  |  |  |  |

**Evidence to support content.** Describe the type of sources used to create the content for this educational activity. References should be within the past 5-7 years and citations must be included within the course content/presentation. (Select all that apply)

[ ]  Literature/peer reviewed journals

[ ]  Evidence-Based Practice or Clinical guidelines (ex. [www.guidelines.gov](http://www.guidelines.gov); UCLA Policies/Procedures; Professional organization standards)

[x]  Content experts’ opinion (individual, organization, educational institution)

[ ]  Other - Describe: **Click here to enter text.**

1. **Implicit Bias.** All Continuing Nursing Education related to direct patient care is required by law to address *implicit bias* concepts (per Assembly Bill 241 and California Business and Professions Code 2736.5). Continuing education credit will not be awarded for activities that fail to meet this requirement. [Click here for additional information on the *implicit bias* requirement](https://www.uclahealth.org/sites/default/files/documents/02/nur-cne-incorporating-implicit-bias-curriculum.pdf?f=9f1454af).

**Description of how implicit bias is included in the activity content.**



[ ]  Activity does not contain any direct patient care content

**Course Coordinator Checklist**

|  |  |  |
| --- | --- | --- |
| **Required Item** | **Due Date** | **Complete** |
| **CNE Request Form** | > 4 weeks prior to session | [ ]  |
| **Agenda** | > 4 weeks prior to session | [ ]  |
| **Planning Template** | > 1 week prior to session | [ ]  |
| **CV/Resume**(from all presenters) | > 1 week prior to session | [ ]  |
| **Disclosure and Acknowledgement Form**(from all presenters) | > 1 week prior to session | [ ]  |
| **Course Material**(from all presenters) | Day of Session | [ ]  |
| **Sign in Sheet & Roster Management**(managed in Cornerstone) | < 2 days post session | [ ]  |