**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)

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 |  |