# INSTRUCTIONS

Thank you for your interest in submitting an educational proposal. Use this form to plan your session. To officially submit your proposal, all information on this form must be entered into the online submission form: <https://forms.office.com/r/9H9HJxB1QM>**. Only proposals submitted online via the website will be considered for presentation.**

**Proposal Deadlines:**

* **Spring Clinical Conference**: September 1
* **Annual Convention**: November 1
* **Fall Conference**: July 1
* **Podcast**: anytime
* **Journal Article**: anytime
	+ Must submit a copy of article to education@azpharmacy.org after submitting this form.
* **Webinar**: anytime

**Focus Areas:**

* Board of Pharmacy required CPE
* Hot topics
* Topics identified in most recent needs assessment: <https://azpharmacy.org/call-for-speakers/>

*Note: Proposals may still be submitted after the deadline but approval will be based upon topic and conference needs.*

**Required Reading:** [**https://azpharmacy.org/call-for-speakers/**](https://azpharmacy.org/call-for-speakers/)

1. CPE Proposal Planning Worksheet
2. CPE Author/Presenter Handbook
3. How-to-guide for writing multiple choice questions for the pharmacy instructor.  <https://www.sciencedirect.com/science/article/abs/pii/S1877129715300575?via%3Dihub>

If your proposal is accepted for presentation, **you must be a current member of AzPA (non-pharmacists/technician excluded) through the time of the presentation at the meeting.** AzPA will not consider submissions by a third-party representative acting on behalf of another.

# Submitter (Contributor #1) INFORMATION

*Please fill out the information completely as you would like it to appear in print – no nicknames or abbreviations. Fields with an asterisk (\*) are required. Consider providing your personal email address to ensure receipt of communications from AzPA. Many organizations use firewalls which may block these communications.*

*Note: The person filling out this form will be the main point of contact for the CPE proposal and should also be one of the main Speakers/Authors. Students and Residents working with other faculty should not be responsible for filling out this form unless all details are reviewed and checked by their preceptor.*

**Personal Information (Contributor #1):**

|  |  |  |
| --- | --- | --- |
| **\*First: Click or tap here to enter text.** | **Middle: Click or tap here to enter text.** | **\*Last: Click or tap here to enter text.** |
| **\* List your Academic and/or Occupational Credentials: Click or tap here to enter text.** |
| **\*List Your Academic Degree(s) and the Institution(s) that Issued the Degree: Click or tap here to enter text.** |
| **\*Preferred Email: Click or tap here to enter text.** | **\*Cell Phone: Click or tap here to enter text.** |
| **\*Address Line 1 (Street Address): Click or tap here to enter text.** |
| **Address Line 2 (Apt, Suite, Bldg.): Click or tap here to enter text.** |
| **\*City: Click or tap here to enter text.** | **\*State: Click or tap here to enter text.** | **\*Zip Code: Click or tap here to enter text.** |
| **\*Employer/Organization: Click or tap here to enter text.** | **\*Position/Title: Click or tap here to enter text.** |
| **\*I have completed the three (3) required readings:** [ ] **Yes** [ ] **No**1. **Proposal Planning Worksheet**
2. **CPE Author/Presenter Handbook**
3. **How-to-guide for writing multiple choice questions for the pharmacy instructor.** [**https://www.sciencedirect.com/science/article/abs/pii/S1877129715300575?via%3Dihub**](https://www.sciencedirect.com/science/article/abs/pii/S1877129715300575?via%3Dihub)
 |

**\*Submitter’s Attestation: I attest that I have submitted this proposal on my own behalf and not as a third-party representative acting on behalf of another. If this educational program is accepted, I agree to serve as the program chair.**

[ ] I Agree

**Proposed Co-Contributors**

*Add the list of additional contributors to this proposal that will be involved in the development or delivery of this educational session/activity. Submitters are automatically considered Contributor #1.*

**\*Will you be the only presenter/author?**

[ ] Yes [ ] No

*Note: If you are a PGY1 resident, you must have your RPD or preceptor as a co-contributor. Students cannot submit proposals they can however be listed as a co-contributor to a pharmacist’s proposal.*

**Proposed Co-Contributor #2:**

|  |  |
| --- | --- |
| Name contributor #2: Click or tap here to enter text. | Degree(s) and/or Credentials(s) contributor #2: Click or tap here to enter text. |
| Employer contributor #2: Click or tap here to enter text. | Position/Title contributor #2: Click or tap here to enter text. |
| List the expertise/qualifications of contributor #2 in the topic(s) you are proposing: Click or tap here to enter text. |
| Cell Phone contributor #2: Click or tap here to enter text. | Preferred Email contributor #2: Click or tap here to enter text. |
| Does proposed contributor #2 agree to have an active AzPA Membership if the proposal is accepted and continue the membership through delivery of the program: [ ] Yes [ ] No |

**Proposed Co-Contributor #3:**

|  |  |
| --- | --- |
| Name contributor #3: Click or tap here to enter text. | Degree(s) and/or Credentials(s) contributor #3: Click or tap here to enter text. |
| Employer contributor #3: Click or tap here to enter text. | Position/Title contributor #3: Click or tap here to enter text.  |
| List the expertise/qualifications of contributor #3 in the topic(s) you are proposing: Click or tap here to enter text. |
| Cell Phone contributor #3: Click or tap here to enter text. | \*Preferred Email contributor #3: Click or tap here to enter text. |
| Does proposed contributor #3 agree to have an active AzPA Membership if the proposal is accepted and continue the membership through delivery of the program: [ ] Yes [ ] No |

# Proposal details

**\*Which CPE activity are you applying for (Check all that apply):**

[ ] Spring Clinical Conference

[ ] Annual Convention

[ ] Fall Conference

[ ] Podcast

[ ] Journal Article

[ ] Webinar

**\*I understand that if I am submitting a proposal for the Arizona Journal of Pharmacy that my proposal will not considered until I submit a copy of the Journal Article to** **education@azpharmacy.org****:**

[ ] Yes [ ] No

**\*Proposal Title:**

*A proposal must have a short, specific presentation title (containing no abbreviations) that indicates the nature of the presentation.*

|  |
| --- |
| Click or tap here to enter text. |

**\*Educational Level of Content (Select ONE):**

|  |
| --- |
|[ ]  **General interest**: level designation not applicable to this session. |
|[ ]  **Intermediate:** Basic knowledge of the specific content area is suggested but, extensive experience is not necessary. |
|[ ]  **Advanced:** General working knowledge of the specific content area suggested, information will be provided to expand current expertise. |

**\*Description and Overall Purpose/Goal of Educational Proposal:**

*Brief description, justification, and overall purpose of this educational session that will entice your audience to attend and set realistic expectations of the content:*

|  |
| --- |
| Click or tap here to enter text. |

**\*Select the general topic category that best describes your proposal (Select NO more than 3):**

[ ] Administrative Practice/Management/Financial Management/Human Resources

[ ] Ambulatory Care

[ ] Cardiology/Anticoagulation

[ ] Chronic/Managed Care

[ ] Clinical Services Management

[ ] Clinical Topics/Therapeutics

[ ] Complementary Alternative Medicine (Herbals, etc.)

[ ] Community Pharmacy

[ ] Compounding

[ ] Critical Care

[ ] Drug Information/Drug Use Evaluation

[ ] Emergency Medicine

[ ] Emergency Preparedness

[ ] Geriatrics

[ ] Home Care

[ ] Infectious Diseases/HIV

[ ] Informatics/Technology/Automation

[ ] Investigational Drugs

[ ] IV Therapy/Infusion Devices

[ ] Leadership Development

[ ] Nuclear Pharmacy

[ ] Nutrition Support

[ ] Oncology/Hematology

[ ] Operating Room Pharmacy

[ ] Pain Management/Palliative Care

[ ] Pediatrics

[ ] Pharmacokinetics

[ ] Pharmacy Law/Regulatory/Accreditation

[ ] Pharmacy Technicians/Competencies/Development/Other

[ ] Precepting/Preceptor Skills/Education and Training

[ ] Professionalism and Career Development

[ ] Psychiatry/Neurology

[ ] Safety/Quality

[ ] Small and/or Rural Practice

[ ] Specialty Pharmacy

[ ] Telehealth/Digital Health

[ ] Toxicology

[ ] Transplant/Immunology

[ ] Women’s Health

**\*Select the Topic Designator that aligns with the program title & description:**

|  |
| --- |
|[ ]  **Topic 01 Disease State Management/Drug Therapy:** Activities that address drugs, drug therapy, and/or disease states. |
|[ ]  **Topic 02 HIV/AIDS Therapy:** Activities that address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS. |
|[ ]  **Topic 03 Law:** Activities that address federal, state, or local laws and/or regulations affecting the practice of pharmacy. |
|[ ]  **Topic 04 Pharmacy Administration:** Activities that address topics relevant to the practice of pharmacy that include the economic, social, administrative, and managerial aspects of pharmacy practice and health care. |
|[ ]  **Topic 05 Patient Safety:** Activities that address topics relevant to the prevention of healthcare errors and the elimination or mitigation of patient injury caused by healthcare errors. |
|[ ]  **Topic 06 Immunizations:** Activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying and reporting adverse drug events and providing necessary first aid. |
|[ ]  **Topic 07 Compounding:** Activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental testing and control, record keeping, error detection and reporting, and continuous quality improvement processes. |
|[ ]  **Topic 08 Pain Management/Opioids:** Activities that address any component regarding the treatment and management of pain, including the prescribing, distribution and use of opioid medications, and/or the risks, symptoms, and treatment of opioid misuse/addiction. |
|[ ]  **Topic 99 Additional Topic Areas:** Activities related to topics relevant to the practice of pharmacy not included in the classifications of the topic designators 01-08. |

**\*Do you intend your proposal to be considered for Continuing Pharmacy Education?**

*Note: We will not accept proposal for Annual Convention, Spring Clinical or Fall Conference that do not plan to offer CE*

[ ] Yes

[ ] No-this is a proposal for a non-CE presentation **[Skip to page 19]**

[ ] No-this is a proposal for a Student Track Session **[Skip to page 19]**

|  |
| --- |
| **PRACTICE GAP** |

***PRACTICE GAP =*** *the difference between* ***actual/current*** *and* ***ideal/desired*** *performance and outcomes. What is the problem/gap you intend to fix through this educational session? The* ***need for this session is validated because there is a practice gap that must be closed to attain desired or ideal practice.***

**What is the ACTUAL/CURRENT practice?**

|  |
| --- |
| Click or tap here to enter text. |

**What is the IDEAL/DESIRED practice?**

|  |
| --- |
| Click or tap here to enter text. |

|  |
| --- |
| **NEEDS ASSESSMENT** |

*The purpose of doing a “Needs Assessment” is to systematically gather information, then utilize this*

*information to formulate and determine instructional (educational) solutions to close the GAP between what the audience does know or do and what the audience should know or do.* ***(Select at least two from the list below)***

|  |  |  |
| --- | --- | --- |
| **INFERRED NEED** | **PROVEN NEED** | **VERBALIZED NEED** |
|[ ]  Legislative/Regulatory Change  |[ ]  Expert Opinion |[ ]  Needs Assessment Survey  |
|[ ]  New/Updated National Guidelines |[ ]  Licensure/Board/Recertification Requirements |[ ]  Request from a Pharmacy Partner/ Care Team Member  |
|[ ]  New Drugs/Treatment |[ ]  Epidemiologic Data  |[ ]  AzPA Board, Committee, Staff |
|[ ]  Hot Topic |[ ]  Legislative/Regulatory Requirement |[ ]  Regularly Scheduled Series\*  |
|[ ]  New Technology, Assays, Methods, Techniques |[ ]  Quality assurance/audit data/ Incident/event reporting systems  |[ ]  Patient Problem Inventories |
|  |  |[ ]  Statistics-DHS/Infection Control |  |  |
|  |  |[ ]  Morbidity/Mortality |  |  |
|[ ]  Peer-Reviewed Literature (List 2 citations below) |

***Regularly Scheduled Series.*** *A regularly scheduled series (RSS) is a series of multiple distinct live CPE sessions that occur on an ongoing, scheduled basis (e.g., weekly, monthly, quarterly). Examples: grand rounds, tumor boards, morbidity and mortality (M&M) conferences, and journal club.*

If you selected Peer Reviewed Literature: Identify the name of expert, guideline, research, etc. & list what it says that supports the need?

Click or tap here to enter text.

**Learning Objectives & Assessment of learning**

**VERY IMPORTANT! When writing learning objectives, refer to the appropriate verbs in the table on page 9 below that corresponds to the activity type: Knowledge or Application selected below.**

*Note: Application-Based activities can also include some Knowledge-Based learning objectives, but the main focus of the overall activity must be skill-based.*

ACPE requires active learning and learning assessment for each session objective. Only proposals with these elements will be considered by the CE Committee. You must have at least two learning objectives with corresponding active learning strategies and learning assessment.

**Learning Objectives for each CPE activity define what the pharmacists and technicians should be able to do at the completion of each CPE activity and must meet all the following criteria**:

* Appropriate for the CPE activity type (Knowledge verse Application)
* Specific and measurable to address the identified educational need
* Should describe only one behavior or outcome
* Addressed by an active learning activity
* Covered by a learning assessment
* Appropriate according to scope of practice

**ACPE requires an active learning strategy/activity AND a learning assessment for EACH session objective.**

**\*Proposal Submission Category** **(Select ONE):**

[ ]  **Knowledge-based:** Designed primarily for participants to acquire factual knowledge.

[ ]  **Application-based**: Designed primarily for participants to apply the information learned in the allotted timeframe.

**\*Target CPE Audience (Select one):**

*We prefer that speakers try to include technicians when possible in their CPE programs.*

|  |
| --- |
|[ ]  Pharmacists Only |
|[ ]  Technicians Only  |
|[ ]  Both Pharmacists and Technicians* *Please note you will need specific, scope appropriate objectives and learning assessment questions for each practitioner*
 |

|  |
| --- |
| **DEVELOPING LEARNING OBJECTIVES ACCORDING TO ACTIVITY TYPE** |

|  |  |
| --- | --- |
| KNOWLEDGE-BASED ACTIVITY*Designed primarily for participants to acquire factual knowledge.* | APPLICATION-BASED ACTIVITY*Designed primarily for participants to apply the information learned in the allotted timeframe.* |
| KNOWLEDGE* Cite
* Define
* Describe
* Identify
* Label
* List
* Match
* Name
* Order
* Select
* State
 | **COMPREHENSION*** Describe
* Discuss
* Estimate
* Give example(s)
* Identify
* Select
* Summarize
 | **APPLICATION*** Apply
* Assign
* Change
* Choose
* Interpret
* Modify
* Predict
* Solve
* Use
 | **ANALYSIS*** Adjust (as in dose modification)
* Analyze
* Apply
* Calculate
* Categorize
* Choose
* Compare
* Contrast
* Differentiate
* Identify
* Interpret
* Prioritize
* Select
 | **SYNTHESIS*** Categorize
* Combine
* Compose
* Construct
* Create
* Counsel (a patient-Tell)
* Design
* Develop
* Plan
* Recommend (Tell)
* Summarize
 | **EVALUATION*** Assess
* Choose
* Compare
* Conclude
* Contrast
* Counsel
* Critique
* Estimate
* Evaluate
* Justify
* Interpret
* Rate
* Predict
* Select
* Summarize
* Rank
* Rate
* Recommend
* Validate
 |
| LEARNING OBJECTIVE EXAMPLES:Summarize how to perform effective distribution and non-distribution activities in the operating room.List ways clinical surveillance systems can provide cost savings.Describe leadership strategies, tactics, and critical thinking skills needed in complex environments. | **LEARNING OBJECTIVE EXAMPLES:****Recommend** strategies for solving cases involving how to perform effective distribution and non-distribution activities in the operating room.Using a set of criteria, **evaluate** ways in which clinical surveillance systems can provide cost savings in your institution.**Develop** a personal action plan for recognizing and applying leadership strategies, tactics, and critical thinking skills needed in complex environments. |

# Matching Active Learning Strategies to Activity Type

The responsibility of the presenters is to ensure that they understand what active learning is and have incorporated active learning strategies into their session. Active learning strategies engage the audience in the activity and should be appropriate for your session type as outlined below.

|  |  |  |
| --- | --- | --- |
| **Active Learning Strategies** | **Knowledge-Based** **Activity** | **Application-Based Activity** |
| **In -Session: Polling Questions** | **** | **** |
| **In-Session: Game/Quiz to Practice Recall** | **** | **** |
| **In-Session: Think – Pair - Share** | **** | **** |
| **In-Session: Think – Write - Share** | **** | **** |
| **In-Session: Demonstration** |  | **** |
| **In Session: Example with Practice** |  | **** |
| **In Session: Interactive Case Study/Scenario** |  | **** |
| **In -Session: Role play** |  | **** |
| **In-Session: Simulation** |  | **** |
| **Post-Session: Quiz Question (Multiple Choice, T/F)** | **** | **** |
| **Post Session: Patient Case Quiz Question** |  | **** |

# Assessment of Learning and Assessment Feedback

|  |  |  |
| --- | --- | --- |
| **Assessment Type** | **Knowledge-Based Activity** | **Application-Based Activity** |
| **Assessment of Learning** | Must include assessment questions structured to determine the recall of facts based on the learning objectives. Techniques can be informal such as audience response systems, color cards, or the raising of hands. | Must include case studies structured to address application of the principles learned based on the learning objectives. |
| **Assessment of Feedback** | Feedback may include the correct response to questions. For incorrect responses, communicate that a question was answered incorrectly and provide rationale for the correct response. | Feedback may include the correct evaluation of case studies. When responses are incorrect, explain the rationale for the correct responses. |

***Example: for a Knowledge-Based Session***

|  |  |  |
| --- | --- | --- |
| **Learning Objective** | **Learning Assessment**  | **Active Learning Strategy** |
| Describe the implications of the new regulatory requirement on pharmacy practice. | Create quiz question about the implications of the new regulation & include rationale of why the answer is correct.  | [x]  Quiz  |

***Example: for an Application-Based Session***

|  |  |  |
| --- | --- | --- |
| **Learning Objective** | **Learning Assessment** | **Active Learning Strategy** |
| Given a description of a specific patient, develop a medication regimen that reflects application of the best evidence and current guidelines. | Provide solution to the case study with evidence-based references and current guidelines being applied. | [x]  Interactive case study |

**PHARMACIST LEARNING OBJECTIVES:**

**\*List Learning Objective #1 (Pharmacist):**

|  |
| --- |
| Click or tap here to enter text. |

**\*Identify (ONE) Active Learning Strategy you plan to utilize for Learning Objective #1:**

* *Post Session Strategy: Activity that is completed by the learner after the CPE session (i.e., completing a post assessment quiz or patient case)*
* *In Session Strategy: Activity that is completed by the learner during the CPE session (i.e., Skills Demonstration, Role Play)*

|  |  |  |
| --- | --- | --- |
| **Active Learning Strategies** | **Knowledge-Based Activity** | **Application-Based Activity** |
| **In -Session: Polling Questions** |[ ] [ ]
| **In-Session: Game/Quiz to Practice Recall** |[ ] [ ]
| **In-Session: Think – Pair - Share** |[ ] [ ]
| **In-Session: Think – Write - Share** |[ ] [ ]
| **In-Session: Demonstration** | **NA** |[ ]
| **In Session: Example with Practice** | **NA** |[ ]
| **In Session: Interactive Case Study/Scenario** | **NA** |[ ]
| **In -Session: Role play** | **NA** |[ ]
| **In-Session: Simulation** | **NA** |[ ]
| **Post-Session: Quiz Question (Multiple Choice, T/F)** |[ ] [ ]
| **Post Session: Patient Case Quiz Question** | **NA** |[ ]

**\*Please describe your planned In-Session Active Learning Strategy for Learning Objective #1 in more detail below:**

|  |
| --- |
| Click or tap here to enter text. |

**PHARMACIST LEARNING OBJECTIVES CONT.:**

**\*List Learning Objective #2 (Pharmacist):**

|  |
| --- |
| Click or tap here to enter text. |

**\*Identify (ONE) Active Learning Strategy you plan to utilize for Learning Objective #2:**

* *Post Session Strategy: Activity that is completed by the learner after the CPE session (i.e., completing a post assessment quiz or patient case)*
* *In Session Strategy: Activity that is completed by the learner during the CPE session (i.e., Skills Demonstration, Role Play)*

|  |  |  |
| --- | --- | --- |
| **Active Learning Strategies** | **Knowledge-Based Activity** | **Application-Based Activity** |
| **In -Session: Polling Questions** |[ ] [ ]
| **In-Session: Game/Quiz to Practice Recall** |[ ] [ ]
| **In-Session: Think – Pair - Share** |[ ] [ ]
| **In-Session: Think – Write - Share** |[ ] [ ]
| **In-Session: Demonstration** | **NA** |[ ]
| **In Session: Example with Practice** | **NA** |[ ]
| **In Session: Interactive Case Study/Scenario** | **NA** |[ ]
| **In -Session: Role play** | **NA** |[ ]
| **In-Session: Simulation** | **NA** |[ ]
| **Post-Session: Quiz Question (Multiple Choice, T/F)** |[ ] [ ]
| **Post Session: Patient Case Quiz Question** | **NA** |[ ]

**\*Please describe your planned In-Session Active Learning Strategy for Learning Objective #2 in more detail below:**

|  |
| --- |
| Click or tap here to enter text. |

**PHARMACIST LEARNING OBJECTIVES CONT.:**

**\*List Learning Objective #3 (Pharmacist):**

|  |
| --- |
| Click or tap here to enter text. |

**\*Identify (ONE) Active Learning Strategy you plan to utilize for Learning Objective #3:**

* *Post Session Strategy: Activity that is completed by the learner after the CPE session (i.e., completing a post assessment quiz or patient case)*
* *In Session Strategy: Activity that is completed by the learner during the CPE session (i.e., Skills Demonstration, Role Play)*

|  |  |  |
| --- | --- | --- |
| **Active Learning Strategies** | **Knowledge-Based Activity** | **Application-Based Activity** |
| **In -Session: Polling Questions** |[ ] [ ]
| **In-Session: Game/Quiz to Practice Recall** |[ ] [ ]
| **In-Session: Think – Pair - Share** |[ ] [ ]
| **In-Session: Think – Write - Share** |[ ] [ ]
| **In-Session: Demonstration** | **NA** |[ ]
| **In Session: Example with Practice** | **NA** |[ ]
| **In Session: Interactive Case Study/Scenario** | **NA** |[ ]
| **In -Session: Role play** | **NA** |[ ]
| **In-Session: Simulation** | **NA** |[ ]
| **Post-Session: Quiz Question (Multiple Choice, T/F)** |[ ] [ ]
| **Post Session: Patient Case Quiz Question** | **NA** |[ ]

**\*Please describe your planned In-Session Active Learning Strategy for Learning Objective #3 in more detail below:**

|  |
| --- |
| Click or tap here to enter text. |

**PHARMACIST LEARNING OBJECTIVES CONT.:**

**List Learning Objective #4 (Optional):**

|  |
| --- |
| Click or tap here to enter text. |

**Identify (ONE) Active Learning Strategy you plan to utilize for Learning Objective #4:**

* *Post Session Strategy: Activity that is completed by the learner after the CPE session (i.e., completing a post assessment quiz or patient case)*
* *In Session Strategy: Activity that is completed by the learner during the CPE session (i.e., Skills Demonstration, Role Play)*

|  |  |  |
| --- | --- | --- |
| **Active Learning Strategies** | **Knowledge-Based Activity** | **Application-Based Activity** |
| **In -Session: Polling Questions** |[ ] [ ]
| **In-Session: Game/Quiz to Practice Recall** |[ ] [ ]
| **In-Session: Think – Pair - Share** |[ ] [ ]
| **In-Session: Think – Write - Share** |[ ] [ ]
| **In-Session: Demonstration** | **NA** |[ ]
| **In Session: Example with Practice** | **NA** |[ ]
| **In Session: Interactive Case Study/Scenario** | **NA** |[ ]
| **In -Session: Role play** | **NA** |[ ]
| **In-Session: Simulation** | **NA** |[ ]
| **Post-Session: Quiz Question (Multiple Choice, T/F)** |[ ] [ ]
| **Post Session: Patient Case Quiz Question** | **NA** |[ ]

**Please describe your planned In-Session Active Learning Strategy for Learning Objective #4 in more detail below:**

|  |
| --- |
| Click or tap here to enter text. |

**\*Select the best response:**

[ ]  My presentation is clinical but I can create learning objectives that are scope appropriate for technicians **[Continue on next page]**

[ ] My proposal will not be accredited for technicians because the content is not scope appropriate **[Skip to page 19]**

[ ] My presentation is not clinical, and the Learning Objectives developed for pharmacists are appropriate for technicians. Please use the same learning objectives. **[Skip to page 19]**

**TECHNICIAN LEARNING OBJECTIVES:**

Learning Objectives for each CPE activity define what the pharmacists and technicians should be able to do at the completion of each CPE activity and must meet all the following criteria:

* Appropriate for the CPE activity type (Knowledge versus Application)
* Specific and measurable to address the identified educational need
* Should describe only one behavior or outcome
* Addressed by an active learning activity
* Covered by a learning assessment
* Appropriate according to scope of practice

**\*List Learning Objective #1-MUST be scope appropriate**

|  |
| --- |
| Click or tap here to enter text. |

**\*Identify (ONE) Active Learning Strategy you plan to utilize for Learning Objective #1:**

* *Post Session Strategy: Activity that is completed by the learner after the CPE session (i.e., completing a post assessment quiz or patient case)*
* *In Session Strategy: Activity that is completed by the learner during the CPE session (i.e., Skills Demonstration, Role Play)*

|  |  |  |
| --- | --- | --- |
| **Active Learning Strategies** | **Knowledge-Based Activity** | **Application-Based Activity** |
| **In -Session: Polling Questions** |[ ] [ ]
| **In-Session: Game/Quiz to Practice Recall** |[ ] [ ]
| **In-Session: Think – Pair - Share** |[ ] [ ]
| **In-Session: Think – Write - Share** |[ ] [ ]
| **In-Session: Demonstration** | **NA** |[ ]
| **In Session: Example with Practice** | **NA** |[ ]
| **In Session: Interactive Case Study/Scenario** | **NA** |[ ]
| **In -Session: Role play** | **NA** |[ ]
| **In-Session: Simulation** | **NA** |[ ]
| **Post-Session: Quiz Question (Multiple Choice, T/F)** |[ ] [ ]
| **Post Session: Patient Case Quiz Question** | **NA** |[ ]

**\*Please describe your planned In-Session Active Learning Strategy for Learning Objective #1 in more detail below:**

|  |
| --- |
| Click or tap here to enter text. |

**TECHNICIAN LEARNING OBJECTIVES CONT.:**

**\*List Learning Objective #2-MUST be scope appropriate**

|  |
| --- |
| Click or tap here to enter text. |

**\*Identify (ONE) Active Learning Strategy you plan to utilize for Learning Objective #2:**

* *Post Session Strategy: Activity that is completed by the learner after the CPE session (i.e., completing a post assessment quiz or patient case)*
* *In Session Strategy: Activity that is completed by the learner during the CPE session (i.e., Skills Demonstration, Role Play)*

|  |  |  |
| --- | --- | --- |
| **Active Learning Strategies** | **Knowledge-Based Activity** | **Application-Based Activity** |
| **In -Session: Polling Questions** |[ ] [ ]
| **In-Session: Game/Quiz to Practice Recall** |[ ] [ ]
| **In-Session: Think – Pair - Share** |[ ] [ ]
| **In-Session: Think – Write - Share** |[ ] [ ]
| **In-Session: Demonstration** | **NA** |[ ]
| **In Session: Example with Practice** | **NA** |[ ]
| **In Session: Interactive Case Study/Scenario** | **NA** |[ ]
| **In -Session: Role play** | **NA** |[ ]
| **In-Session: Simulation** | **NA** |[ ]
| **Post-Session: Quiz Question (Multiple Choice, T/F)** |[ ] [ ]
| **Post Session: Patient Case Quiz Question** | **NA** |[ ]

**\*Please describe your planned In-Session Active Learning Strategy for Learning Objective #3 in more detail below:**

|  |
| --- |
| Click or tap here to enter text. |

**TECHNICIAN LEARNING OBJECTIVES CONT.:**

**\*List Learning Objective #3-MUST be scope appropriate**

|  |
| --- |
| Click or tap here to enter text. |

**\*Identify (ONE) Active Learning Strategy you plan to utilize for Learning Objective #3:**

* *Post Session Strategy: Activity that is completed by the learner after the CPE session (i.e., completing a post assessment quiz or patient case)*
* *In Session Strategy: Activity that is completed by the learner during the CPE session (i.e., Skills Demonstration, Role Play)*

|  |  |  |
| --- | --- | --- |
| **Active Learning Strategies** | **Knowledge-Based Activity** | **Application-Based Activity** |
| **In -Session: Polling Questions** |[ ] [ ]
| **In-Session: Game/Quiz to Practice Recall** |[ ] [ ]
| **In-Session: Think – Pair - Share** |[ ] [ ]
| **In-Session: Think – Write - Share** |[ ] [ ]
| **In-Session: Demonstration** | **NA** |[ ]
| **In Session: Example with Practice** | **NA** |[ ]
| **In Session: Interactive Case Study/Scenario** | **NA** |[ ]
| **In -Session: Role play** | **NA** |[ ]
| **In-Session: Simulation** | **NA** |[ ]
| **Post-Session: Quiz Question (Multiple Choice, T/F)** |[ ] [ ]
| **Post Session: Patient Case Quiz Question** | **NA** |[ ]

**\*Please describe your planned In-Session Active Learning Strategy for Learning Objective #3 in more detail below:**

|  |
| --- |
| Click or tap here to enter text. |

**TECHNICIAN LEARNING OBJECTIVES CONT.:**

**List Learning Objective #4-MUST be scope appropriate: (optional)**

|  |
| --- |
| Click or tap here to enter text. |

**Identify (ONE) Active Learning Strategy you plan to utilize for Learning Objective #4:**

* *Post Session Strategy: Activity that is completed by the learner after the CPE session (i.e., completing a post assessment quiz or patient case)*
* *In Session Strategy: Activity that is completed by the learner during the CPE session (i.e., Skills Demonstration, Role Play)*

|  |  |  |
| --- | --- | --- |
| **Active Learning Strategies** | **Knowledge-Based Activity** | **Application-Based Activity** |
| **In -Session: Polling Questions** |[ ] [ ]
| **In-Session: Game/Quiz to Practice Recall** |[ ] [ ]
| **In-Session: Think – Pair - Share** |[ ] [ ]
| **In-Session: Think – Write - Share** |[ ] [ ]
| **In-Session: Demonstration** | **NA** |[ ]
| **In Session: Example with Practice** | **NA** |[ ]
| **In Session: Interactive Case Study/Scenario** | **NA** |[ ]
| **In -Session: Role play** | **NA** |[ ]
| **In-Session: Simulation** | **NA** |[ ]
| **Post-Session: Quiz Question (Multiple Choice, T/F)** |[ ] [ ]
| **Post Session: Patient Case Quiz Question** | **NA** |[ ]

**\*Please describe your planned In-Session Active Learning Strategy for Learning Objective #4 in more detail below:**

|  |
| --- |
| Click or tap here to enter text. |

# Additional Required Information

**\*As a pharmacist or pharmacy technician, I agree to have an active AzPA Membership if my proposal is accepted and continue my membership through delivery of the program at the meeting.**

[ ] I agree [ ] I am not a pharmacist or pharmacy technician

**If applicable-What supplemental educational materials (such as outlines, forms, background materials, bibliographies, etc.) will you provide to be distributed to attendees in addition to copies of your slides?:**

*A good educational session provides the learner with more than just copies of slides. To make your session more valuable to the attendees, what supplemental educational materials (such as practice examples, outlines, forms, background materials, bibliographies, etc.) will you provide to be distributed to attendees (electronically) in addition to your slides.*

|  |
| --- |
| Click or tap here to enter text. |

**\*List Your previous Educational Session/Activity Planning Experiences:** *Prior experience is preferred. If you are a PGY1 resident, you must have your RPD or preceptor as a co-contributor. Students cannot submit proposals they can however be listed as a co-contributor to a pharmacist’s proposal*.

|  |
| --- |
| Click or tap here to enter text. |

**\*Contributor #1: Describe your expertise and qualifications in the topics(s) you are proposing; submitters generally are subject matter experts in the topic.:**

*Describe your expertise and qualifications in the topics(s) you are proposing; submitters generally are subject matter experts in the topic.*

|  |
| --- |
| Click or tap here to enter text. |

**\*Contributor #1: Provide a Short Bio Sketch (200 words or less):**

|  |
| --- |
| Click or tap here to enter text. |

# Length of Session (Select Only One Choice)

**Please select the desired time you plan to present this activity:** *(NOTE, if you selected Application-based learning activity, your session must be at least 60 minutes)*

[ ] 30 minutes

[ ] 1 hour

[ ] 1 hour 30 minutes

[ ] Other: Click or tap here to enter text.

# Session Outline (Optional Activity)

Prepare a proposed outline of your educational session, include a description and proposed speaker for each topic and include the time allocated to each topic.

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Description** | **Proposed Speaker** | **Time Allotted** |
| *Welcome* | *Rationale for session/announcements* | *PC/Moderator* | *5 minutes* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **CLINICAL CONTENT INTEGRITY AND VALIDITY**  |

|  |
| --- |
| **Dear Prospective Planner/Faculty Member:**As an important contributor to our accredited education, we would like to enlist your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, effective patient care. This includes the expectations that:* All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
* All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
* Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning.
* Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

These expectations are drawn from the Standards for Integrity and Independence in Accredited Continuing Education. Please consider using these strategies to help us support the development of valid, high-quality education. |
| **Consider using the following best practices when presenting clinical content in accredited CE:*** Clearly describe the level of evidence on which the presentation is based and provide enough information about data (study dates, design, etc.) to enable learners to assess research validity.
* Ensure that, if there is a range of evidence, that the credible sources cited present a balanced view of the evidence.
* If clinical recommendations are made, include balanced information on all available therapeutic options.
* Address any potential risks or adverse effects that could be caused with any clinical recommendations.
 | **Although accredited CE is an appropriate place to discuss, debate, and explore new and evolving topics, presenting topics or treatments with a lower (or absent) evidence base should include the following strategies:*** Facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning.
* Construct the activity as a debate or dialogue. Identify other faculty who represent a range of opinions and perspectives; presentations should include a balanced, objective view of research and treatment options.
* Teach about the merits and limitations of a therapeutic or diagnostic approach rather than how to use it.
* Identify content that has not been accepted as scientifically meritorious by regulatory and other authorities, or when the material has not been included in scientifically accepted guidelines or published in journals with national or international stature.
* Clearly communicate the learning goals for the activity to learners (e.g., “This activity will teach you about how your patients may be using XX therapy and how to answer their questions. It will not teach you how to administer XX therapy”).
 |

**\*I agree to comply with ALL of the following CPE integrity statements in the development of my educational program.**

* Recommendations for patient care will be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
* All scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
* If there are new and evolving topics for which there is a lower (or absent) evidence base, it will be clearly identified as such within the educational program.
* Avoid advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning.
* Exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

[ ] Yes, I agree to comply with all of the statements above.

[ ] No, I do not agree and will not comply with the statements above.

[ ] Not applicable *(non-CE proposal and/or non-clinical topic)*

|  |
| --- |
| **DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS** |

**Do you intend for your educational proposal to be accredited for Continuing Pharmacy Education?**

[ ] Yes [ ] No

*Note: If you answered No to this question, you are not required to fill out the financial disclosure questions below.*

**Is your Educational Proposal addressing a non-clinical topic? (e.g., leadership, communications skills)**

 [ ] Yes [ ] No

*Note: If you answered Yes to this question, you are not required to fill out the financial disclosure questions below.*

|  |
| --- |
| Dear Prospective Planner/Faculty Member: We are looking forward to having the opportunity to consider your educational proposal. AzPA is accredited by the American Council of Pharmacy Education. We appreciate your help in partnering with us to follow accreditation guidelines and help us create high-quality education that is independent of industry influence. To participate as a person who will be able to control the educational content of this accredited CE activity, we ask that you disclose all financial relationships with any ineligible companies that you have had over the past 24 months. We define ***ineligible companies*** as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education.**Why do we collect this information?**Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments. Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.**What are the next steps in this process?**After we receive your disclosure information, we will review it to determine whether your financial relationships are relevant to the education. ***Please note:*** *the identification of relevant financial relationships* ***does not*** *necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this activity.*To help us meet these expectations, please use the form we have provided to share all financial relationships you have had with ineligible companies during the past 24 months. This information is necessary for us to be able to move to the next steps in planning this continuing education activity. If you have questions about these expectations, please contact us at education@azpharmacy.org  |

|  |
| --- |
| **DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS FORM** |
| **Name:**  |
| **Directions:** Please disclose all financial relationships that you have had in the past 24 months with ineligible companies *(see definition below)*. For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; please disclose ALL financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education. The Standards for Integrity and Independence require that individuals who refuse to provide this information be disqualified from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. |
| **Name of Ineligible Company** *An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.* | **Nature of Financial Relationship** Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds. | **Has the Relationship Ended?***If the financial relationship existed during the last 24 months but has now ended, please check the box in this column. This will help determine if mitigation steps need to be taken.* |
|  |  |[ ]
|  |  |[ ]
|  |  |[ ]
|  |  |[ ]
|  |  |[ ]
|  |  |[ ]
|[ ]  In the past 24 months, I have not had any financial relationships with ineligible companies. |
|[ ]  I attest that the above information is correct as of the date of this submission.Signature: Date:  |

|  |
| --- |
| **COMMUNICATING DISCLOSURE TO LEARNERS:** |
| **If there are NO relevant financial relationships:** *Inform learners that planners, faculty and others in control of content (either individually or as a group) do not have relevant financial relationships with ineligible companies.* | **If there ARE relevant financial relationships:** *Disclose name(s) of the individuals, name of the ineligible company(s) with which the individual has a relevant financial relationship(s), the nature of the relationship(s), and a statement that all relevant financial relationships have been mitigated.* |
| **Examples:** * *Dr. John Doe, faculty for this CE activity, has no relevant financial relationship(s) with ineligible companies to disclose.*
* *Dr. Jane Smith and Jill Green have no relevant financial relationship(s) with ineligible companies to disclose.*
* *None of the planners for this activity have relevant financial relationships to disclose with ineligible companies.*
 | **Examples:*** *Dr. John Doe is on the speakers’ bureau for XYZ Company.*
* *Dr. Jane Smith has received a research grant from ABC Company.*
* *All of the relevant financial relationships listed for these individuals have been mitigated.*
 |
| **NOTE:** * Disclosure to learners must not include ineligible companies’ corporate or product logos, trade names, or product group messages.
 |

To officially submit your proposal, all information on this form must be entered into the online submission form:[**https://forms.office.com/r/9H9HJxB1QM**](https://forms.office.com/r/9H9HJxB1QM)

**Only proposals submitted online via the website will be considered for presentation.**