



**CPE PRESENTER/AUTHOR
HANDBOOK
2022**

TABLE OF CONTENTS

SECTION 1: INTRODUCTION	
WELCOME	3
CPE PROPOSAL SUBMISSION PROCESS	3
SPEAKER COVENANTS, PRESENTATIONS, AND WARRANTIES	3
SECTION 2: PREPARING YOUR CPE ACTIVITY	
TYPES OF CPE ACTIVITIES	4
EDUCATIONAL LEVEL AND AUDIENCE	4
GAP ANALYSIS	5
NEEDS ASSESSMENT	5-6
HOW TO WRITE LEARNING OBJECTIVES	6-7
SECTION 3: DELIVERY OF CPE	
ACTIVE LEARNING STRATEGIES	8-10
TIPS FOR AN EFFECTIVE PRESENTATION	11
YOUR BIO/ PROFESSIONAL HEADSHOT	11
HONORARIUM AND EXPENSES	11
SECTION 4: ASSESSMENT AND FEEDBACK	
ASSESSMENT OF LEARNING AND FEEDBACK	12-13
SECTION 5: SPEAKER/AUTHOR AGREEMENTS	
CLINICAL CONTENT INTEGRITY AND VALIDITY	14
DISCLOSURE OF FINANCIAL RELATIONSHIPS	15
COPYRIGHT AGREEMENT	16
SECTION 6: APPENDIX	
APPENDIX A: PRESENTATION-SKILLS SELF ASSESSMENT	17
APPENDIX B: TIPS FOR CREATING AN EFFECTIVE PRESENTATION	18
APPENDIX C: TIPS FOR ACTIVE LEARNING	19
APPENDIX D: PREPARING TEST QUESTIONS AND ANSWERS FOR CE ACTIVITIES	20
APPENDIX E: REFERENCES	21


SECTION 1: INTRODUCTION

WELCOME

Congratulations on submitting your educational proposal. One of AzPA's core values is to educate pharmacy professionals through relevant and innovative programs. To help achieve this goal, we have created this handbook to assist and enhance CPE activities by providing important instructions on preparing materials related to your session/article.

CPE PROPOSAL SUBMISSION PROCESS

Only proposals submitted online via the website will be considered for presentation. To officially submit your proposal, online via the submission link: <https://forms.office.com/r/pEZzAwrpXb>

 Please use the [AzPA Educational Proposal Planning Worksheet](#) to plan out your proposal before submitting your online application.

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.

CONTRIBUTOR COVENANTS, PRESENTATIONS, AND WARRANTIES

ACPE COMPLIANCE. AzPA promotes quality education programs that are free from commercialism and bias. All CPE programs must include an active learning strategy and learning assessment for each program objective in compliance with standards passed by the Accreditation Council for Pharmacy Education (ACPE). As a contributor, you share AzPA's mission to provide the best educational programs for all attendees. Maintaining ACPE accreditation status is vital to AzPA's mission.

EVIDENCE-BASED PRESENTATION. Contributor (Presenter/Author) agrees to base all evidence within the session/article as accepted in the literature by the healthcare professionals. Contributor agrees to reference all resources of CPE content. Educational materials prepared for AzPA should be evidence-based; however, discussion of subjects with limited evidence can be valuable and are permitted. When evidence is limited, the session/article should provide the theory for the therapy/approach (why it is scientifically plausible), as well as both potential benefits and risks based on the limited evidence that is available and its comparison to currently accepted therapy/approaches.

MATERIALS. All educational materials provided to learners are subject to review by the CE Committee. At the discretion of the CE Committee, revision of a presentation/article /educational materials may be requested to comply with current ACPE standards.

NO DEFAMATION. Contributor shall not defame, slander, or libel any person, firm, or corporation and present sessions according to AzPA guidelines and shall not denigrate AzPA, its programs or representatives in any manner.

NO SALE OR PROMOTION. Contributor shall not sell or promote any particular product or service at any time during the educational session/article without first receiving approval from AzPA based upon agreed terms and conditions.

ORIGINAL CONTENT. Contributor represents and warrants that all materials and content presented, including all photographs and/or artwork depicted in presentation slides, handouts, other materials do not infringe or violate any copyright, trademark, patent or intellectual property rights of any person or entity, nor do they promote or endorse any product, service, or device, which may or is at the time of the program not approved by any governing agency.

SECTION 2: PREPARING YOUR CPE ACTIVITY

TYPES OF CPE ACTIVITIES

KNOWLEDGE-BASED: These CE activities should be designed primarily for pharmacists and technicians to acquire factual knowledge. This information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 15 minutes or 0.25 contact hour.

APPLICATION-BASED: These CE activities should be designed primarily for pharmacists and technicians to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 60 minutes or one contact hour.

CERTIFICATE (PRACTICE-BASED): These CE activities should be designed primarily for pharmacists and technicians to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies. The information within the practice-based CE activity must be based on evidence as accepted in the literature by the health care professions. The formats of these CE activities should include a didactic component and a practice component. The minimum credit for these activities is 15 contact hours.

EDUCATION LEVEL OF CONTENT

AzPA will consider whether the CPE presenter/author has sufficient expertise to instruct on the content level and subject matter to meet the educational needs of the learners.

- **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.

TARGET AUDIENCE

For each CPE proposal the presenter/author will have to decide which of the following audiences the planned activity is structured to educate.

- **PHARMACISTS ONLY**
- **TECHNICIANS ONLY**
- **BOTH PHARMACISTS AND TECHNICIANS**

Please note you will need specific and scope appropriate learning objectives and assessment for each practitioner.

EDUCATIONAL MATERIALS

SLIDES MUST BE ON THE OFFICIAL MEETING SLIDE TEMPLATE PROVIDED BY AZPA. AzPA will provide a PowerPoint slide template to all presenters at live events. All presenters are required to use this template to create their presentation. Slides need to be submitted at least 30 days before the live (and/or virtual) presentation so that handouts can be reviewed for compliance with ACPE standards and then provided to the learners.

SLIDES MUST BE RECEIVED BY THE STATED DEADLINE. Slides will be available on the AzPA learning web tool two weeks before the live event. Changing the content of your slides contributes to frustration and misunderstandings for the learners of the CPE activity. The slides submitted to AzPA are considered final, and changes are strongly discouraged. Minor corrections in spelling and grammar are acceptable; however, any changes in the educational content of slides need to be approved by the CE Department and the audience should be informed of the change at the time materials are presented.

IF USING ANIMATIONS AND SLIDE TRANSITIONS, PLEASE SUBMIT A SEPARATE SLIDE DECK. Animations and slide transitions may obscure information on the slides when they are converted to PDFs for learners. Presenter should submit 2 slide decks labeled appropriately to distinguish between session slides and slides for handouts.

ALL AZPA EDUCATION PROGRAMS MUST BE FREE FROM COMMERCIALISM AND BIAS. AzPA will work with the presenter to remove any materials deemed to reflect commercial bias prior to approval of the session/article. All Presenters/authors are required to submit a current Disclosure of Commercial Support and agree to our terms for resolving conflicts to present or have their article published.


PRESENTATIONS MAY BE RECORDED. This recording may be offered on-demand following the meeting.

THE USE OF PERSONAL LAPTOPS IS DISCOURAGED. All slides will be preloaded onto the laptop in the session room. If this is not possible, AzPA's CE Department must be contacted prior to the presentation to assure that necessary equipment and personnel are available to help connect your personal equipment in a timely manner.


SUPPLEMENTAL EDUCATIONAL MATERIALS

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. If you have supplemental materials for your session, these are due at the same time as the presentation slides.

OFFICE SUPPLIES

 AzPA generally cannot provide office supplies or references such as pencils, pens, post-it notes, index cards, scotch tape, dictionaries, textbooks, baskets, etc. If desired, the presenters may supply their own. AzPA will not reimburse any extra expenses incurred should you decide to provide such items.

PRACTICE GAP ANALYSIS

 All Presenters/Authors will be asked to describe the practice gap(s) that this session/author will address.

PRACTICE GAP = the difference between **actual/current** and **ideal/desired** performance and patient outcomes. What is the problem or gap that 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 in order to attain desired or ideal practice.**

NEEDS ASSESSMENT

AzPA conducts a CPE Needs Assessment every 1-2 years. 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 our learners do know or do and what the learners should know or do.

You will be asked to select at least two needs below that your CPE activity is designed to address. CPE needs can be classified as either inferred, proven, or verbalized.

INFERRED NEEDS:

- New methods, new agents, guidelines, or treatments
- Development of new technology, assays, techniques
- Hot Topic
- Legislative, regulatory, or organizational changes

PROVEN NEEDS:

- Expert Opinion
- Epidemiologic data
- Legislative/Regulatory requirement
- Licensure/Board/Recertification requirements
- Quality assurance/audit data/ Incident/event reporting systems
- Morbidity/Mortality
- Statistics from Infection Control
- Peer reviewed literature (from at least 2 citations)

VERBALIZED NEEDS:

- Formal surveys of potential participants-such as AzPA Needs Assessment Survey
- Requests from AzPA staff, board, or committee
- Request from pharmacy partners, or other health care team members
- Patient problem inventories compiled by potential participants
- Consensus from faculty members within department or service areas

PRACTICAL APPLICATION

TO HELP YOU PLAN YOUR CPE ACTIVITY TO ADDRESS PRACTICE GAPS AND LEARNING NEEDS ASK YOURSELF THE FOLLOWING QUESTIONS:

1. Identify recent work-related situation(s) that you think require additional knowledge/skills to better manage similar situations in the future?
2. List areas of improvement that your department, organization, health-system, and/or community have identified that you think require additional knowledge/skills to optimize the delivery of care and patient health?
3. Identify recent research, expert opinion, national guidelines, regulations, or other data that may require additional knowledge / skills to better manage the work-related situations or improvement areas listed above in 1 and 2.
4. List any specific gaps in knowledge / skills based upon your reflections (above, 1-3) and the anticipated benefit from addressing them.
5. Describe the target audience that will benefit from your educational activity.
6. Summarize how your educational activity will fill the above gaps listed in 4.

HOW TO WRITE LEARNING OBJECTIVES

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

DEVELOPING LEARNING OBJECTIVES ACCORDING TO ACTIVITY TYPE

When writing learning objectives, use one of the verbs in the table below that corresponds to the activity type: Knowledge or Application. **Note:** *Application-Based activities can also include some Knowledge-Based learning objectives, but the main focus of the overall activity must be skill-based.*

KNOWLEDGE-BASED ACTIVITY <i>Designed primarily for participants to acquire factual knowledge.</i>		APPLICATION-BASED ACTIVITY <i>Designed primarily for participants to apply the information learned in the allotted timeframe.</i>			
KNOWLEDGE	COMPREHENSION	APPLICATION	ANALYSIS	SYNTHESIS	EVALUATION
<ul style="list-style-type: none"> • Cite • Define • Describe • Identify • Label • List • Match • Name • Order • Select • State 	<ul style="list-style-type: none"> • Describe • Discuss • Estimate • Give example(s) • Identify • Select • Summarize 	<ul style="list-style-type: none"> • Apply • Assign • Change • Choose • Interpret • Modify • Predict • Solve • Use 	<ul style="list-style-type: none"> • Adjust (as in dose modification) • Analyze • Apply • Calculate • Categorize • Choose • Compare • Contrast • Differentiate • Identify • Interpret • Prioritize • Select 	<ul style="list-style-type: none"> • Categorize • Combine • Compose • Construct • Create • Counsel (a patient-tell) • Design • Develop • Plan • Recommend (Tell) • Summarize 	<ul style="list-style-type: none"> • Assess • Choose • Compare • Conclude • Contrast • Counsel • Critique • Estimate • Evaluate • Justify • Interpret • Predict • Rank • Rate • Recommend • Select • Summarize • Validate
LEARNING OBJECTIVE EXAMPLES: <ul style="list-style-type: none"> - <u>Summarize</u> how to perform effective distribution and non-distribution activities in the operating room. - <u>List</u> ways clinical surveillance systems can provide cost savings. - <u>Describe</u> leadership strategies, tactics, and critical thinking skills needed in complex environments. 		LEARNING OBJECTIVE EXAMPLES: <ul style="list-style-type: none"> - <u>Recommend</u> strategies for solving cases involving how to perform effective distribution and non-distribution activities in the operating room. - Using a set of criteria, <u>evaluate</u> ways in which clinical surveillance systems can provide cost savings in your institution. - <u>Develop</u> a personal action plan for recognizing and applying leadership strategies, tactics, and critical thinking skills needed in complex environments. 			

PRACTICAL APPLICATION

ASK YOURSELF THE FOLLOWING QUESTIONS TO HELP DETERMINE IF YOU HAVE EFFECTIVE LEARNING OBJECTIVES:

1. Are my learning objectives written from the perspective of the learner (*what will the learner be able to know or do at the conclusion of the activity?*)
2. Do each of my objectives contain only one measurable verb? *Each objective needs one verb. Either a student can master the objective, or they fail to master it. If an objective has two verbs (say, define and apply), what happens if a student can define, but not apply? Are they demonstrating mastery?*
3. Are my learning objectives measurable, clear, and concise?
4. Do I have a learning activity and assessment (with feedback) that aligns with the action verb?

SECTION 3: DELIVERY OF CPE

ACTIVE LEARNING STRATEGIES

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.

ALL CE PROGRAMS MUST INCLUDE AN ACTIVE LEARNING STRATEGY AND LEARNING ASSESSMENT FOR EACH LEARNING OBJECTIVE IN COMPLIANCE WITH THE ACPE STANDARDS.

Below are ideas on how to incorporate active learning into your session. This list should serve as a guide and is not meant to be comprehensive.

Active Learning Strategies	Knowledge-Based Activity	Application-Based Activity
Self-Assessment Questions	✓	✓
Polling questions	✓	✓
Games and quizzes to practice recall	✓	✓
Demonstration		✓
Example with practice		✓
Interactive case study		✓
Interactive scenario		✓
Role play		✓
Simulation		✓
Think – pair - share	✓	✓
Think – write -share	✓	✓
Application Exercises		✓
Practice Exercises		✓

SELF-ASSESSMENT QUESTIONS

Present questions for attendees to reflect on what has been taught, to self-assess their learning.

Considerations:

- Develop one question and answer for each learning objective.
- Questions must be multiple-choice or true/false format.
- Questions must be simple, clearly stated, and relate only to the educational objective for which they were designed.
- Pose the question in the affirmative; avoid the use of negative statements such as "not" and "except" because they often confuse the learner.
- Answer choices should be specific and distinct, and not overlap with the other answers.
- Avoid using the same or similar words in both the question and the correct answer as this may clue the learner to the correct answers.

Note: There should always be feedback given to learners on how well they have answered questions or completed a learning exercise, such as a case study. You will be asked to provide a rationale as to why the correct answers and/or why the incorrect answers are wrong. *(This will be covered in more detail in Section 4)*

POLLING QUESTIONS

Have attendees vote anonymously on what they perceive as the best explanation or answer to a question, followed by opportunities to discuss their ideas with peers, and then to vote again leads to greater learning of the material. It is important to have attendees discuss why they think their explanation is the most accurate and why the other explanations proposed are not accurate. It is also important that the presenter looks at the polling results and listens to the reasoning of the attendees to determine what further explanations and summary might need to be made in the presentation. There are various tools that can be used for polling, including ARS, hand-raising, or color cards.

DEMONSTRATION

Interactive demonstrations can be used to demonstrate the application of a concept. Attendees should be involved in the demonstration and be required to reflect and analyze the process. For example, you can have attendees predict the outcome of the demonstrations individually, and then have them discuss it in groups, or with the whole room. Demonstrations are valuable because they increase attendee understanding of concepts, while also increasing attendee enjoyment of the session.

INTERACTIVE SCENARIOS AND CASE STUDIES

Provide attendees with an example of a concept/theory/issue/topic being covered in the session. They discuss and analyze the scenario/case, applying the information covered in a presentation to some situation they may encounter in practice. Attendees can briefly present their findings to other small groups or to the whole group or simply record ideas on a flipchart so that presenter can draw questions and synthesis from the material.

ROLE-PLAY

Attendees are given a situation and a role to play of a character in the situation. Without practice, they act out the events in the situation. Role-play may be used for the purpose of situation analysis or to provide feedback to the attendees about their own behavior. Some examples of role-play include counseling patients, conducting medication history interviews, and patients care skills.

SIMULATION

In this strategy, attendees assume the role of a person whose job they are learning about. Attendees are given realistic on-the-job assignments with little prior instruction and learn by doing.

GAMES

Games and simulations are closely related, and there are mixed varieties: simulation games, non- simulation games, and non-game simulations. Games are activities in which there are winners and losers, definite sets of rules for “moves,” and frequent use of props or other paraphernalia. Some examples include Jeopardy, Clue, crossword puzzles, or bingo.

QUIZZES

Quizzes are short self-tests given to attendees. Answers are provided to the attendees after completing the quiz.

THINK-PAIR-SHARE

Have attendees turn to someone near them to summarize what they are learning, to answer a question posed during the presentation, or to consider how and why and when they might apply a concept. This works well with pre-planned questions and with ideas that emerge during a larger group discussion. The objectives are to engage attendees with the

material on an individual level, in pairs, and finally as a large group. The activity can help to organize prior knowledge; brainstorm questions; or summarize, apply, or integrate new information.

The procedure is as follows:

- Attendees reflect on (and perhaps jot notes) for one minute in response to a question.
- They pair up with someone sitting near them and share responses/thoughts verbally for two minutes, or they may choose to work together to create a synthesis of ideas or come to a consensus.
- The presenter asks for volunteers to give thirty-second summaries of ideas.

THINK-WRITE-SHARE

The format for this strategy is identical to the think-pair-share, except that the attendees process the question asked of them by writing about it rather than reflecting. After a brief time to note their thoughts, each attendee turns to a partner to discuss. The activity closes with the presenter asking for volunteers to summarize their responses. As with the think-pair-share, the presenter may choose to skip the summary portion of the exercise depending on circumstances.

APPLICATION EXERCISE

These provide an opportunity for the attendees to practice skills. This could include labeling, rank ordering, multiple choice, problem-solving or true/false and completion. Exercises must be completed in a set period of time and the presenter provides and discusses the correct answers.

PRACTICE EXERCISE

Attendees are given a problem or situation to solve in a 5 to 10-minute period of time. All directions and rules are printed in a visual and explained by the presenter.

WHEN YOU ARRIVE AT THE MEETING

All educational sessions, exhibits, and activities will be held at the primary meeting location unless otherwise specified.

Pick up your badge and other materials at registration before going to your session room. Arrive at the room 15 minutes before the start of the presentation. Use this time to review the room, podium, microphone, etc.

Business casual dress is suggested for attendees and presenters for all meeting sessions. Room temperatures in the location(s) may be difficult to regulate, so we suggest that you dress in layers.

DELIVERY OF YOUR PRESENTATION

BEGIN WITH A “GRABBER”: Think of an attention-getting opening for your portion of the program. Some ideas for doing this include presenting an interesting or unusual fact, thought-provoking quote or cartoon related to your topic. A personal experience illustrating the need for the information to be presented may work well.

VOLUME: Your goal should be to speak loudly enough to be easily heard but not so loud as to make it uncomfortable for participants to listen.

PACE: If your pace is too fast, your material will be hard for learners to absorb. If it is too slow, their attention may wander.

PITCH: Listeners favor lower-pitched voices so keep this in mind and aim for the lower part of your range while remaining natural.

VARIETY: As you know, a monotone can induce boredom so strive for a range of vocal variety to keep learner interest.

CLARITY: Enunciate clearly so participants can easily understand you.

TRY THIS: Some time when you are alone (while driving for example), try reciting the alphabet in many different ways. Say some letters loud, some soft and all the variations in between. Say them fast and slow, high, and low. While you may feel silly, this will acquaint you with your range of possibilities in using your voice during presentations.

AVOID VOCAL FILLERS: “Ah”, “um”, “you know”, “so”, “throat-clearing”, etc.

END WITH A BANG: People remember best what they hear first and last. You’ve already done your “grabber” at the beginning. Make your ending count, too. Summarize the points you want your audience to leave with. Incorporate a way to make these points memorable, such as with an illustrated story, anecdote or picture.”³

PRESENTATION SKILLS SELF-ASSESSMENT

✚ Please reference Appendix B: “Presentation Skills Self-Assessment” for more resources.

TIPS FOR AN EFFECTIVE PRESENTATION

✚ Please reference Appendix C: “Tips for Creating an Effective Presentation.”

YOUR BIO


AzPA’s CE department requests a biography of no more than 200 words. This bio will be used for the learning web-tool listing of programs and the introduction of the presentation. Due dates for bio will be noted on speaker contract. Please include where you went to school, degrees, certifications, and practice site(s).

EXAMPLE BIO:

Jane Smith, PharmD, BCOP, FASHP

Dr. Jane Smith is the Director of Pharmacy at the Mayo Clinic in Scottsdale, Arizona. She received her Doctor of Pharmacy degree from the University of Arizona, College of Pharmacy in Tucson, Arizona. She is a board-certified oncology pharmacist (BCOP). Dr. Smith precepts PharmD students from multiple colleges and is a fellow of the American Society of Health-System Pharmacists.

PROFESSIONAL HEADSHOT

 AzPA’s CE department request a headshot in jpg or png format. This headshot will be used for the learning web-tool listing of programs and the on-site program of the meeting. Due dates for picture will be noted on the speaker contract.

HONORARIUM AND EXPENSES

Honorarium and expense reimbursement depends on the type of programming and sponsorship. Waiver of meeting registration is typically available for speakers presenting a general or breakout session at the spring, annual, or fall meeting.

SECTION 4: ASSESSMENT AND FEEDBACK

LEARNING ASSESSMENT & FEEDBACK

Learning assessment involves feedback to learners on how well they have answered questions or completed a learning exercise, such as a case study.

- **KNOWLEDGE-BASED CPE ACTIVITY:** Must have questions constructed in a way to recall facts.
- **APPLICATION-BASED CPE ACTIVITY:** Must include case studies. This is to address the application of the principles learned.
- **CERTIFICATE (PRACTICE-BASED) CPE ACTIVITY:** Must include formative and summative assessments. This is to demonstrate that the pharmacist and technicians achieved the objectives.

	Knowledge-based Activity	Application-based Activity
Assessment of Learning	<ul style="list-style-type: none"> · 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 hand raising. 	<ul style="list-style-type: none"> · Must include case studies or practiced skills structured to address application of the principles learned based on the learning objectives.
Assessment of Feedback	<ul style="list-style-type: none"> · 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. 	<ul style="list-style-type: none"> · Feedback may include the correct evaluation of case studies. When responses are incorrect, explain the rationale for the correct response.

Example: for a Knowledge-Based Session

Learning Objective:	Learning Assessment & Feedback	Active Learning Strategy: (Choice from list on page 10)
Describe the implications of the new regulatory requirement on pharmacy practice.	Create quiz question about the implications of the new regulation and include rationale of why the answer is correct.	<input checked="" type="checkbox"/> Quiz

Example: for an Application-Based Session

Learning Objective:	Learning Assessment:	Active Learning Strategy: (Choice from list on page 10)
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.	<input checked="" type="checkbox"/> Interactive case study

HOW TO WRITE SELF ASSESSMENT QUESTIONS

Requirements

- Ensure that each objective is assessed by at least 1 question.
- Questions are simple, clearly stated, and measure only the educational objective for which they were designed.
- Questions should be written either in multiple-choice or true/false format. In general, no more than 20% of the questions should be true/false.
- Multiple choice questions should have four options, and options should be specific and distinct. Avoid using “all of the above” and language like “b and c are both correct.”
- Assess the important, take-home concepts of the educational activity.

General Guidelines

- Ensure that each question is similar in terms of grammatical construction, length, and complexity. Answer choices should be uniform in length and style and grammatically consistent with the question.
- Avoid using the same or similar words in both the question and the correct answer as this may clue the participant to the correct answer.
- Write options that are grammatically consistent and logically compatible with the question stem; list them in logical or alphabetical order.
- Write distractors (the incorrect answers) that are plausible and the same relative length as the correct answer.
- Avoid using vague terms such as usually and frequently.
- Pose the question in the affirmative; avoid the use of negative statements such as "not" and "except" because they are often confusing.

Things to Avoid

- **Grammatical cues**—one or more incorrect answers don’t follow grammatically from the question stem.
- **Long correct answer**—correct answer is longer, more specific, or more complete than other options.
- **Word repeats**—a word or phrase is included in the question stem and in the correct answer.
- **The easy way out**— “None of the above” or “all of the above” used as an option.

✚ Please reference Appendix D: “Preparing Test Questions and Answers for CE Activities” for examples questions.

WHAT HAPPENS AFTER THE CE PRESENTATION?

Evaluations take place after you give your CE. Registrants are given 30 days to complete the CE requirements to qualify for continuing education. After that, AzPA will summarize data and forward those reports to speakers for their reference.

SECTION 5: SPEAKER/AUTHOR AGREEMENTS

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 will be 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”).

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

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. 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, you will need 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

What will I need to disclose?

- **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.

TIMING OF DISCLOSURE

A provider must disclose any relevant financial relationships to learners prior to the beginning of the educational activity. *Refer to examples on next page.*

NOTE: A disclosure statement must be included for all individuals involved in planning or developing the CPE activity.

COMMUNICATING DISCLOSURE TO LEARNERS

Either one of these statements must appear in the beginning of your education materials.

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.

Example:

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.

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.

Example:

Dr. John Doe is on the speakers' bureau for XYZ Company.

Dr. Jane Smith has received a research grant from ABC Company.

All 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.

PRACTICAL APPLICATION

GUIDELINES FOR ENSURING COMPLIANCE

1. Ensure that your presentation offers an independent, equitable, and free- from-commercial-bias view of the subject.
2. Do not use commercial logos in presentation materials; use the AzPA- provided slide template.
3. If you include a trade name, include all trade names by which the drug may be marketed (you may exclude international trade names) in your presentation materials.
4. Do not use headers, footers, or logos on your slides with the name of your company.

COPYRIGHT AGREEMENT

Speaker represents and warrants that all materials and content including all photographs and/or artwork depicted in presentation slides or handouts: do not infringe or violate any copyright, trademark, patent or intellectual property rights of any person or entity, nor do they promote or endorse any product, service, or device, which may or is at the time of the program not approved by any governing agency.

Unconditional Use: Speaker hereby grants AzPA the right to use the Presentation and any corresponding Presentation materials as it sees fit and to make audio and or video recordings of the Presentation for future use and offering by AzPA.

SECTION 6: APPENDIX

APPENDIX A: PRESENTATION-SKILLS SELF ASSESSMENT

Directions: Rate your agreement with the following statements according to the following scale:

1 Strong disagree (SD), 2 = Disagree (D), 3 = Neutral (N), 4 = Agree (A), 5 = Strongly Agree (SA)

STATEMENT	SD	D	N	A	SA	NA
1. I effectively establish rapport with my audience.	1	2	3	4	5	NA
2. I make eye contact with audience members.	1	2	3	4	5	NA
3. My presentation openings are attention-getting.	1	2	3	4	5	NA
4. I know how to make the importance of my presentation clear to the audience in my opening.	1	2	3	4	5	NA
5. I effectively use vocal variety when I speak to an audience.	1	2	3	4	5	NA
6. I use an effective range of vocal pitch (high/low) when speaking.	1	2	3	4	5	NA
7. I use an effective range of volume (loud/soft) when speaking.	1	2	3	4	5	NA
8. I use an effective rate of speed (fast/slow; use of pauses) when speaking.	1	2	3	4	5	NA
9. I enunciate clearly when presenting.	1	2	3	4	5	NA
10. I make effective use of gestures when appropriate.	1	2	3	4	5	NA
11. I make effective use of visual aids and props when appropriate.	1	2	3	4	5	NA
12. I am able to avoid distracting behaviors when I present.	1	2	3	4	5	NA
13. I know how to create and deliver an effective closing to my presentation.	1	2	3	4	5	NA
14. I know how to make my presentations interesting.	1	2	3	4	5	NA

My strong points as a presenter	Areas I would like to improve

APPENDIX B: TIPS FOR CREATING AN EFFECTIVE PRESENTATION

YOUR SLIDES SHOULD SERVE RATHER THAN CONTROL YOU.

You are an excellent presenter; even so, PowerPoint™ can hijack your presentation. You do **not** want that to happen. With that in mind, here are a few ideas to liberate you to give your best presentation ever.

MINIMIZE THE NUMBER OF SLIDES.

To maintain a clear message and keep your audience attentive and interested; keep the number of slides in your presentation to a minimum.

CHOOSE A FONT STYLE THAT YOUR AUDIENCE CAN READ FROM A DISTANCE.

Choosing the right font style, such as Helvetica or Arial, helps to get your message across. Avoid narrow fonts, such as Arial Narrow, and avoid fonts that include fancy edges, such as Times.

CHOOSE A FONT SIZE THAT YOUR AUDIENCE CAN READ FROM A DISTANCE.

Your point size should be LARGE. In a large conference room, the size of your words – depending on the font – should be from 36 to 44 points! Never use less than 24 points regardless of the font type.

KEEP YOUR TEXT SIMPLE BY USING BULLET POINTS OR SHORT SENTENCES.

- Use bullets or short sentences and try to keep each to one line; that is, without text wrapping.
- You want your audience to listen to you present your information, rather than read the screen.
- Some projectors crop slides at the edges, so long sentences may be cropped. You can remove articles such as "a" and "the" to help reduce the word count on a line.

USE ART TO HELP CONVEY YOUR MESSAGE.

Use graphics to help tell your story. Do **not** overwhelm your audience by adding too many graphics to a slide, however.

MAKE LABELS FOR CHARTS AND GRAPHS UNDERSTANDABLE.

Use only enough text to make label elements in a chart or graph comprehensible.

USE HIGH CONTRAST BETWEEN BACKGROUND COLOR AND TEXT COLOR.

Themes automatically set the contrast between a light background with dark colored text or dark background with light colored text.

CHECK THE SPELLING AND GRAMMAR.

To earn and maintain the respect of your audience, always check the spelling and grammar in your presentation.

APPENDIX C: TIPS FOR ACTIVE LEARNING

1. Do not try to do too much. Active learning takes time.
2. Choose activities that will help the attendees learn the material and/or master important skills. Do not choose activities just for the sake of doing something active.
3. When attendees are working in small groups, walk around, listen to the attendees, ask questions, and guide them in the right direction.
4. If you notice that attendees are struggling with a particular issue, gather everyone's attention to add a clarifying comment or work through an example problem. You do not want a lot of attendees to struggle for too much time, as this becomes discouraging.
5. Make sure to give all the necessary instructions before distributing materials and telling attendees to break into groups or find a partner. Otherwise, the attendees start talking to find a partner, or start looking at the materials, and it is hard to regain their attention to give the directions.
6. Write down the instructions for any activity – on a slide or in a handout. In case someone was not paying attention briefly, or in case there are multiple steps to the instructions, it is much easier if the attendees have written instructions to refer to.
7. It can be nice to randomize attendees so that they work with a variety of people, and you mix up attendees from different backgrounds. You can do this in a variety of ways – birthdays, random numbers, etc.
8. You may wish to assign reporters for group work.
9. Include time to debrief the activity. A variety of approaches can be successful and may vary depending on the subject matter.
10. The instructor might ask attendees to share answers. For quantitative work, attendees might write on flipcharts.
11. The presenter might present a PowerPoint™ slide that explains possible answers.
12. How do you ensure that all attendees in a group know what is going on? Below are a few suggestions:
13. Let the attendees know in advance that each member of the group may be responsible for sharing their answers or thought process with the room. You could designate who this person will be (e.g., the person whose last name is first in the alphabet, or who has the next birthday).
14. You could rearrange the attendees and have attendees teach each other about what they just discussed, so each attendees needs to be responsible for understanding the material.
15. Ask a follow-up question that each attendee responds to individually. This could be a self-assessment question or poll.

ACTIVE LEARNING

Attendees remember...

10% of what they hear,
25% of what they see, and 90% of what they hear and do!

APPENDIX D: PREPARING TEST QUESTIONS AND ANSWERS FOR CE ACTIVITIES

QUIZ QUESTION EXAMPLES (KNOWLEDGE-BASED ACTIVITIES)

Learning Objective: **Describe** benefits and barriers to the layered learning model in pharmacy experiential education.

Example Assessment Question: *(should always be reflective of a learning objective)*

- 1) Which of the following is a benefit of the layered learning model?
 - A) Decreased efficiency and productivity of pharmacist preceptors
 - B) Increased preceptor development opportunities for residents***
 - C) Decreased responsibility and autonomy for residents
 - D) Increased stress and responsibility on pharmacist preceptors

***Rationale:** LLM has many benefits for all steps within the hierarchy. For preceptors, the LLM could result in an increase in efficiency and productivity. For the resident, LLM could increase preceptor development opportunities. Additionally, a benefit of the LLM for resident-preceptors is an increase in autonomy and responsibility which in an ideal setting, could decrease the stress and responsibilities of the senior pharmacist.

CASE BASED EXAMPLE (APPLICATION-BASED ACTIVITIES)

Learning Objective: **Evaluate** safety and efficacy of oral and injectable antidiabetic agents in patients undergoing hemodialysis.

Case Based Assessment Question: *(should always be reflective of a learning objective)*

1. In addition to metformin, which of the following would be the most optimal agent to add for a patient with type 2 diabetes needing glycemic control with an eGFR 45 mL/min/1.73m² and urinary albumin-to-creatinine ratio of 65 mg/g creatinine?
 - A. Pioglitazone***
 - B. Canagliflozin
 - C. Glyburide
 - D. Sitagliptin

***Rationale:** Pioglitazone, is a thiazolidinedione agent without proven benefit to reduce progression of CKD. Though safe from a renal standpoint, pioglitazone would not provide renal protection and can cause weight gain. Choice C, glyburide, is a sulfonylurea agent without proven benefit for CKD reduction or UACR and it is not recommended for use in renal impairment due to risk of hypoglycemia. Choice D, sitagliptin, is a DPP-4 inhibitor with minimal data demonstrating a *reduction* in eGFR and no effect on UACR. Although safe, sitagliptin would not offer renal benefit. The best option is choice B, canagliflozin, a SGLT2 inhibitor shown to significantly reduce UACR, progression to ESRD, SCr doubling and renal/CV mortality.

APPENDIX E: REFERENCES

1. Accreditation Standards for Continuing Pharmacy Education. https://www.acpe-accredit.org/pdf/CPE_Standards_Final.pdf
2. ASHP Planning an Educational Session. <https://www.ashp.org/Meetings-and-Conferences/Get-Involved-in-a-Meeting/Planning-an-Ed-Session>