**Instructions:** This document is to be completed by the faculty, presenter, or lecturer of the educational activity.

**First and Last Name of w/Credentials:** Click or tap here to enter text.

**Educational Activity Title:**2022 ISONG World Congress

**Presentation Title (if part of a larger educational activity):** Click or tap here to enter text.

**Date of Educational Activity:** November 11-13, 2022 (Pre-Congress on November 10, 2022)

**Professional Practice Gap(s)**

*Please provide the professional practice gap(s). At least one (1) professional gap needs to be submitted for the educational activity. Typically, 1-3 learning outcomes are appropriate for a one (1) contact hour of the NCPD educational activity. \*Please add or delete rows as necessary in the following table.*

*Knowledge (knows), Skills (knows how), Practice (shows/does)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Current State** | **Desired State** | **Identified Gap(s)** | **Type of Gap(s)** | **Learning Outcome(s)** |
| Describe the current state of practice including the problem, if known. | Describe the desired state the educational activity is designed to promote. | Difference between current state and desired state. | Check which type of gap has been identified. | List learning outcome(s) in behavioral term using a single measurable verb for each. |
| ***EXAMPLE:*** *Physicians in Intensive Care Units have reported to the ICU nursing manager they are receiving questions from nurses regarding the appropriate steps of the newly implemented protocol for hypothermia. Chart review confirms not all patients with orders for hypothermia protocol are receiving the correct interventions in a timely manner.* | ***EXAMPLE****: ICU nurses can provide appropriate and timely interventions for patients with ordered hypothermia protocol* | ***EXAMPLE:*** *Education needed regarding how to implement hypothermia protocol* | Knowledge  Skills  Practice | *1. Learners will self-report an increase in knowledge about the goals and process of the hypothermia protocol.*  *2. Learners will self-report an increase in confidence when managing a patient with ordered hypothermia protocol.* |
|  |  |  | Knowledge  Skills  Practice |  |
|  |  |  | Knowledge  Skills  Practice |  |
|  |  |  | Knowledge  Skills  Practice |  |

|  |  |
| --- | --- |
| **Evidence to Validate Professional Practice Gap(s) –** *Check all that apply* | |
| Written needs assessment or survey of stakeholders, target audience members, subject matter experts  Individual input from stakeholders such as learners, managers, or subject matter experts  Requested by nursing management, based on internal quality measures, or identified need  Quality studies/performance improvement activities  Evaluation data from previous educational activities  Trends in literature, law and/or healthcare  Trends in practice, treatment modalities, and/or technology  Other – (Describe): |

|  |  |  |
| --- | --- | --- |
| **Sources of Supporting Evidence –** *Check all that apply* | | |
| Annual needs assessment or survey  Literature Review  Requests (phone, in-person, email)  Activity evaluation summary requests  Surveys from stakeholders or learners | Outcome/Quality data (i.e., Regulatory)  Research Findings  Content Expert  Other – (Describe): |

**Learner Engagement Strategies**

* Learner engagement strategies must be congruent with activity format and the underlying educational needs identified above (knowledge, skill, and/or practice).
* The learner engagement strategies can be provided in an educational activity table, a list, or in a narrative format.
* Learner engagement strategies should be developed by the Nurse Planner and planning committee, in

collaboration with the speaker(s).

* Strategies should be realistic for the activity type.

Content/Topic Information

|  |  |  |  |
| --- | --- | --- | --- |
| Content/Topics | Time | Presenter | Learner Engagement Strategies |
| Provide an outline of the content. | Approximate time required for content delivery and/or participation in the activity. | List the author(s)/presenter(s) | List the learner engagement strategies to be used by the faculty, presenters, authors. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Add or delete rows as necessary for this table.

References

List the evidence-based references for developing this educational activity - minimum of two (2) references needed. \*Please provide in APA format.

|  |
| --- |
|  |
|  |
|  |

\*Add or delete rows as necessary for this table.

**Calculation of NCPD Contact Hours**

How many contact hours will this educational activity provide? Click or tap here to enter text.

**Please choose the method of calculating contact hours for the activity:**

Total number of eligible minutes for the entire activity/event divided by 60

Total number of eligible minutes for each session attended, divided by 60

Pilot study - average time for completion of activity by testers

Use of Mergener formula

Historical data – compared this activity to a similar existing enduring material activity

Complexity of content and delivery method based on professional opinion

Other (Describe):

\*Time spent evaluating the learning activity may be included in the total time when calculating contact hours. To calculate contact hours, add the number of organized learning/teaching minutes and divide by 60. One contact hour = 60 minutes. Total minutes \_ divided by 60 = \_ contact hours. For example, if the total number of organized learning/teaching minutes is 120, the of contact hours to be awarded is 2.0 (120/60). Contact hours are rounded up or down to the nearest 1/4 ( 0.25) hour (i.e., if the calculation is 2.80 is rounded to 2.75, 2.90 is rounded to 3.0).

**Calculation of Pharmacotherapeutic Contact Hours**

If an educational activity includes pharmacy content, please determine the number of pharmacotherapeutic contact hours that can be counted for advanced practice providers. Align the calculation with the agenda/content (e.g., 60 minutes of a two (2) hour presentation was devoted to pharmacotherapeutics = one (1) contact hour).

**Will there be pharmacotherapeutic contact hours included in your educational activity?**   YES  NO

If **YES**, please list the # of pharmacotherapeutic contact hours proposed: Click or tap here to enter text.

**<<END>>**