

## Jointly Accredited Activity Planning Template

*Providers of continuing education for the healthcare team build bridges through collaboration within an educational framework by planning, offering and evaluating education for teams comprised of at least 2 or more healthcare professionals. The goal of this education is to address the professional practice gaps of the healthcare team. The education is designed to change the skills/strategy, performance, or patient outcomes of the healthcare team.*

*Please fill out as much of this form as possible during the planning phase for your activity:*

Activity Title:

Activity Date:                      Activity Time:                      Reoccurrence (for RSS only):

Activity Credit Amount:

Activity Type: Choose an item.

Activity Description:

What medical professions will be in your audience:

MD/DO

Social Workers

RN/NP

Pharmacists

PA

Optometric Practitioner

Planning committee (must contain at least two different professions):

*Anyone planning the activity including any faculty involved in the planning process; at least two different professions that reflect the expected audience of learners, when applicable:*

Name:                                      Degree:                                      Email:

Name:                                      Degree:                                      Email:

Name:                                      Degree:                                      Email:

Name:                                      Degree:                                      Email:

Administrative support:

*Identify who will be maintaining your records for this activity:*

Name:                                      Degree:                                      Email:

Faculty:

*This can include those noted on your planning committee, if applicable:*

Name:                                      Degree:                                      Email:

Name:                                      Degree:                                      Email:

Learning objectives:

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Competence (must have a way to document results):

*Are you measuring changes in competence and if so how will you document it? Please select all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Paper Evaluation           | <input type="checkbox"/> Customized pre/post test |
| <input type="checkbox"/> CE Portal Evaluation       | <input type="checkbox"/> Focus group discussion   |
| <input type="checkbox"/> Learning Center Evaluation | <input type="checkbox"/> Other, please specify:   |

Performance (must have a way to document results)

*Are you measuring changes in performance and if so how will you document it? Please select all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Adherence to guidelines   | <input type="checkbox"/> Physician or patient feedback, surveys and evaluations |
| <input type="checkbox"/> Case-based studies  | <input type="checkbox"/> Reminders and feedback                                 |
| <input type="checkbox"/> Chart audits  | <input type="checkbox"/> Other, please specify:                                 |
| <input type="checkbox"/> Customized follow--up survey/interview/focus group about actual change in practice at specified intervals |   |

Patient Outcomes (must have a way to document results)

*Are you measuring changes in patient outcomes and if so how will you document it? Please select all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Change in health status measure       | <input type="checkbox"/> Patient feedback and surveys |
| <input type="checkbox"/> Change in quality/cost of care        | <input type="checkbox"/> Other, please specify        |
| <input type="checkbox"/> Measure mortality and morbidity rates |   |

How will you utilizes support strategies to enhance change in the provider or healthcare team in addition to the educational intervention (for example reminders, feedback, etc):

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## Desirable Provider Competencies

*We are required to document activities/educational interventions that develop competencies in the context of desirable attributes of the healthcare team. Please check all that apply, you must identify at least one competency for accreditation.*

### ACGME/ABMS Competencies

- |  |  |
|--|--|
| <input type="checkbox"/> Patient Care And Procedural Skills      | <input type="checkbox"/> Inter-personal And Communication Skills |
| <input type="checkbox"/> Medical Knowledge                       | <input type="checkbox"/> Professionalism                         |
| <input type="checkbox"/> Practice-Based Learning And Improvement | <input type="checkbox"/> Systems-Based Practice                  |

### Institute Of Medicine Competencies

- |  |  |
|--|--|
| <input type="checkbox"/> Provide Patient-Centered Care   | <input type="checkbox"/> Apply Quality Improvement |
| <input type="checkbox"/> Work In Interdisciplinary Teams | <input type="checkbox"/> Utilize Informatics       |
| <input type="checkbox"/> Employ Evidence-Based Practice  |  |

### Inter-professional Education Collaborative Competencies

- |   |   |
|---|---|
| <input type="checkbox"/> Values Ethics For Interprofessional Practice | <input type="checkbox"/> Inter-professional Communication |
| <input type="checkbox"/> Roles / Responsibilities                     | <input type="checkbox"/> Teams And Teamwork               |

## Gap Analysis

*For every activity practice gaps of the healthcare team and/or the individual members of the healthcare team must be identified.*

A learner and/or healthcare team gap exists because learners and/or the healthcare team currently:

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How does this activity meet the healthcare team's potential or current scope of practice (define how the content being taught aligns with the needs of the healthcare team):

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What are factors outside your control as the educational provider that may impact educational outcomes?

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What educational strategies will help remove, overcome, or address barriers to change for the healthcare team:

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### Needs Assessment

*Needs Assessment: A needs assessment provides the information necessary to support the educational need for the activity.*

Which needs assessment method(s) were used to select the activity topic(s)?

- |   |  |
|---|--|
| <input type="checkbox"/> Survey of Target Audiences | <input type="checkbox"/> M & M Statistics      |
| <input type="checkbox"/> Faculty Perception         | <input type="checkbox"/> Patient Care Audit    |
| <input type="checkbox"/> Consensus of experts       | <input type="checkbox"/> Peer review           |
| <input type="checkbox"/> Self-assessment            | <input type="checkbox"/> Other, please specify |

Which educational formats will be used?

- |   |  |
|---|--|
| <input type="checkbox"/> Question/Answer        | <input type="checkbox"/> Video Recording       |
| <input type="checkbox"/> Lecture                | <input type="checkbox"/> Hands On Practice     |
| <input type="checkbox"/> Chart Review/Recall    | <input type="checkbox"/> Case Presentations    |
| <input type="checkbox"/> Self-Assessment        | <input type="checkbox"/> Other, please specify |
| <input type="checkbox"/> Small Group Discussion |  |