

School of Pharmacy

Continuing Pharmacy Education

Read the Faculty Guidance Document when completing this application. This form MUST **be submitted electronically at least 35 days prior to the activity date.**

*E-mail completed application to* [*wsigang@siue.edu*](mailto:wsigang@siue.edu)

*.*

**Author(s): Submit a current CV with this application.**

**SIUE School of Pharmacy**

**Planner/Faculty Conflict of**

**Interest Form**

DIRECTIONS: *Type information directly into the space provided or type an ‘X’ in the appropriate box to indicate your response. Save the completed form to your computer.*

**Section 1: Demographic Data**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and credentials: | |  | | |
| Present Position: | |  | | |
|  | | *(job title, employer, city, state)* | | |
| Mailing Address: | |  | | |
| Phone: |  | | Email: |  |

***NOTE***: *SIUE SOP reserves the right to ask for information on how the presenter’s qualifications were validated.*

**Section 2: Educational Activity**

|  |  |  |
| --- | --- | --- |
| Educational Activity Title: |  | |
| Individual Session Title *(if different)*: | |  |
| Education Activity Date(s): |  | |

Individual’s role(s) in this Educational Activity: (*Check all that apply*)

Planning Committee  Presenter/Faculty/Author  Content Expert  Content Reviewer

Moderator Other Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3: Actual, Potential & Perceived Conflict of Interest**

The potential for **Conflict of Interest (COI)** exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with an ineligible provider, the products or services of which are pertinent to the content of the educational activity. Actions must be taken to resolve any potential or actual COI for planners, presenters/faculty/authors or content reviewers prior to the start of the educational activity.

***Ineligible Provider****, any entity producing, marketing, re-selling, or distributing healthcare goods or services consumed by or used on patient.*

***Conflict of Interest****, circumstances create a conflict of interest when an individual has an opportunity to affect CPE content about products or services of an ineligible provider with which she/he has a financial relationship.*

***Financial Relationships****, are relationships that are expected to result in financial benefit from an ineligible provider, the products or services of which are related to the content of the educational activity.*

***Relevant Financial Relationships,*** *Relationships with ineligible providers in the 24 month period prior to assuming a role in controlling content in a CPE activity. The relationship can be of any amount.*

1. **Over the past 24 months, have you had a financial relationship with an illegible provider whose products or services may be relevant to the educational content that you will plan/present for this activity?**

**NO**  **YES –** Provide details of relationship(s) under Description below:

|  |  |  |
| --- | --- | --- |
| ***Check all***  ***that apply*** | **Category** | **Description –** *Provide Name(s) of Organizations & Relationship, e.g salesperson, marketing, education.* |
|  | Employee |  |
|  | Stockholder |  |
|  | Research Support |  |
|  | Speakers Bureau |  |
|  | Consultant |  |
|  | Other |  |

**Section 4: Statement of Understanding**

I have taken every precaution to ensure that the presentation identified above will be evidence-based or based on the best available evidence and free from bias and promotion. Completion of the name and date below serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and credentials:** |  | **Date:** |  |

**Section 5: CE Administrator Review – To be completed by CE Administrator only**

The CE Administrator is responsible for ensuring completion and review of all Conflict of Interest forms completed by planners, presenters/faculty/authors, and content reviewers, to document evaluation of actual or potential bias and conflict of interest.

|  |
| --- |
| If conflicts of interest are present, the conflicts were mitigated by the following process (check one):  Peer Review Individual ended relationship Selected an alternative person  Revised participant’s role so the conflict was no longer relevant.  Other Click or tap here to enter text.  Accepted by/date Click or tap here to enter text. |
| Accepted by/Date:Click or tap here to enter text. |

A**ctivity Subject Matter**

**Provide 2-3 key words for this presentation (i.e. drug dosing, law, cardiology etc.) and the names of any drugs that are the focus of the activity.**

Click or tap here to enter text.

**Who is the target audience for this activity? (pharmacists, techs, institutional pharmacists, nurses etc.).**

Click or tap here to enter text.

**This activity is part of a larger conference or event.**

**What type of activity will this be? (select all that apply)**

Live face to face or streamed activity

Home-based activity – monograph or previously recorded

**Check off the designator codes related to your activity. At least one is required.**

DSM/Drug Therapy   AIDS Therapy    Laws Related to Pharmacy   
  General Pharmacy   Patient Safety  Immunizations

Compounding  Pain Management

**How do you plan to announce this activity?** (check all that apply). Final activity announcements must be approved by the continuing education office prior to dissemination.

Internal Email   External Email   Posters   
  Save the Date Postcard   Web Site (please specify)  Other \_\_\_\_\_\_\_\_\_\_\_\_

If you have a promotional brochure for this activity, attach it with this submission. 

 There will be a registration fee for this activity.

**Needs Assessment**

What methods were used to determine the educational needs of the target audience? Please check all that are applicable.

Public Health Data   Survey of Targeted Audience

 Industry Sources  Previous Activity Evaluation Data

 Literature Search   New Developments/Techniques   
 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Evaluation**

 This activity is designed to change the performance of practitioners who complete it.

If yes, describe your plan to measure the change in practitioner competence.

|  |
| --- |
|  |

This activity is designed to change patient health outcomes.

If yes, describe your plan to measure the change in patient outcomes.

|  |
| --- |
|  |

 This activity is designed to change population health.

If yes, describe your plan to measure the change in population health.

|  |
| --- |
|  |

**CE - SIUE School of Pharmacy**

**GAP ANALYSIS WORKSHEET**

***Instructions:*** Type directly into blank cells of the tables.

|  |  |
| --- | --- |
| **Educational Activity Title:** |  |

| **current state** | **desired state** | **IDENTIFIED GAP** | **type of gap** | **Learning OBJECTIVE(s)** |
| --- | --- | --- | --- | --- |
| Describe the current state of practice including the problem, if known. | Describe the desired state that the educational activity is designed to promote. | Difference between current state and desired state. | \*Check which type of gap has been identified. | List learning objectives(s) using terms from Bloom’s taxonomy1: |
| *EXAMPLE:*  *Pharmacists are unfamiliar with new protocol for hypothermia* | *Pharmacists can effectively manage patients with ordered hypothermia protocol* | *Education needed regarding how to implement and manage the new hypothermia protocol* | Knowledge  Application | *1. Discuss the goals and process of the new hypothermia protocol.*  *2. Explain how to manage a patient with ordered hypothermia protocol.* |
|  |  |  | Knowledge  Application |  |
|  |  |  | Knowledge  Application |  |
|  |  |  | Knowledge  Application |  |

**1** Bloom’s Taxonomy [link](https://www.fractuslearning.com/blooms-taxonomy-verbs-free-chart/)

\*Knowledge: gap filled by transmit knowledge, recall of facts   
Application: Gap will be filled by **applying** information learned

SIUE School of Pharmacy

CE - ACTIVITY PLANNING FORM

***Instructions:*** For educational activities with multiple sessions, please complete a planning form for each individual session for which contact hours will be awarded. Type directly into blank cells of the tables.

| **Learning Objective** | **LEARNER ENGAGEMENT**  **STRATEGIES** |  |
| --- | --- | --- |
| List the learning objective(s) from above and for each, list the active learning strategy you will use. | List the engagement strategies used by each presenter for each content area. | Additional Notes on active learning. |
|  | Question/Answer  Self-check or self-assessment  Audience response system  Return skill demonstration\*  Role play\*  Small group discussion\*  Assignments/testing/practice\*  Engaging learners in dialogue  Analyzing case studies\* |  |
|  | Question/Answer  Self-check or self-assessment  Audience response system  Return skill demonstration\*  Role play\*  Small group discussion\*  Assignments/testing/practice\*  Engaging learners in dialogue  Analyzing case studies\* |  |
|  | Question/Answer  Self-check or self-assessment  Audience response system  Return skill demonstration\*  Role play\*  Small group discussion\*  Assignments/testing/practice\*  Engaging learners in dialogue  Analyzing case studies\* |  |
|  | Question/Answer  Self-check or self-assessment  Audience response system  Return skill demonstration\*  Role play\*  Small group discussion\*  Assignments/testing/practice\*  Engaging learners in dialogue  Analyzing case studies\* |  |
|  | Question/Answer  Self-check or self-assessment  Audience response system  Return skill demonstration\*  Role play\*  Small group discussion\*  Assignments/testing/practice\*  Engaging learners in dialogue  Analyzing case studies\* |  |
|  | Question/Answer  Self-check or self-assessment  Audience response system  Return skill demonstration\*  Role play\*  Small group discussion\*  Assignments/testing/practice\*  Engaging learners in dialogue  Analyzing case studies\* |  |

\*Engagement strategies marked with an asterisk (\*) are active strategies that require time to complete. These strategies should be detailed in the Content column outline and the time frames for each indicated in the time frame column.

**Total minutes for this activity/session (including time spent on evaluation) =**

**List full citations for the evidence-based reference(s) used to develop the content of this educational activity/session next to the appropriate category:**

|  |  |
| --- | --- |
| **Information from organization/website:** (current available evidence within past 5-7 years; may be published or unpublished content. Examples –Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health). Provide full web page citations for material referenced, not “CDC.org”. |  |
| **Peer –reviewed journal/resource:** (reference should be within past 5-7 years) |  |
| **Clinical guidelines:** (published or online. Example -www.guidelines.gov) |  |
| **Expert resource:** (individual, organization, or educational institution - book, article, website) |  |
| **Textbook reference:** |  |
| **Other:** |  |

Email the completed form to [wsigang@siue.edu](mailto:wsigang@siue.edu)

Walter Siganga PhD>

CPE Administrator

SIUE School of Pharmacy

618-650-5135