**Session Title:**

**Identified Gap(s) (the reason for this educational session):**

**Description of current state (what the nurse does now):**

**Description of desired/achievable state (what the nurse should be doing):**

**Gap to be addressed by this activity:** [ ]  **Knowledge** [ ]  **Skills** [ ]  **Practice** [ ]  **Other: Describe:**

**Learning Outcome:** [ ]  **Nursing Professional** [ ]  **Patient Outcome** [ ]  **Other: ­­­­­­­­­­­­­­­­­­­­­­Describe:**

| **CONTENT (Topics)***Provide an outline format of the content to be presented.* | **TIME FRAME (if live)***Approximate time required for content.* | **PRESENTER/ AUTHOR** | **TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES (Select at least two methods)** |
| --- | --- | --- | --- |
|       |       |       | [ ] Case Study [ ]  Role Playing[ ] Audience Response Systems[ ] Demonstrations [ ] Discussion[ ] Hands-On [ ]  Q&A[ ] Other      [ ] Lecture  |
|       |       |       | [ ] Case Study [ ]  Role Playing[ ] Audience Response Systems[ ] Demonstrations [ ] Discussion[ ] Hands-On [ ]  Q&A[ ] Other      [ ] Lecture |
|       |       |       | [ ] Case Study [ ]  Role Playing[ ] Audience Response Systems[ ] Demonstrations [ ] Discussion[ ] Hands-On [ ]  Q&A[ ] Other      [ ] Lecture |
|       |       |       | [ ] Case Study [ ]  Role Playing[ ] Audience Response Systems[ ] Demonstrations [ ] Discussion[ ] Hands-On [ ]  Q&A[ ] Other      [ ] Lecture |
| List the evidence-based references used for developing this educational activity (Please include Author, Date, Title, and Publication Info/Article Title:        |

**If Live: Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.**

 **(Fifteen minutes evaluation time for programs 3 hours or more. Five minutes evaluation time for programs under 3 hours.)**

**Total Minutes**       **divided by 60 =**       **contact hour(s)**

**Are there Pharmacology Minutes?**       **\*If yes, please describe in the above content area and identify the number of minutes.**

**If Enduring, indicate the method of calculating contact hours:**

[ ]  **Pilot Study** [ ]  **Historical Data** [ ]  **Complexity of Content** [ ]  **Other: Describe:**

**Estimated Number of Contact Hours to be awarded:**

**Completed By: Name and Credentials (Nurse Planner or Presenter):**       **Date**