**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**