



SHENANDOAHTM

U N I V E R S I T Y

Bernard J. Dunn School of Pharmacy

Office of Continuing Pharmacy Education CPE PRESENTER CHECKLIST

The checklist below outlines initial information needed about your presentation. This information complies with the current ACPE Accreditation Standards for Continuing Pharmacy Education. The ACPE CPE Administrator is available to assist you as you develop your presentation and final decision-making regarding this activity resides with the Office of Continuing Pharmacy Education.

STEP 1: Please list the title of your presentation:

STEP 2: Please select the type of activity you intend to present (please see CPE Presenter Guidance for more information about knowledge- versus application-based activities):

<input type="checkbox"/> Knowledge-Based (recall of factual knowledge)	<input type="checkbox"/> Application-Based (application of content learned)
<ul style="list-style-type: none">● Requires a single thought step to answer correctly● The answer is often directly in educational materials● Good test takers often can answer without knowing content area <p>Please check all learning assessments you intend to use:</p> <ul style="list-style-type: none"><input type="checkbox"/> Pre-/Post-tests<input type="checkbox"/> Questions in educational content<input type="checkbox"/> Group discussions/polling<input type="checkbox"/> Fill-in-the-blanks in educational content<input type="checkbox"/> Other (please specify)	<ul style="list-style-type: none">● Requires multiple thought steps to answer correctly, each of which must be correct to get the final answer● More difficult for good test takers to get correct answer without knowing content area <p>Please check all learning assessments you intend to use:</p> <ul style="list-style-type: none"><input type="checkbox"/> Case studies<input type="checkbox"/> Experiential scenarios<input type="checkbox"/> Problem-solving exercises<input type="checkbox"/> Demonstrations/Hands-on workshops<input type="checkbox"/> Simulations/Role playing<input type="checkbox"/> Practice/Application exercises<input type="checkbox"/> Other (please specify)

STEP 3: Please identify how you plan to give feedback regarding the correct answers (including rationale) to the participants for each of the intended learning assessments checked above:

STEP 4: Please list 3-4 learning objectives that are consistent with your intended activity type (please see CPE Presenter Guidance for a list of appropriate learning objective action verbs for your intended activity type):

The participant will be able to:

- 1.
- 2.
- 3.
- 4.

STEP 5: Please check which of the following competencies your presentation will address (check all that apply and at least one must be applicable):

- | | |
|---|---|
| <input type="checkbox"/> Delivering patient-centered care | <input type="checkbox"/> Working as part of an interdisciplinary team |
| <input type="checkbox"/> Practicing evidence-based medicine | <input type="checkbox"/> Focusing on quality improvement |
| <input type="checkbox"/> Using information technology | <input type="checkbox"/> Precepting students/residents in practice knowledge/skills |

STEP 6: Please provide a brief description of how your presentation intends to address the identified educational needs and gaps in knowledge/skills of pharmacists regarding clinical practice, patient care or student precepting.

STEP 7: In addition to your presentation materials, please include at least 2 additional educational resources as a means to enhance participant understanding of presented content and foster applications to pharmacy practice. Examples include: tools useful in practice, literature studies, review articles, practice guidelines, relevant websites, supplemental handouts, useful references, etc. Please attach electronic resources or scan/email paper versions:

- 1.
- 2.

Please email this completed form with additional resources to:

SUBJDSOP Office of Continuing Pharmacy Education (located within the Division of Technology in Education)
Attention: Amber Darr
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PLEASE PROCEED TO DISCLOSURE & CONTENT VERIFICATION FORM