

## Activity Checklist and Information

**PLEASE NOTE TUSM OCE HAS AN ELECTRONIC FILING SYSTEM.**

**THE FOLLOWING MATERIALS SHOULD BE FORWARDED VIA EMAIL WHEN POSSIBLE**

(Forms are available on our website, <http://md.tufts.edu/Education/Continuing-Ed-Microsite/Educational-Activities>):

<b><u>Pre-Activity Materials</u></b>		<b><u>Submission Timelines</u></b>
<input type="checkbox"/>	Educational Activity Planning Form <i>(Forms submitted less than 2 months prior to the activity will incur a late fee)</i>	4-6 months in advance
<input type="checkbox"/>	Verification of Identified Learner Needs Documentation	4-6 months in advance
<input type="checkbox"/>	Agenda <i>(Noting start and end time for each session, including breaks and lunch time)</i>	4-6 months in advance
<input type="checkbox"/>	Proposed faculty with academic/clinical titles and CVs <i>(this includes planners &amp; presenters)</i>	4-6 months in advance
<input type="checkbox"/>	Draft of faculty invite letter (if applicable)	4-6 months in advance
<input type="checkbox"/>	Estimated budget using TUSM OCE budget template	4-6 months in advance
<input type="checkbox"/>	Signed sponsorship/provider agreement with TUSM OCE	4-6 months in advance
<input type="checkbox"/>	Save the date announcements <i>(TUSM OCE must review &amp; approve before distribution)</i>	4-6 months in advance
<input type="checkbox"/>	Draft of activity brochure <i>(TUSM OCE must review &amp; approve before distribution)</i>	4-6 months in advance
<input type="checkbox"/>	Copies of Faculty Disclosure Forms <i>(Including plenary speakers, moderators, co-authors, collaborators, case presenters, abstract authors, and <u>anyone who is in a position to control the content of your educational activity</u>)</i>	1 month in advance
<input type="checkbox"/>	If applicable, commercial support and exhibitor agreement(s) (see bottom of page 3 for more details)	1 month in advance
<input type="checkbox"/>	Presentation slides or if slides are not available, an outline with detailed description of content being discussed <i>(Note: OCE will send content to medical director for review and will notify you if any changes will need to be made to the presentation in advance)</i>	2-4 weeks in advance
<b><u>Nursing Materials</u></b> <i>(ONLY applicable if TUSM OCE is certifying your activity for ANCC contact hours)</i>		
<input type="checkbox"/>	Nursing Presentation Grid <i>(Download the template on our website)</i>	4 weeks in advance
<b><u>Pharmacy materials</u></b> <i>(ONLY applicable if TUSM OCE is certifying your activity for ACPE contact hours)</i>		
<input type="checkbox"/>	Objectives per topic/assigned UAN (Contact TUSM OCE for details)	4 weeks in advance
<input type="checkbox"/>	Copy or explanation of the learner assessment and feedback <i>(Please download our worksheet for examples of learning assessment and feedback: <a href="http://md.tufts.edu/Education/Continuing-Ed-Microsite/">http://md.tufts.edu/Education/Continuing-Ed-Microsite/</a>)</i>	4 weeks in advance

<b><u>Post-Activity Materials</u></b> <b><i>Due to TUSM OCE by 4-6 Weeks after Activity Completion of Activity</i></b>	
<input type="checkbox"/>	Copies of planning meeting minutes
<input type="checkbox"/>	Original sign-in sheets <b>(for live activities only)</b>
<input type="checkbox"/>	Participant list of those who viewed activity and completed a post-test <b>(for enduring &amp; internet live activities only)</b> <b>NOTE: Data reporting frequency to be determined by TUSM OCE</b>
<input type="checkbox"/>	Electronic excel list of all attendees including name, degree, preferred mailing address, phone number, email address and #of credits to be issued
<input type="checkbox"/>	Participant activity evaluation/request for credit cover sheets <b>(live activities only)</b>
<input type="checkbox"/>	(NABP) e-Profile ID for each pharmacist to claim their credit(s) <b>(only applicable for ACPE contact hours)</b>
<input type="checkbox"/>	Completed activity <u>evaluation summary</u> including comments (individual evaluation forms are not submitted to OCE) <b>Note: If activity was certified for physicians, nurses and/or pharmacists, evaluation summary must be broken down by discipline, e.g., one summary for nurses, one summary for pharmacists, and one summary for physicians.</b>

<input type="checkbox"/>	Activity Summary Sheet (for live activities only)
<input type="checkbox"/>	Monitor Verification Form (for live activities only)
<input type="checkbox"/>	Final budget using TUSM OCE budget template
<input type="checkbox"/>	If applicable, Grievances/complaints and resolution
<input type="checkbox"/>	Final syllabus/handouts (3 hard copies)
<input type="checkbox"/>	Final brochure (3-5 hard copies)
<input type="checkbox"/>	Impact of Education on Outcomes (see more details below)

**NOTE:** Evaluating the effectiveness of CE activities in meeting identified educational needs is an essential component of ongoing quality improvement. Evaluation provides an opportunity to analyze changes in learner (competence, performance, or patient outcomes) achieved as a result of the CE activity as well as learner commitment to change, barriers to change, and activity quality. Please note that this Impact of Education on Outcomes is completely different from the participant evaluation forms completed immediately after the activity. A follow-up impact of education on outcomes measurement should be conducted with activity participants approximately 8-10 weeks after the activity assuming that participants had some time to implement the gained knowledge and can then provide further feedback on whether they actually changed their practice as a result of attending the activity.

**Examples of how you can conduct this Impact of Education on Outcomes Measurement include:**

<b>Knowledge/Competence</b>	<input type="checkbox"/> Follow-up surveys (Instructions on how to create your survey using Survey Monkey and the survey template is available from the OCE.)	
	<input type="checkbox"/> Customized pre and post-test	<input type="checkbox"/> Certification exam outcome
<b>Performance</b>	<input type="checkbox"/> Learner reports on changes made as a result of the CE activity	<input type="checkbox"/> Chart Audits with analysis of results
	<input type="checkbox"/> Track and ID new practices or policies as a result of your activity	
	<input type="checkbox"/> Participant focus group about actual change in practice	<input type="checkbox"/> Case-based studies
<b>Data Monitoring/Patient Outcomes</b>	<input type="checkbox"/> Patient satisfaction survey	<input type="checkbox"/> Quality assurance data/review (departmental, institutional, external)
	<input type="checkbox"/> Claims data/review with analysis of results	<input type="checkbox"/> Morbidity/ Mortality data with analysis of results
	<input type="checkbox"/> Other	

**Required Elements for Promotional and Activity Materials**

*Please send any promotional materials to our office for review and approval before distributing.*

<input type="checkbox"/>	Save the Date Announcement (if applicable) - Date, location and title of educational activity
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**If more specific information is listed, e.g., faculty and objectives, announcement must include:**

<input type="checkbox"/>	Appropriate sponsorship/provider statement
<input type="checkbox"/>	TUSM logo
<input type="checkbox"/>	Accreditation statement(s)

**Brochure/Activity Announcements:**

<input type="checkbox"/>	Prominently listed, appropriate sponsorship/provider statement(s)*	<input type="checkbox"/>	Faculty with academic/clinical titles
<input type="checkbox"/>	TUSM logo*	<input type="checkbox"/>	Disclosure statement*
<input type="checkbox"/>	Accreditation statement*	<input type="checkbox"/>	Statement of commercial support or lack thereof*
<input type="checkbox"/>	Designation of AMA PRA credits, contact hours, etc.*	<input type="checkbox"/>	Statement of exhibitors or lack thereof*
<input type="checkbox"/>	Requirements for successful completion*	<input type="checkbox"/>	Registration fee(s) or “There is no fee for this activity”
<input type="checkbox"/>	Activity goal	<input type="checkbox"/>	Cancellation policy
<input type="checkbox"/>	Target audience/method of participation	<input type="checkbox"/>	ADA/OEO Nondiscrimination Policy*
<input type="checkbox"/>	ABMS/IOM competencies addressed	<input type="checkbox"/>	TUSM OCE Policy on Privacy and Confidentiality (link to website)*
<input type="checkbox"/>	Educational objectives using appropriate action verbs	<input type="checkbox"/>	TUSM OCE contact information*

<input type="checkbox"/> Schedule/agenda	<input type="checkbox"/> Non-endorsement statement *
<b>Pharmacy-specific requirements ONLY:</b> All information stated above (“Brochure/Activity Announcements”) plus the following:	
<input type="checkbox"/> The official ACPE logo, used in conjunction with the statement identifying the accredited provider sponsoring the activity*	
<input type="checkbox"/> Type of activity (knowledge, application, practice)	
<input type="checkbox"/> The ACPE Universal Activity Number(s) assigned to the activity	
<input type="checkbox"/> Note that (NABP) e-Profile ID for each pharmacist will be required to claim their credit(s)	
<b>Enduring Activities ONLY:</b> All information stated above (“Brochure/Activity Announcements”) plus the following:	
<input type="checkbox"/> Add post-test minimum passing score to requirements for successful completion	
<input type="checkbox"/> Include Hardware and Software Requirements in Accreditation information: Original Release Date, Last Review Date, and Expiration Date	
<input type="checkbox"/> Include estimated time to complete activity in activity materials	
<input type="checkbox"/> Bibliographic sources	
<b>*TUSM OCE will provide you with this information</b>	

<b>Syllabus/Handout/Internet Materials*:</b>	
All information stated above (“Brochure/Activity Announcements”) plus the following:	
<input type="checkbox"/> Syllabus Disclosure of Financial Relationships (This is the faculty disclosure summary in place of disclosure statement above)*	
<input type="checkbox"/> If applicable, a listing of commercial supporters in place of “Statement of commercial support or lack thereof”	
<input type="checkbox"/> If applicable, a listing of exhibitors in place of “Statement of exhibitors or lack thereof”	
<input type="checkbox"/> A listing of non-commercial interest supporter(s) (for ANNC contact hours only)	
<input type="checkbox"/> TUSM OCE Evaluation Form*	
<b>*TUSM OCE will provide you with this information</b>	

<b>Commercial Support and Exhibitors</b>	
<input type="checkbox"/>	All commercial support and exhibitor fees associated with an educational activity must be given with the full knowledge and approval of TUSM OCE. <b>Please contact TUSM OCE for agreement templates.</b>
<input type="checkbox"/>	All commercial support and exhibitor fees must be documented in a written agreement between the commercial supporter/exhibitor and TUSM OCE. <b>The Commercial Support Agreement/Exhibitor Agreement must be signed by TUSM OCE. Please note that there are separate agreements for “commercial support” and “exhibitors”.</b>
<input type="checkbox"/>	If applicable, agreement for non-commercial interest (for ANNC contact hours only)
<input type="checkbox"/>	A commercial supporter’s letter of agreement may be substituted, pending OCE approval, if comparable to the OCE Commercial Support Agreement. Please verify with TUSM OCE beforehand.
<input type="checkbox"/>	Commercial interests shall not make support contingent on the acceptance of advice about speakers or educational matters, such as content, objectives or educational methods.
<input type="checkbox"/>	Please retain receipts for all expenses related to the educational activity and if applicable, submit to TUSM OCE for reconciliation of grant funds.

<b>Commercial Support Funds Distribution</b>	
Funding from a commercial supporter must be provided in the form of an educational grant. A commercial supporter may never disburse payments directly to faculty. Only TUSM OCE, the joint sponsor, or designated educational partner may disburse faculty honoraria or reimbursement for out-of-pocket expenses, as per written agreement with TUSM OCE.	
1.	The grant should be made payable to “Trustees of Tufts College” and sent directly to TUSM OCE. <b>Please note that grants made directly to TUSM are subject to a 15% university O&amp;M surcharge.</b>
2.	The grant can also be made payable to your department or division as an educational partner of TUSM. In this situation the following information must be completed in the commercial support agreement:  Tufts University School of Medicine (TUSM) Office of Continuing Education (OCE) designates [Name of educational partner] to receive \$ _____ for an educational grant from [Name of Commercial Supporter].