



SECTION PROPOSAL FOR EDUCATION ACTIVITY:

PROPOSAL

A.S.P.E.N. Sections: To obtain approval for Section Meetings at Clinical Nutrition Week that have an education program planned (guest speakers and presentations), A.S.P.E.N. Sections must submit a proposal (page 3). Please complete the attached form and email it to michelles@aspen.nutr.org. All proposals are reviewed by the Education and Professional Development (EPD) Committee, who then votes as to whether or not the program is accepted and can proceed as planned by the section. All approved section meetings will be eligible for continuing education (CE) credit.

GENERAL INFORMATION

A.S.P.E.N. prohibits programs that constitute commercial promotion. We support the 2004 *ACCME Standards for Commercial Support of Continuing Medical Education* in full. The standards for commercial support are located on the ACCME website at http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf.

Program Contact Responsibilities:

In your program proposal, you must identify an individual to serve as the program contact. This person is responsible for ensuring that program faculty submit materials in accordance with all deadlines, and will serve as the liaison between the A.S.P.E.N. EPD Committee, A.S.P.E.N. Director of Education (national office), and the program faculty.

PROPOSAL REVIEW PROCESS

The EPD Committee will evaluate each proposal according to the following criteria:

- Educational value of the session
- Timeliness of topic
- Applicability of content to practice
- Expertise of suggested faculty
- Appeal to a multidisciplinary audience (Discipline specific section meetings may be excluded from this requirement if credit is sought only for a single discipline)
- Provision of multiple perspectives on a given topic
- Reflective of practice trends from around the country
- Ability of the session to meet a defined professional practice gap

Sections that do not submit a **complete** proposal will not be permitted to have an educational program during the section meeting at CNW. You will be notified by email of the Committee's decision. All accepted proposals are subject to content revisions.

Questions?

Michelle Spangenburg MS, RD, Director of Education at michelles@aspen.nutr.org or 301-920-9127



PROPOSAL FOR EDUCATIONAL PROGRAM

Submit to michelles@aspen.nutr.org

Proposal Date:

Organization/Section Name:		
List of planning committee members: (note: for CE credit for nurses, a nurse must be involved with the planning)		
<i>PRIMARY CONTACT:</i> <i>Name and Credentials</i>	Email	Work Affiliation
Conference/Meeting Date:		
Location:		
AV Requirements:		
Proposed program length (hours)(programs for CE credit should be a minimum of 1 hour, which can include a Q&A period):		
Program title		
Program Description (include an explanation of the program’s purpose, why the program is unique and how the program relates to the identified learners’ needs)		
Presentation level: <i>basic, intermediate, advanced</i>		
Needs Assessment. <i>Please specify the sources used to determine the audience’s need for this program. Examples include but are not limited to: survey of the target audience, published survey of target audience, epidemiological data, national clinical guidelines, ABMS/ACGME or IOM Competencies, Joint Commission Standards, expert panels, peer reviewed literature, etc. You may be asked to provide documentation of the identified need sources.</i>		
Professional Practice Gap: <i>A professional practice gap is defined as a gap between what the professional is doing compared to what is achievable on the basis of current knowledge. Basically, what do you want participants to do that they are not currently doing? Gaps can be in knowledge, competence, performance, or patient outcomes and should be measurable in some way.</i>		
<ul style="list-style-type: none"> ▪ <i>Knowledge: presence of experience</i> ▪ <i>Competence: knowing how to apply knowledge to practice</i> 		

- *Performance: doing it*
- *Patient Outcome: measuring patient records against the new knowledge*

For the program you are planning, please list the following:

- 1. Identified gap**

- 2. Educational Objectives** (*List 3-5 learning objectives for the overall session. These objectives must relate to what attendees will accomplish towards closing the identified practice gap). Objectives should complete the following sentence “Upon conclusion of this program, the participant will be able to...”*)

- 3. Expected outcome/desired result of providing the program**

- 4. Content Focus** (select one)
 - Knowledge
 - Competence
 - Performance
 - Patient Outcome

Target Audience: *Based on the identified practice gap*

Disciplines for Which CE Credit is Requested: (circle choices)
 (note: for CE credit for nurses, a nurse must be involved with the planning)

physician nurse dietitian pharmacist

Session Format/Teaching Methods: *Identify the methods you intend to employ in this program to accomplish the objectives. Strive for more interactive teaching methods. How will you engage the audience in learning?*

- *Case presentations*
- *Debate*
- *Demonstration*
- *Laboratory work/findings*
- *Lecture*
- *Panel discussions*
- *Poster session*
- *Other, please describe*

Faculty: *A current CV of the faculty must also be provided*
Example of faculty listing: Jane Doe, MS, RD, RN, Director of Patient Care, University Hospital, Any City, State

Will any non-educational strategies be employed during this session? If so, please describe.
Non-educational strategies are items that will be used to enhance the potential for learner change or to reinforce the desired results; such items may include patient education handouts, algorithms, etc.

Are there any barriers (potential or real) that face the target audience in overcoming the identified practice gap? If so, please describe.

If your target audience includes physicians, please read below and respond accordingly.
 Physicians are an integral part of the multidisciplinary audience to whom A.S.P.E.N. provides education programs. Please address which competencies based on the Maintenance of Certification (MOC) competencies for physicians this program addresses:

- **Patient Care**-Provide care that is compassionate, appropriate and effective treatment for health

problems and to promote health.

- **Medical Knowledge**-Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.
- **Interpersonal and Communication Skills**-Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).
- **Professionalism**-Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.
- **Systems-based Practice**-Demonstrate awareness of and responsibility to larger context and systems of healthcare. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).
- **Practice-based Learning and Improvement**-Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.

Education Design/Outcomes Evaluation

This program will be designed to change (please describe):

- Learner competence (changes in how to apply the knowledge to practice)
- Learner performance (changes in practice performance as a result of application of what was learned)
- Patient outcomes (changes in health status of patients due to changes in practice behavior)

Evaluation Methods

What evaluation method (s) will you use to know if the activity was effective in addressing the identified gaps and assess the achievement of the desired level of outcome (s)? Please check all that apply.

- Audience response
- Post test
- Case discussions or vignettes
- Standard A.S.P.E.N. session, speaker, conference evaluations
- Other, please describe

Program Content Outline: Please provide an outline and the time allocated for each presentation

Commercial relationships for each member of the planning group and each speaker must also be provided. Failure to disclose will prevent a speaker from participating, no exceptions. Disclosure form is attached.

The Accreditation Council for Continuing Medical Education (ACCME) prohibits providers from asking commercial supporters to suggest topics or speakers for educational activities

A.S.P.E.N. Section Proposals: Have you submitted all requests for audio/visual, room set up and any speaker honorarium in your Section work plan? Please contact A.S.P.E.N. Membership Department with questions – andreac@aspen.nutr.org

Submit this proposal and the accompanying documents (speakers' CVs, disclosures, etc.) together and no later than September 15th by email to: michelles@aspen.nutr.org. Incomplete submissions will not be considered.

A.S.P.E.N. Faculty Conflict of Interest Policy
A.S.P.E.N. Committees and Programs

A.S.P.E.N.'s educational mission is to impact patient wellness by providing evidence-based nutrition care information to health professionals. To assure credibility and effectiveness, we depend upon the continued participation of expert professionals in designing and presenting A.S.P.E.N.'s educational programs.

Background

A.S.P.E.N. provides continuing education to physicians, pharmacists, nurses and dietitians and is accredited by the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), American Nurses Credentialing Center (ANCC) and the Commission on Dietetic Registration (CDR). A.S.P.E.N. adheres to the ACCME's Standards for Commercial Support to ensure that all educational programs are balanced, evidence-based, and free from commercial influence. In compliance with these requirements, A.S.P.E.N. must obtain disclosures of any relationships with commercial interests that are relevant to the content of the program from all participants in the educational process. This includes, but is not limited to organizers, moderators, and speakers. Failure to disclose any commercial relationships will disqualify you from taking part in the planning and implementation of the educational activity.

Based on your disclosures, you may be asked to assist in resolving any potential conflicts of interest. We request your patience and cooperation as we adhere to these required processes. All relevant disclosures will be published to assist participants in making informed learning decisions.

A.S.P.E.N. is honored to request your participation as a presenter for our educational activity. We appreciate your additional compliance with the spirit of these guidelines. Thank you in advance for your cooperation. If you have any questions, please contact Michelle Spangenburg MS, RD Director of Education at 301-920-9127 michelles@aspen.nutr.org.

Faculty Conflict of Interest Policy

To maintain compliance and scientific integrity of our educational programs, all persons in a position to affect or control the content of an educational activity must adhere to the following.

1. Provide A.S.P.E.N. with information on relevant commercial relationships using the attached form. **A.S.P.E.N. may not confirm your participation prior to receiving this information, and resolving any perceived conflicts.**
2. Eliminate commercial bias. Whenever possible, classes or groups of similar products or treatment approaches should be discussed using generic rather than trade names. Varying or conflicting viewpoints should be explored.
3. Advertising may not be a part of educational materials or venue. Promotional activities may not occur during / in the space of an educational activity.
4. Recommendations for clinical practice will be supported by and will reference best-available evidence.
5. Scientific research used to support recommendations for clinical practice must conform to generally accepted standards of experimental design, data collection and analysis.

Please Print Clearly

Name: _____

Circle one: **Board Member** **Committee Member** **Moderator** **Speaker** **Author** **Reviewer**

Title of Education Program/Committee: _____

Date and Location of Activity: _____
(Ongoing activities, please list the start date. Nationwide activities please list location as US, Committee members, please list the dates of the committee term.)

Policies

- I have read the Conflict of Interest policy and agree to abide by the stated terms.
- I am presenting a discussion of off-label use for a product regulated by the FDA, and will advise the participants.

Disclosure Process:

1. If, within the last 12 months, you or your spouse had a financial relationship with a commercial firm involved in producing or distributing health care good or services consumed by or used on patients with the exemption of non-profit or government organizations and non-healthcare related companies, AND that relationship has the *potential* of influencing you regarding the development of educational content, you have a *potential* conflict of interest. This relationship is relevant and must be disclosed. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

If your topic is not related to products or services of a commercial entity with whom you have a relationship, nor could the relationship provide incentive for you to develop or present content that might benefit the value of that relationship, you are not required to disclose that relationship.

2. Describe what you or your spouse/partner received (ex: salary, honorarium etc). A.S.P.E.N. does NOT want to know how much you received.
3. Describe your role

Commercial Interest	Nature of Relevant Commercial Relationship (Include all that apply)	
	What I received	My Role
<input type="checkbox"/>	I and/or my spouse or partner have no relationships with commercial interests to disclose	
<input type="checkbox"/>	I refuse to disclose, and understand that refusal will prevent my participation in this activity.	

Signature: _____ Date: _____

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

My Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities.