

CHAPTER PROPOSAL FOR EDUCATION ACTIVITY:

**PROPOSAL**

ASPEN Chapters in good standing are eligible to apply to enter into a joint providership relationship with ASPEN to ensure continuing education (CE) credit is available to dietitians, nurses, pharmacists, and physicians for chapter events. Part of the process as outlined in the chapter CE handbook is the submission of a proposal for the education activity. Please complete the attached form and email it to Michelle Spangenburg at michelles@nutritioncare.org AND Andrea Cuellar at andreac@nutritioncare.org according to the below timeline. All proposals are reviewed by ASPEN’s Education and Professional Development (EPD) Committee, who then votes as to whether or not the program is accepted. Please note, credit is for all four disciplines, programs for individual disciplines will not be considered.

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| **Event Dates** | **Letter of Intent Due on or Before**(9 – 11 months prior) | **Proposal Due on or Before**(6 – 8 months prior) |
| **January, February, March** | April 1 | July 1 |
| **April, May, June** | July 1 | October 1 |
| **July, August, September**  | October 1 | January 1 |
| **October, November, December** | January 1 | April 1 |

**GENERAL INFORMATION**

ASPEN prohibits programs that constitute commercial promotion. We support the *ACCME Standards for Integrity and Independence in Accredited Education* in full. The standards are located in the Chapter CE Handbook and on the ACCME website at <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>.

*ACCME Standards for Integrity and Independence in Accredited Education, employees from ineligible companies are prohibited from contributing to the content of an accredited education program. This includes planning, speaking, moderating, etc.*

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards.

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 ASPEN EPD Committee, ASPEN staff (national office), and the 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
* Documented expertise of suggested faculty
* Content that is free from commercial bias or promotion
* Appeal to a multidisciplinary audience
* Provision of multiple perspectives on a given topic
* Reflective of practice trends from around the country
* Inclusion of a registered dietitian in the development of the program if program is diet or nutrition related and CE credit is requested for dietitians.
* Ability of the session to meet a defined professional practice gap

All accepted proposals are subject to content revisions.



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| **Organization Name:**  |
| **Planning Committee Members (as submitted in letter of intent with any changes) – Names and Credentials. If RD credit is sought, please provide RD number of RD planning member.** **Please make note of any new planning committee members and include a conflict of interest disclosure statement and CV for the new committee members with this proposal.** ***Employees of ineligible companies may not serve as planning committee members per the ACCME Standards for Integrity and Independence in Accredited Education.*** *\*\*A current CV of planning committee members must be also provided\*\** |
| *PRIMARY CONTACT:* *Name and Credentials* | RD Number | Email  | Work Affiliation |
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| **Conference/Meeting Date:**  |
| **Location:**  |
| **Proposed program length** (hours) (program must be at least two hours in duration for consideration of the joint providership) |
| **Program title**   |
| **Program Description** *(include an explanation of the program’s purpose (i.e. the rationale for the program), why the program is unique and how the program relates to the identified learners’ needs)* |
| **Presentation level:** *basic, intermediate, advanced* |
| **Needs Assessment**. *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. Please refer to the Chapter CE Handbook for additional details.*  |
| **Professional Practice Gap:** *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.* * + *Knowledge: presence of experience*
	+ *Competence: knowing how to apply knowledge to practice*
	+ *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 program. 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…”. Please refer to the Chapter CE Handbook for information on writing objectives.*
3. **Expected outcome/desired result of providing the program**
4. **Content Focus** (select one)
* Knowledge
* Competence
* Performance
* Patient Outcome
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| **Target Audience:** *Based on the identified practice gap* |
| **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*
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| **Faculty and Presentation Topics/Titles**: ***\*\*****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 presenting on XYZ topic*** |
| **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 ASPEN 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 sounds, 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 scientifi c evidence and improve their practice of medicine.
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| **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**
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| **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 ASPEN session, speaker, conference evaluations**
* **Other, please describe**
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| **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.** (if a disclosure was provided for the planning committee members with the letter of intent, then there is not a need to provide again, unless there are changes.) Failure to disclose will prevent a speaker from participating, no exceptions. Disclosure form is attached. |
| ***The ACCME Standards for Integrity and Independence in Accredited Continuing Education**** ***prohibit providers from asking potential ineligible companies to suggest topics or speakers for accredited educational activities.***
* ***prohibit employees of ineligible companies from contributing to the content of an accredited education program.  This includes planning, speaking, moderating, etc.***

**Planners of the activity have read the above regarding the Standards for Integrity and Independence in Accredited Continuing Education and understand that not complying with the standards will result in the program not being considered as an accredited education program.** * **Agree**

**All planners of the activity are not employees of an ineligible company and understand that if planners, speakers, moderators, etc. are employees of an ineligible company then the program will not be considered as an accredited education program.** * **Agree**
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Submit this proposal and ALL accompanying documents (speakers’ CVs, speakers’ and planning committee members’ disclosures and CVs, etc.) together according to the appropriate deadline by email to: michelles@nutritioncare.or and andreac@nutritioncare.org. **Incomplete submissions will not be considered.**



ASPEN Continuing Education Program Financial Relationship Disclosure Form

Dear Prospective Planner/Faculty Member/Author:

We look forward to having the opportunity to include you in our accredited continuing education (CE) program.

**Why am I receiving this communication?**

ASPEN is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Pharmacy Education (ACPE), American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team. Specifically, ASPEN provides accredited education to dietitians, nurses, pharmacists, and physicians under the Joint Accreditation umbrella. We appreciate your help in partnering with us to follow accreditation guidelines and help us create high-quality education that is independent of industry influence. In order to participate as a person who will be able to control the educational content of this accredited CE activity, we ask that you disclose all financial relationships with any ineligible companies that you have had over the past **24 months**. We define ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; you must disclose **all** financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit [www.accme.org/standards](http://www.accme.org/standards).

**Why do we collect this information?**

Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments. Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

**What are the next steps in this process?**

After we receive your disclosure information, we will review it to determine whether your financial relationships are relevant to the education. Please note: the identification of relevant financial relationships does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this activity.

To help us meet these expectations, please use the form we have provided to share all financial relationships you have had with **all** ineligible companies during the past **24 months**. This information is necessary for us to be able to move to the next steps in planning this continuing education activity. If you have questions about these expectations, please contact Michelle Spangenburg at michelles@nutritioncare.org.

**Faculty Financial Relationship 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 ASPEN with information on all financial relationships with ineligible companies over the past 24 months using the attached form. **ASPEN may not confirm your participation prior to receiving this information, and mitigating any relevant financial relationships.**
2. Eliminate commercial bias. Whenever possible, classes or groups of similar products or treatment approaches should be discussed using generic names 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 of any kind may not occur during / in the space of an educational activity. This includes faculty promoting a book they have authored for which there is a financial gain.
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.

**Terms and Definitions**

* **Eligible organizations**: Organizations that are eligible to be accredited.
* **Ineligible companies**: Organizations that are not eligible for accreditation*.* Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.These organizations were referred to as *commercial interests* in the Standards for Commercial Support. The new term is intended to clarify that eligibility for accreditation is not based on whether an organization is for-profit or nonprofit but is based on its primary mission and function. Please note the definition as well as the term for ineligible companies has been updated from the Standards for Commercial Support. See the eligibility section.
* **Mitigate**: The term *mitigate* replaces *resolve*, in guidance related to relevant financial relationships, to clarify that accredited providers are expected to mitigate the potential effect of these relationships on accredited continuing education. The expectation hasn’t changed, only the term used to describe it.



ASPEN Continuing Education Program Financial Relationship Disclosure Form

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**Name:**

**Title of Continuing Education Program:**

**Date and Location of Continuing Education Program:**

(Ongoing activities, list the start date. Nationwide activities list location as US. Committee and board members, list the dates of the committee term.)

**Check all that apply:** [ ] Author [ ]  Board Member [ ]  Committee Member [ ]  Moderator

[ ]  Speaker [ ]  Reviewer [ ]  Other:

As a prospective planner, speaker, moderator, etc., we ask that you help protect our learning environment from industry influence. Please complete the form below and return it to insert email address no later than insert date to ensure your participation is not impacted. Failure to comply may result in disqualification from participation in the activity.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact Michelle Spangenburg at michelles@nutritioncare.org.

**Policies**

[ ] I have read the Faculty Financial Relationship Policy and agree to abide by the stated terms.

[ ]  I will not actively promote or sell products or services that serve my professional or financial interests during accredited education.

**Disclosure Process:**

Please disclose **all** financial relationships that you have had in the past **24 months** with ineligible companies (see definition below).

For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; **we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies**. **You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.**

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| **Enter the Name of Ineligible Company**An **ineligible company** is any entity whoseprimary business is producing, marketing,selling, re-selling, or distributing healthcareproducts used by or on patients.For specific examples of ineligible companiesvisit **accme.org/standards**. | **Enter the Nature of Financial Relationship**Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual’s institution receives the research grant and manages the funds. | **Has the Relationship Ended?**If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if anymitigation steps need to be taken.  |
| Example: ABC Company | Consultant | [ ]  |
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|  |  | [ ]  |
| [ ]  **In the past 24 months, I have not had any financial relationships with any ineligible companies.** |
| [ ]  **I refuse to disclose and understand that refusal will prevent my participation in this activity.**  |

**I attest that the above information is correct as: Signature:**

**Date of Submission**

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**Name:**

**Mitigation Process**

If after review by an ASPEN designee any of my financial relationships are determined to be relevant financial relationships, the following mitigation strategies are suggested specific to my relationships. I understand that I may be asked to employ a different mitigation strategy than one I initially suggest. ASPEN staff will follow up after your disclosures have been reviewed to confirm or modify the mitigation strategy collaboratively with you.

[ ]  **Not applicable as I have nothing to disclose**

[ ]  **Divest** the financial relationship

[ ]  **Recusal** from controlling aspects of planning and content with which there is a financial relationship

[ ]  **Peer review** of planning decisions by persons without relevant financial relationships

[ ]  **Peer review** of content by persons without relevant financial relationships

[ ] Attest that clinical recommendations are **evidence-based** and **free of commercial bias** (e.g. peer-reviewed literature, adhering to evidence-based practice guidelines)

[ ] Use **other methods** (please describe)