**Title of Session:**

**Target Audience:**

**Activity Type: Live** [x]  **Enduring:** [ ]  **Date of Activity:** June 5-6, 2024 **CNE Expiration Date:** June 5-6, 2024

**Location of Activity:** AAOHN/VIRTUAL

**Identified Nursing Practice Gap(s):** **( change in practice/ problem in practice or opportunity for improvement to practice)**

**Description of current nursing state:**

**Description of desired/achievable nursing state:**

**Educational Need for Professional Practice Gap (check all that apply):** [ ] **Knowledge** [ ] **Skills** [ ] **Practice** [ ]  **Other:**

**Continue to the next section**

| **Learner Outcome(s): (Use action words like Describe, Discuss, Identify, Name, List, etc.)****1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Select all that apply:** [ ]  **Nursing Professional Development** [ ]  **Patient Outcome** [ ]  **Other: ­­­­­­­­­­­­­­­­­­­­­­Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- |
| **CONTENT (Topics)** | **TIME FRAME (if live)** | **PRESENTER/AUTHOR** | **TEACHING METHODS/ LEARNER ENGAGEMENT STRATEGIES** | **EVALUATION CATEGORY** |
| Provide an **outline of the content**. Do not restate the Learner Outcomes. | Approximate time for content. | Presenter/Author’s **Full Name and Credentials** | List the learner engagement strategies to be used by Faculty, Presenters, or Authors. | Select the category of evaluation for each objective: **Learner satisfaction; Knowledge enhancement; Skill & Attitude change** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| List a minimum of **three (3) evidence-based references (within 5 years )** used for developing this educational activity and **how to find or retrieve them:** |

EPT Completed By: Name and Credentials Date

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**THANK YOU FOR SUBMITTING AN EPT WITH AAOHN!**

**TO BE COMPLETED BY APPD/LEAD NURSE PLANNER IN REVIEW OF**

If Live: Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours. Total Minutes \_\_\_\_divided by 60=\_\_\_\_contact hr.(s)

If Enduring: Method of calculating contact hours:       Pilot Study       Historical Data       Complexity of Content       Other: Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated Number of Contact Hours** to be awarded: \_\_\_\_\_\_\_\_\_\_

**Education Activity Evaluation Method:**

[ ] **Self-report of learner(s) intent to change practice.**

[ ] **Confidence with applying learner outcomes**

[ ] **Active participation in learning activity**

[ ] **Post-test (knowledge)**

[ ] **Self- reported change in practice over time**

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Completed By: Name and Credentials Date