|  |  |
| --- | --- |
| **Title of Activity:** |  |
| **Identified Gap(s):** |  |
| **Description of current state:** |  |
| **Description of desired/achievable state:** |  |
| **Gap to be addressed by this activity:**       **Knowledge**       **Skills**       **Practice**       **Other: Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

| **Learning Outcome (s) Please number them. For each hour of content AANA required one Learning Outcome.**  **Select all that apply:  Nursing Professional Development  Patient Outcome  Other: ­­­­­­­­­­­­­­­­­­­­­­Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| --- | --- | --- | --- |
| **CONTENT**  **(Topics)** | **TIME**  **FRAME (if live)** | **PRESENTER/ AUTHOR** | **TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES** |
| Provide an outline of the content | Approximate time required for content | List the Author | List the learner engagement strategies to be used by Faculty, Presenters, Authors |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| List the evidence-based references used for developing this educational activity:  **US spends more on healthcare than any other country; healthcare exceeds 17.9% of GDP; anesthesia stipends continue to increase; healthcare reform** | | | |

**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 hour(s) Estimated number of Pharmacology/Therapeutics Contact hours (if any): \_\_\_\_\_**

**If Enduring:**

**Method of calculating contact hours:**

**Pilot Study**   \_   **Historical Data**       **Complexity of Content**       **Other: Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated Number of Contact Hours to be awarded: \_\_\_\_\_\_\_\_ Estimated number of Pharmacology/Therapeutics Contact hours (if any): \_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed By: Name and Credentials Date**