|  |  |
| --- | --- |
| **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**