**Title of Activity:**

**Target Audience: Activity Location: Louisville, KY**

**Event Date: May 18-21, 2024 CNE Expiration Date:**   **Live activity: X Enduring Activity: X**

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

**Session specific education need for practice gap:** [ ] **Knowledge** [ ] **Skills** [ ] **Practice** [ ]  **Other:**

**Describe current nursing state:**

**Describe the desired nursing state following education:**

**Continue to the next section**

| **The Learning Outcome(s) of this educational activity is:** ( the action the learner will take as a result of the education) practice changes.**The focus of this learning outcome is: (Select all that apply): ☐ Nursing Professional Development ☐ Clinical/ Patient Outcome** **☐ Other: ­­­­­­­­­­­­­­­­­­­­­­Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- |
| **CONTENT OF PRESENTATION****Please include enough content to justify the required time.** | **TIME****FRAME**  | **PRESENTER/ AUTHOR** | **TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES** |
| May use Objective format, Agenda format or Outline format | Approximate time in minutes required for content | Name of Presenter /Author | List the learner engagement strategies to be used  |
| 1. *
*
*
 |  |  | Lecture, Power Point, Case Studies, |
| 2. *
*
*
 |  |  | Lecture, Power Point, Case Studies, |
| Question and Answer period, follow up  | 5-10 minutes |  | Q&A, Discussion |
| List a minimum of 3 evidence-based references used for developing this educational activity: |

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

**EPT Completed By: Name and Credentials Date**

**Thank you for submitting education with NAON!**

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

**Contact Hours: 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)**

**If Enduring:**

**Method of calculating contact hours:**      **Pilot Study**       **Historical Data**       **Complexity of Content** \_\_\_\_\_\_\_\_\_**Length of Live Activity**

**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 Report Change in practice over time**

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

**Approved By: APPD/Lead Nurse Planner Name and Credentials Date**

**NOTE: PLEASE DO NOT SUBMIT A PDF**