

# ENDO 2020 ANCILLARY SYMPOSIA APPLICATION FORM



ENDO 2020 SUBMISSION DEADLINE: October 2, 2019

SUBMIT THE FOLLOWING INFORMATION TO: [development@endocrine.org](mailto:development@endocrine.org)

- Completed and Signed Application Form
- Full Proposal
- Proposed Budget in Endocrine Society Format
- Educational Partner Attestation Form

**INSTRUCTIONS:** Complete the following form and attach a document addressing all open ended questions.

**1. ACTIVITY NAME:** \_\_\_\_\_

Please select the planned program components:  Live  Enduring

**2. MEDICAL EDUCATION COMPANY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**3. TARGET AUDIENCE(S):**

- Endocrinologists  Pediatric Endocrinologists  Primary Care Physicians
- Specialty Physicians (please specify): \_\_\_\_\_  Allied Healthcare Professionals (please specify): \_\_\_\_\_
- Other: \_\_\_\_\_

**4. PROPOSED PROGRAM DIRECTOR AND FACULTY\***

\*All faculty members must have disclosure forms on file.

| Name<br>Include: Physician Name and Degree | Role<br>Choose One: Program Director, Speaker, or Both | Affiliation(s) |
|--|--|----------------|
|  |  |                |
|  |  |                |
|  |  |                |
|  |  |                |
|  |  |                |
|  |  |                |
| (Others)                                   | (Please specify roles)                                 |                |

**5. GAP, LEARNING OBJECTIVES, AND BARRIERS**

Relate each gap to the learning objectives and the desired outcome in terms of knowledge (K), competence (C), performance (P), and patient outcomes (PO) (check all that apply).  
Add additional rows as necessary.

| Identified Gaps | Learning Objectives<br>As a result of participating in this activity,<br>learners should be able to: | Identified Barriers | Outcome Category  |
|-----------------|--|---------------------|---|
|                 |  |                     | <input type="checkbox"/> K <input type="checkbox"/> C<br><input type="checkbox"/> P <input type="checkbox"/> PO |
|                 |  |                     | <input type="checkbox"/> K <input type="checkbox"/> C<br><input type="checkbox"/> P <input type="checkbox"/> PO |
|                 |  |                     | <input type="checkbox"/> K <input type="checkbox"/> C<br><input type="checkbox"/> P <input type="checkbox"/> PO |
|                 |  |                     | <input type="checkbox"/> K <input type="checkbox"/> C<br><input type="checkbox"/> P <input type="checkbox"/> PO |

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6. GAPS AND NEEDS ASSESSMENT

- A. Based on your needs assessment, why do the gaps above exist? Provide in attached document if needed.
- B. How have these gap(s) in practice and educational need(s) been identified? (Check all that apply and provide copies of relevant sources in attached documentation.)
- Literature Search
  - Peer-reviewed Scientific/Clinical Publications
  - Clinical Practice Guidelines
  - Survey Data
  - Evaluation Data/Participant Suggestions from Previous CME Activities
  - Quality Improvement Guidelines
  - Epidemiologic Data
  - Public Health Data
  - Government Mandate/Legislation
  - Expert Input (identify expert[s]): \_\_\_\_\_
  - Other (specify): \_\_\_\_\_

7. SELECT THE APPLICABLE ATTRIBUTES THIS ACTIVITY WILL ADDRESS:

| IOM Competencies   | ACGME/ABMS Competencies   |
|--|---|
| <input type="checkbox"/> Provide Patient-centered Care   | <input type="checkbox"/> Provide Patient Care   |
| <input type="checkbox"/> Work in Interdisciplinary Teams | <input type="checkbox"/> Demonstrate Medical Knowledge  |
| <input type="checkbox"/> Employ Evidence-based Practice  | <input type="checkbox"/> Integrate Practice-based Learning and Improvement                        |
| <input type="checkbox"/> Apply Quality Improvement       | <input type="checkbox"/> Demonstrate Interpersonal and Communication Skills                       |
| <input type="checkbox"/> Utilize Informatics             | <input type="checkbox"/> Demonstrate a Commitment to Professionalism                              |
|  | <input type="checkbox"/> Demonstrate an Awareness of and Responsiveness to Systems-based Practice |

8. SELECT THE EDUCATIONAL FORMATS/METHODS THAT WILL BE EMPLOYED IN ACCOMPLISHING THE OBJECTIVES FOR YOUR LIVE ACTIVITY:

- Lecture
- Panel Discussion
- Audience Response System
- Slide Presentation
- Case-based/Problem-based Discussion
- Small Group Discussion
- Debate
- Pre-test/Post-test
- Other: \_\_\_\_\_

9. SELECT THE EDUCATIONAL FORMATS/METHODS THAT WILL BE EMPLOYED IN ACCOMPLISHING THE OBJECTIVES FOR YOUR ENDURING AND/OR ONLINE ACTIVITIES:

- Case Presentation
- Lecture
- Case-based/Problem-based Discussion
- Pre-test/Post-test
- Session Recording
- Endocrine Self-Assessment Tool (ESAT)
- Other: \_\_\_\_\_

10. BRIEFLY EXPLAIN WHY THE METHODS AND TOOLS IDENTIFIED ABOVE ARE APPROPRIATE FOR ACCOMPLISHING THE ACTIVITY'S OBJECTIVES AND DESIRED OUTCOMES.

*Provide in attached document.*

11. LIST NON-CME TOOLS OR STRATEGIES THAT WILL BE INCLUDED TO REINFORCE LEARNING. (E.G., PATIENT EDUCATION MATERIALS, TREATMENT ALGORITHMS, CLINICAL GUIDELINES)

*Provide in attached document.*

12. PROPOSED AGENDA

*Provide in attached document.*

13. EXPLAIN BRIEFLY HOW FACULTY MEMBERS WERE IDENTIFIED.

*Provide in attached document.*

14. WILL THERE BE COMMERCIAL SUPPORT FOR THIS ACTIVITY?

Please note that the Endocrine Society must review and sign all Letters of Agreement (LOAs) with commercial supporters for this activity.

- Yes     No

15. WHICH COMMERCIAL SUPPORTERS WILL YOU BE SUBMITTING THIS PROPOSAL TO?

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16. WHICH OF THE FOLLOWING METHODS/TOOLS WILL BE USED TO MEASURE CHANGES SPECIFIED ABOVE?

- |   |   |
|---|---|
| <input type="checkbox"/> Pre-registration Survey  | <input type="checkbox"/> Case Vignettes                 |
| <input type="checkbox"/> Pre-test                 | <input type="checkbox"/> Post-activity Evaluation       |
| <input type="checkbox"/> Post-test                | <input type="checkbox"/> Follow-up Survey               |
| <input type="checkbox"/> Audience Response System | <input type="checkbox"/> Other (please describe): _____ |

17. LEVEL OF OUTCOME MEASURED

- Level 1: Participation
- Level 2: Satisfaction
- Level 3A: Learning: Declarative Knowledge
- Level 3B: Learning: Procedural Knowledge
- Level 4: Learning: Competence
- Level 5: Performance
- Level 6: Patient Health
- Level 7: Community Health

18. IF YOU WISH TO OFFER CREDIT (OTHER THAN CME; I.E. CEUS OR CES) THROUGH ANOTHER ORGANIZATION, PLEASE SPECIFY.

EDUCATIONAL ACTIVITY DEVELOPMENT POLICY

The MEC has developed this proposal independently, with no influence from the commercial supporter on any content, including suggested speakers, needs assessment, or objectives.

ACKNOWLEDGEMENT

The MEC has read and agrees to the financial process, cancellation policy, and Educational Activity Development Policy.

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Signature \_\_\_\_\_ Company \_\_\_\_\_ Date \_\_\_\_\_