

Continuing Education Course Questionnaire

To be completed by the Course Director

Course Title:

Course Type *(select one):*

Course Date(s) & Times:

We recommend you consider other competing conference dates, national and religious holidays, and school events when selecting course dates.

Course Director(s):

Planning committee *(please include names and email addresses):*

Fund code:

A fund code is required so that excess funds/expenses can be provided/charged to the sponsoring Division. Include an existing course fund code, if recurring, or note if a new one needs to be created.

Course location:

- *Duke University: Trent Semans Center, JB Duke Hotel, Washington Duke Inn, etc.*
- *Other campus venues, hotels or convention centers*

Course Description *(To be used for program website and accreditation. Suggested details include course format, faculty, topics, etc.):*

Type of Credit Requested *(select all that apply):*

ABIM MOC	ACPE – Pharmacy Technician
ABA MOC	ACPE - Pharmacist
ABP MOC	AMA PRA Category 1 Credit(s)
ABPath MOC	ANCC
ABO MOC	Attendance
ABOHNS MOC	IACET CEU
ABS MOC	JA Credit - AH

Number of Credits Requested *(OCME can assist in calculating this, if requested):*

Target Audience *(Select all that apply; a representative of each group must be on the planning committee for accreditation):*

Allied Health Professionals	Physicians
Audiologists	Physician Assistants
Fellows	Pharmacy Technicians
Medical Students	Pharmacists
Nurses	Residents
Nurse Practitioners	Speech Pathologists

Estimated audience *(number):*

Course is intended for providers in the specialties of *(select all that apply):*

All Specialties	Obstetrics and Gynecology
Anesthesiology	Oncology
Audiology	Ophthalmology
Cardiology	Optometry
Critical Care	Orthopedic Surgery
Dermatology	Otolaryngology
Endocrinology	Pathology
Gastroenterology	Pediatrics
General Medicine	Plastic and Reconstructive Surgery
General Surgery	Psychiatry and Behavioral Science
Geriatric Medicine	Pulmonary Disease
Gynecological Oncology	Radiology
Hematology	Radiation Oncology
Hematology/Oncology	Rheumatology
Infectious Disease	Speech Pathology
Nephrology	Thoracic Surgery
Neurology	Urology
Neurosurgery	Vascular Surgery

Gap Analysis *(To be used for accreditation.)*

Gap is in *(select all that apply):*

- Competence
- Knowledge
- Performance

Describe the educational need:

List learning objectives *(include at least 3-4 measurable objectives):*

Desired result *(in relation to gap and educational need):*

Course is designed to *(select all that apply):*

- Increase knowledge
- Increase competence
- Increase performance
- Improve patient outcome

Potential barriers you anticipate learners may have incorporating these new objectives into practice *(select all that apply):*

- Lack of time to access or counsel patients
- Lack of administrative support/resources
- Beliefs and attitudes of healthcare professionals
- Insurance/reimbursement issues
- Patient compliance issues
- Lack of consensus on professional guidelines
- Cost
- Uncertain roles/role expectations of healthcare professionals
- No perceived barriers

Describe how you will attempt to address the identified barriers during the educational activity:

Anticipated fees:

- MD fee \$ _____
- Non-MD fee: \$ _____

How will the course be funded? *(select all that apply)*

Internal support
Participant registration fees
Commercial support
State or federal grant
Other: _____

Will speakers be paid an honorarium?

Yes
No

If yes, please provide details *(such as which speakers and anticipated amount):*

Do you desire commercial support and exhibitors? *(If so, you will need to provide a list of contacts for potential exhibitors/sponsors.)*

Yes
No

Do you have a tentative agenda? *(You will need to provide the agenda during planning.)*

Yes
No

Have you completed the Course Director Agreement? *(This is required to be submitted with the New Course Questionnaire.)*

Yes
No

Please return form to:
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