**Baystate Continuing Interprofessional Education**

**PLANNING FORM FOR EXPEDITED ACCREDITED ACTIVITIES**

**RELATED TO COVID-19 – Spring 2020**

Provide responses to the following questions *prior* to the learning activity:

|  |  |
| --- | --- |
| Name & Email | Name:  Email: |
| When will the activity take place? | Date: |
| Do you have a title? If yes, please note it to the right, if no, leave blank. Examples include: *Emergency Department Morning Brief* or *Oto COVID-19 Case Webinar*. | Activity Title: |
| Number of people likely to attend? |  |
| Is the activity designed to address the current public health and other issues related to COVID-19? | □Yes □ No  *(proceed)* |
| Is the expected outcome an improvement in response to the public health crisis (including improved teamwork, communication, patient care)? | □Yes □ No  *(proceed)* |
| Is the group developing its own learning through discussion or is it being led by a facilitator or faculty member? | □Yes □ No  *If no, please provide leader’s name:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If there is a facilitator or faculty member, is that person an employee or owner of a pharmaceutical company or device manufacturer? | □Yes \* □ No  \**If yes, an alternate person must lead the activity.* |
| Credits (check all that apply) | AMA PRA-Physician  ANCC-Nursing  ACPE-Pharmacists  AAPA-Physician Assistants  APA-Psychologists  ASWB-Social Work  NBCC-Mental Health Counselors  BCIPE-Instructional |
| How much time do you anticipate the activity will take? | \_\_\_\_\_\_\_\_minutes or hours in 15 min increments (so credit can be awarded). |
| *After the activity:* Outline any intended practice changes identified by those who participated in the discussion. | *Insert brief statement here:* |

