

Course Outline and Request Form

Before completing this form, please refer to the Education Creation Guidelines on our website at <https://health.ucdavis.edu/cme/educators/guidelines.html>. All mandatory information denoted by a * is required in order to process your request.

Today's Date*: _____

Requester*: _____ Email*: _____

Phone*: _____ Department(s)*: _____

Course Chair(s)*: _____

Course Co-Chair(s): _____

Course Title*: _____

Proposed Date(s)*: _____

Proposed Location*: _____ N/A
(For an online course, mark N/A)

Hours of Instruction*: _____ Working with 3rd Party Organization*: _____

If Yes, Organization Name: _____

Who will manage the logistics of your course*? _____
(i.e., event planning, etc.)

If Other, Explain: _____

Type of Course*

Course Frequency*

One-Time Course Recurring Course: _____ Other: _____
(e.g., grand rounds, journal club, M&Ms, etc.)

Instruction Methods* (Select all that apply)

Didactic Lecture Online/Interactive Simulation Tabletop Exercises

Other: _____

Target Audience* (Select all that apply)

Primary Care Physicians Specialty Physicians

Interdisciplinary (please list professions): _____

Course Description* *(Write 4-5 sentences describing the purpose/goal of this course and expand on the educational format you plan to use.)*

GAPS*: *(Describe the difference between current practice and desired or optimal practice, such as the problems, issues and/or challenges to be addressed.)*

NEEDS*: *(Cause or reason for the gap, such as knowledge, competence or performance causes.)*

Course is Intended to Change*: *(Select all that apply)*

Abilities/Skills Quality Improvement Medical Knowledge Practice Patient Outcomes

LEARNING OBJECTIVES*: *(What learners should be able to do in terms of changes in competence, performance or patient outcomes as a result of attending your course.)*

SOURCES*: *(What sources did you use to identify the needs? Please list and attach examples, such as journal articles, CDC guidelines, etc.)*

Evaluation Methods* *(Select all that apply. Must select at least one.)*

- | | | |
|----------------------------------------------|----------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Checklist or Rubric | <input type="checkbox"/> Direct Observation and Feedback | <input type="checkbox"/> Interview |
| <input type="checkbox"/> Pre- and Post-Test | <input type="checkbox"/> Survey | <input type="checkbox"/> Video |
| <input type="checkbox"/> Other: _____ | | |

Evaluation Type* *(Must select one or both)*

- | | |
|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Group Evaluation | <input type="checkbox"/> Individual Evaluation |
|-------------------------------------------|------------------------------------------------|

Evaluation Questions*

Based on your selected evaluation methods and type(s), list the questions you will ask in order to provide formative feedback to the individual and/or group learners.*

Based on your selected evaluation methods, list the question(s) you will ask to show a demonstrated change in practice.*

Delivery of Evaluation and Feedback* *(Must select one or both)*

Same Day After Course

Longitudinal Evaluation and Feedback* *(Must select at least one)*

3 Months 6 Months 9 Months 12 Months

Based on your selected longitudinal evaluation, please list*:

- *The questions you will ask that will confirm a demonstrated change in practice.*
- *The evaluation method and planned delivery for the longitudinal evaluation.*
- *The tracking mechanism you will use to obtain the data that shows the demonstrated change in practice.*

If you have supporting documents, please email them as PDFs with this form to cme@ucdavis.edu.

Internal Use for OCME

Approved By: _____

Date: _____