ALABAMA RESIDENCY CONFERENCE INFORMATION PACKET

On behalf of the Alabama Society of Health-Systems Pharmacists, we would like to thank you for investing your time and sharing your knowledge and expertise through ALSHP's Alabama Residency Conference (ARC). Each presentation will be 12 minutes long, with an additional 2 minutes for questions and answers. Please read over the content found within this packet carefully. It includes important information, a summary of due dates, and presentation tips. Please review this information carefully. Program instructions and all deadlines must be followed in order for your program to be accepted for ARC and for the learners to receive continuing pharmacy education credit from ACPE.

Thank you for participating in ARC. We sincerely look forward to working with you.

For any questions, please do not hesitate to contact us.

Sincerely,

Mary Katherine Stuart
Ren Aranda
Co-chairs, ALSHP New Practitioners Committee
ARC@alshp.org

SUMMARY OF DUE DATES AND REQUIRED INFORMATION

ARC registration will take place online at alshp.org for both presenting residents and their program directors. It is important to read and follow the information in this packet to ensure your (or your resident's) program is accepted for ARC!

Residents:

Register to be a presenter at the ARC Resident Presenter event page on alshp.org. **Be prepared to supply or upload the following required information at the time of registration:**

- Presentation Title
- <u>One</u> learning objective (see the information included in this packet for writing objectives). Objectives must be written in a manner that meets the requirements for accredited CE programs. You will be contacted if your objective needs modification.
- A very brief bio focused on a description of your qualification to speak on your topic. This may be very general, e.g., "I am a graduate of XYZ College of Pharmacy and a PGY1 pharmacy resident at ABC Hospital. This topic has been the subject of my longitudinal research project under the supervision of <project preceptor name and position>. The project has required extensive background research on Disease Y. I have <given presentations, written papers, etc.> on this subject to <>."
- Residency Program Name
- RPD or RPC name. The named person must also register at ARC RPD Registration. List the person you report to directly, *not* your project preceptor.
- Disclosure of Relevant Financial Relationships Form
- **REGISTRATION DEADLINE IS MARCH 8, 2024**

You will submit your final presentation through your RPD/RPC, who will send it to ed-affairs@alshp.org by **March 25, 2024**. Your RPD will need time to review the presentation before submitting!

Presentation Requirements:
- Your RPD name must be on the title slide
- Disclosure slide: "I and my RPD have no relevant financial relationships to disclose." If there *are* relevant disclosures you will be contacted with further instructions.
- Learning Objective slide
- Assessment Question slide
- Reference slide

Presentation blocks will be 15 minutes, with 12 minutes designated for the presentation, 2 minutes for questions, and one minute for transition. You will be stopped at 12 minutes.

RPD/RPC Instructions:

The RPD (or RPC if applicable) for each presenting resident must also register at the ARC Residency Program Director Registration page on alshp.org by March 8, 2024.

Only one RPD/RPC per program should register here. For this purpose, a "program" is defined as the residents under a single RPD or Coordinator (the individual they report to directly). If there is more than one coordinator at a site, then each coordinator should register separately, and the residents under them need to list that individual as their RPD/RPC in their own registration. Please be sure your residents get this part correct. If they list an unregistered RPD/RPC their registration will not be accepted. RPD/RPC registration is complementary with a provided code (one per program as defined above). Other program representatives, preceptors, colleagues, etc., may register as a general attendee. Registration and CE are complementary for ALSHP members.

- RPD/RPC must agree to ensure that their residents have followed the above instructions, including the Presentation Requirements.
- They also must agree to review their residents' final presentations for
    - Inclusion of the above Presentation Requirements
    - Content validity, including references (see ACPE STANDARDS ON CONTENT VALIDITY at the end of this document)
    - Absence of commercial bias
    - After review, submit the final presentations to ed-affairs@alshp.org by **March 25, 2024**.
- ACPE requires that resident presentations for CE must include their RPD name and are presumed to be under the supervision of the named RPD. The RPD/PRC must also submit a Disclosure of Relevant Financial Relationships form (formerly referred to as a "conflict of interest" (COI) disclosure). **The "COI" must be uploaded at the time of registration.**

Summary of Deadlines

- Resident registration—**March 8, 2024**
- RPD/RPC registration—**March 8, 2024**
- Resident submission of final presentation to RPD/RPC—to be determined by RPD/RPC
- RPD/RPC submission of final presentation to ARC (ed-affairs@alshp.org) **March 25, 2024**

Overview of Presenter Information

To assist you in preparing for your presentation, ALSHP has prepared these important tips and instructions to make your participation in the program enjoyable and informative for you and for those attending, and to maintain standards required by ACPE for accredited education. It is important that you read all the information carefully.

Target Audience: Typically, the target audience of ALSHP conferences and CE activities are pharmacists and pharmacy technicians that work primarily in organized healthcare settings like hospitals. Programs typically attract between 30 and 150 participants.

Gap Analysis: The ALSHP Programming Committee has identified a specific defined gap in the current pharmacy practice that you are being asked to address in your presentation. Please structure your learning objectives and talk to the defined gap communicated to you by a member of our education committee.

Learning Objective(s) (Page 6): This is a measurable statement written by the faculty member that establishes desired participant outcomes. Located in this document are guidelines to assist you in the development of specific and measurable learning objectives. The ALSHP Programming Committee will review your submitted learning objectives and any requests for revisions will be sent to you. It is very important to write learning objectives that are compatible with the taxonomic level of your presentation. The verbs selected for the objectives are key to doing this successfully. Objectives that do not meet the taxonomic requirements will be returned by the review committee for revision before the presentation can be accepted.

Teaching Methodology (Page 7): You are encouraged to develop active learning components into your activity. For examples of active learning methods, in this document.

Visual Aid Information (Page 9): As previous participant evaluations indicate, participants strongly desire handout materials. Handouts may consist of a copy of the slide show, if using PowerPoint, a descriptive outline, or bibliography. All handouts submitted will be uploaded online for attendees to download. OPTIONAL FOR ARC. PDFs of slides will be made available to the learners after the program.

Learning Assessments (Page 11): Each presenter will need to include one learning assessment question, highlighting the main point of your talk, We have found the following information to be helpful:
- Keep questions simple; True/False, Yes/No, or Multiple Choice.
- Questions should be no longer than 2 sentences. Answers should be kept to one sentence for multiple-choice questions.
- Please also allow only one correct answer for multiple-choice questions. Be prepared to explain why the other answers are incorrect.

Coordination of your presentation: See page 13.

ACPE Standards on Content Validity (Page 14)

Evaluation: For continuing education purposes, participants (the audience) will evaluate the overall conference and your specific presentation.   Additionally, there will be designated Residency Conference Evaluators that will provide feedback on your presentation similar to what you would receive at a regional conference such as SERC. This feedback will be compiled and sent to the presenting residents within a few days after the ARC conference.

Equitable and Fair Balance: ALSHP plans all continuing pharmacy education (CPE) activities independent of commercial interest. Activity content is presented with full disclosure and equitable balance. Continuing education activities are separate from commercial activities which are promotional or endorse commercial drugs, devices, products or healthcare services.

Standards for Integrity and Independence in Continuing Education—Relevant Financial Disclosure (formerly "Conflict of Interest (COI)" By accreditation standards, ALSHP is responsible for identifying relevant financial relationships between individuals in control of educational content and ineligible companies, and managing these to ensure they do not introduce commercial bias into the education. Financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company. An ineligible company is one whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. ALSHP is required to take steps to prevent those with relevant financial relationships from inserting commercial bias into content, to mitigate relationships prior to the individuals assuming their roles, and to disclose all relevant financial relationships to learners.

For resident-led programs, ACPE requires that relevant financial relationship disclosure from the presenting resident *and* their program director. Upload of the financial disclosure form by residents and RPDs is required at the time of registration for ARC. The form will be sent with this information packet as a separate document.

Copyrighted Material: Due to ACPE Standards, NO copyrighted material may be used in presentation slides. No cut-and-paste or other direct reproduction of tables, figures, illustrations, pictures, etc., is permitted.

Writing Learning Objectives

Objectives should be specific and measurable. Effective objectives state what the learner should be able to do upon completion of a continuing pharmacy education (CPE) activity. An objective identifies the terminal behavior or outcome of the offering.

Objectives are critical to the educational activity development because they:
1. Reflect input from learners relative to educational needs
2. Determine the selection of content and teaching methods
3. Provide a guide to the evaluation phase

Objectives should be customized to the type of CPE activity:
1. Knowledge-based-These CPE activities should be designed primarily for pharmacists to acquire factual knowledge or recall facts.
2. Application-based-These CPE activities should be designed primarily for pharmacists to apply information learned in the time frame allotted.
3. Practice-based-These CPE activities should be designed primarily for pharmacists to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies. The formats of these CPE activities should include a didactic component and a practice component.

All written objectives should:
• Use verbs, which describe an ACTION that can be OBSERVED.
• Are MEASURABLE within the teaching time frame.
• Consist of only one ACTION VERB per objective.
• Describe the learner outcome-not the instructor's process or approach.
• Are appropriate for the designated teaching methods.

Appropriate and acceptable action verbs must be used to compose objectives:

Activity	Verbs Used	Activity	Verbs Used	Activity	Verbs Used	DO NOT USE These Verb/Terms
Knowledge	Define	Application	Analyze	Practice	Appraise	Appreciate
	Describe		Apply		Arrange	Be Aware
	Discuss		Calculate		Collect	Behave
	Explain		Compare		Compose	Believe
	Express		Demonstrate		Construct	Comprehend
	Identify		Dramatize		Create	Enjoy
	List		Employ		Demonstrate	Explore
	Recognize		Illustrate		Design	Familiarize
	Record		Interpret		Evaluate	Grasp Significance of
	Repeat		Operate		Formulate	Have Faith in
	Restate		Practice		Manage	Know
	Translate		Schedule		Organize	Learn
			Sketch		Plan	Perceive
			Use		Prepare	Realize
					Rate	Remember
					Select	Think
					SetUp	Understand

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Teaching Methodology

ACPE standards require that all providers assure that all CPE activities include active participation and involvement of the pharmacist and technician. The methodologies employed should be determined by the CPE activity planned objectives, educational content, and the size and composition of the intended audience. Examples of interactive learning include:

TYPE OF ACTIVITY	EXPLANATION
Audience Response Questions	Presenters can ask questions at the beginning of the presentation to establish a baseline level of knowledge for the audience. Intersperse questions throughout the presentation. Include the questions as part of the PowerPoint presentation. This helps keep the audience engaged in the presentation.
Roleplay	Role plays involve assigning roles to individuals in a group and giving the group an objective. For example, one participant could play a patient and another participant could play a pharmacist during a patient consult on a particular issue.
Games	Guessing games and popular games like Jeopardy, Trivial Pursuit, and Wheel of Fortune can be used to provide a background in which terms and concepts are emphasized and recalled.
Case Studies/Problem Solving	Problem solving focuses on meaningful content. To solve a problem efficiently, the members of the group must interact and reach consensus after analyzing all aspects of the problem. Case studies can be used to present participants with a case and they must develop an action plan to address the case. The instructor can also use think-pair-share to discuss case studies. The speaker first asks the audience to think about the question or patient case alone and then has them discuss the case or question with the person next to them. Finally, the speaker can randomly select one or two groups to report to the entire audience. This type of activity can help individuals to organize and apply the information presented.
Posing Questions	Ask what questions the participants would like addressed. This can guide the talk as it progresses. Providers can also provide immediate feedback by posing multiple choice questions and asking for a show of hands to indicate who agrees with which answer. This leads to active discussion.
Demonstrations	The instructor can demonstrate a product, service, device, or technique and then attendees can illustrate their knowledge by re-demonstrating it. For instance, a presenter can demonstrate an asthma device and then participants can be asked to use the device.
Forums	Providers and speakers can create a forum where participants can communicate following the lecture. For example, chat rooms can allow participants to discuss their incorporation of the knowledge gained at their respective practice sites. Such follow-up techniques promote active learning and encourage application of the information presented.

CPE Activity: KNOWLEDGE	
Bloom's Taxonomy	*Suggested Active Learning Techniques*

Knowledge-type verbs
  Define
  Repeat
  List
  Record
	Lecture
	Visuals
	Examples
	Illustrations
	Analogies

Comprehension-type verbs
  Discuss
  Describe
  Explain
  Recognize
  Identify
  Translate
  Restate
  Express
	Test/Assessment
	Review
	Writing
	Presentations
	Matching questions/answers
	Questions
	Discussion
	Report

CPE Activity: APPLICATION AND/OR PRACTICE	
Bloom's Taxonomy	*Suggested Active Learning Techniques*

Application-type verbs
  Interpret
  Apply
  Employ
  Use
  Demonstrate
  Illustrate
  Practice
	Role play
	Simulations
	Practice exercises
	Demonstrations
	Projects

Analysis-type verbs
  Distinguish
  Analyze
  Differentiate
  Calculate
  Compare
  Contrast
  Criticize
  Debate
  Diagram
	Case studies
	Problems
	Discussion
	Pro/con grids
	Application exercises

Visual Aid Information

According to audiovisual experts and veteran presentation attendees, these are the most common complaints about presentation audiovisuals:

1. Speakers give too much detail in the visuals so that the audience cannot follow or appreciate them (they also try to read the slide instead of listening to the presenter).

2. Visuals are kept in view too long.

3. The speaker's remarks differ from the information on the visual.

4. Speakers do not use enough color.

5. Speakers do not rehearse with their visuals.

6. Overuse of animation can be distracting; animations also do not translate well to pdf printouts of the presentations. In general, avoid

7. Speakers play with the visual if they can reach it. If they cannot, they play with the pointer.

8. Speakers' visuals are not positioned properly in their presentations. (They meant the presentation was not organized properly to take advantage of visual usage.).

9. Lack of variety of visuals.

10. Lack of originality.

11. Audiovisuals are not a crutch - they are stepping-stones to audience understanding.

Guidelines for Preparation and Use of Slides

- **On the title slide, please include your name and designate yourself as a resident and state your program name. Also, the name of your RPD must be designated on the title slide.**

- Make certain slides are both visible and readable by everyone in your audience.

- Keep it simple.
    - Limit each slide to one unified idea or image.
    - Plan slides so that their longest dimension will be horizontal. It is difficult to view vertically oriented materials in room with low ceilings.
    - For more than five or six words, use both capital and lower-case letters rather than capitals only.

- Make it large enough for everyone to see.
    - Select a good, readable alphabet style in which all setters are easily recognized.
    - Use a plain vertical letter style without embellishment, except where emphasis or emotional impact is desired, and then exaggerate the size only.
    - Allow 1 and 1/2-letter width for the space between words and three widths between

sentences. Too much or too little space makes reading equally difficult.

- Use simple illustrations.
    - Illustrations must be large enough and obvious enough to be easily recognized.
    - Drawings, graphs, charts, and figures should be bold, simple, and contain only essential details.

- Rehearse your presentation.
    - Project your completed slides under conditions similar to those likely to be encountered in the meeting room. Examine each one critically and impartially.
    - Rehearse your presentation with your slides.

- Use color for emphasis.

- Keep the audience involved. Talk to the audience and not to the screen; squarely face the audience and turn towards the screen with your shoulders and head only.

- Once a slide has been thoroughly discussed, remove it from the screen at once. If the slide remains on the screen as you begin a new topic, it will serve as a diversion and a distraction. To avoid this, consider using a slide that summarizes your previous points or a slide listing your new topic or heading.

Learning Assessments

ACPE standards require that the provider in collaboration with faculty must include learning assessments in each CPE activity to allow pharmacists and technicians to assess their achievement of the learned content. Completion of a learning assessment is required for CPE credit. For ARC purposes, the assessment will consist of one interactive learning assessment question at the end of the presentation (see Post-webinar Assessment below).

The provider may select formal and informal techniques for assessment of learning. Informal techniques typically involve participant discussions. Formal techniques, such as tests and quizzes, are typically individualized, written, and graded. The assessment should be consistent with the identified CPE activity objectives and activity type.

Knowledge-based activity: Each CPE activity in this category must include assessment questions structured to determine recall of facts. Assessment feedback should include the correct responses to questions. For incorrect responses, the provider is encouraged to communicate that the question was answered incorrectly and should provide the rationale for the correct response.

Application-based CPE activity: Each CPE activity in this category must include case studies structured to address application of the principles learned. The provider should include the correct evaluation of the case study and should explain the rationale for the correct response.

Practice-based CPE activity: Each CPE activity in this category must include formative and summative assessments that demonstrate that the pharmacists and technicians achieved the stated objectives. Feedback should be provided based on the formative and summative assessments that were used to demonstrate that the pharmacist or technician achieved the stated objectives.

Post-webinar assessment. Participants will evaluate the overall conference and your specific presentation. Presenters must also prepare **ONE** learning assessment question that will be used to evaluate the participants' attainment of the learning objectives. Consider the following points when preparing the question.

1. Questions may be written in multiple choice or true-false format.
2. Questions must be simple, clearly stated, and measure only the educational objective for which it was designed.
3. Pose the question in the affirmative; avoid the use of negative statements such as "not" and "except" because they often confuse the reader.
4. Ensure that each post-lecture test question is similar in terms of grammatical construction, length, and complexity.
5. Each choice for the answer should be specific and distinct and not overlap with the other answers.
6. Choices for answers to the post-lecture test questions should be uniform in length and style, and grammatically consistent with the question.
7. Be careful not to use similar or the same words in the question and the correct answer as this may provide the reader with clues to the correct answer.
8. Be sure to allow several minutes at the end or during your presentation to review post-lecture questions with the participants.

Examples of questions
Multiple choice question

Juvenile onset diabetes mellitus (DM), according to the new NIH classifications, is now referred to as (a) gestational diabetes; (b) impaired glucose intolerance; (c) NIDDM; (d) IDDM.

True-False question

A patient developed "crushing chest pain" 10 days ago. Which of the following enzymes (including isoenzymes) would be helpful in making a correct diagnosis? (a) LDH; (b) SGOT; (c) CPK; (d) SGPT

Self-Assessment Answers

Answers: 1 (d), 2 (a)

Abstracted from:
> Dolinsky, D. and Reid, V. (1984). Types of Classroom Tests: Objective Cognitive Measures. *American Journal of Pharmaceutical Education*, 48, 285-289, Mager, R.F. (1962). *Preparing Instructional Objectives.* Fearon Publishers, Lear, Siegler, Inc. Belmont, CA

Coordination of Your Presentation

- The Webinar will be conducted through Zoom. Please be sure you have downloaded the Zoom application at least 1 week prior to your webinar. You will also need a computer with microphone capabilities.

- There will be a "practice" session scheduled before the conference to perform a brief test of your microphone and computer for compatibility with Zoom, and to orient you on the logistics of navigating your presentation (advancing slides, etc.) in the Zoom mode that will be used for the conference. It is important that you participate in order to avoid delays during the program.

- The ALSHP moderator will be present during the entire webinar to introduce you (the speaker), moderate any questions during the session, provide technical support, and provide a closing which will include instructions for attendees for to obtain ACPE CE credit.

ACPE STANDARDS ON CONTENT VALIDITY

ACPE standards require that accredited organizations such as ALSHP are responsible for ensuring the clinical and scientific validity of the content of its program offerings.

As an important contributor to our accredited education, we would like to enlist your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, effective patient care. This includes the expectations that:

- ✓ All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- ✓ All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
- ✓ Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
- ✓ Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

These expectations are drawn from **Guiedeline 1** of the ACPE Standards for Integrity and Independence in Accredited Continuing Education. For more information, see the ACCP website. If we can help you to understand and/or apply these strategies to your education, please contact us at webinars@alshp.org.

Please consider using these strategies to help us support the development of valid, high-quality education

Consider using the following best practices when presenting clinical content in accredited CE:

- ✓ Clearly describe the level of evidence on which the presentation is based and provide enough information about data (study dates, design, etc.) to enable learners to assess research validity.

- ✓ Ensure that, if there is a range of evidence, that the credible sources cited present a balanced view of the evidence.

- ✓ If clinical recommendations will be made, include balanced information on all available therapeutic options.

- ✓ Address any potential risks or adverse effects that could be caused with any clinical recommendations.

Although accredited CE is an appropriate place to discuss, debate, and explore new and evolving topics, presenting topics or treatments with a lower (or absent) evidence base should include the following strategies:

- ❖ Facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning

- ❖ Construct the activity as a debate or dialogue. Identify other faculty who represent a range of opinions and perspectives; presentations should include a balanced, objective view of research and treatment options.

- ❖ Teach about the merits and limitations of a therapeutic or diagnostic approach rather than how to use it.

- ❖ Identify content that has not been accepted as scientifically meritorious by regulatory and other authorities, or when the material has not been included in scientifically accepted guidelines or published in journals with national or international stature.

- ❖ Clearly communicate the learning goals for the activity to learners (e.g., "This activity will teach you about how your patients may be using XX therapy and how to answer their questions. It will not teach you how to administer XX therapy").