**Title of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Identified Gap(s):** Complete this section by identifying the gap in knowledge, skill or practice your presentation will address. As an example: Simulation facilitators may not be using the INACSL SOBP when conducting a debriefing session. [please delete all text in red text font prior to your submission]

**Description of current state**: Simulation facilitators use of the INACSL SOBP Debriefing in their debriefing sessions. [please delete all text in red text font prior to your submission]

**Description of desired/achievable state: Simulation facilitators will conduct debriefing session according to the INACSL SOBP Debrieifng**. [please delete all text in red text font prior to your submission]

| **Learning Outcome (s) for this activity as a result of participating in the activity: Be certain that the learning outcome is in a measurable form and at least one is related to the identified INACALS SOBP identified for the education activity.** As an example: At the completion of this presentation, 80% of participants will describe how they will apply INACSL Standard(s) of Best Practice: SimulationSMDebriefing to their simulation program/area of work or practice. [please delete all text in red text font prior to your submission]**1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Identify the**  **INACSL Standards of Best Practice: SimulationSM that is informing your presentation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Select all that apply:** [ ]  **Nursing Professional Development** [ ]  **Patient Outcome** [ ]  **Other: ­­­­­­­­­­­­­­­­­­­­­­Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| --- |
| **CONTENT****(Topics)***Provide an outline of the content to include the INACSL Standards of Best Practice: SimulationSM and how the standard(s) is(are) applicable.* | **TIME***Time required for content (do not give ranges, instead give exact amount of time, i.e. 10 minutes, 20 minutes, etc.) Total time should include time for questions/answers.* | **PRESENTER/ AUTHOR***Provide first & last names* | **LEARNER ENGAGEMENT STRATEGIES***List the learner engagement strategies to be used by Faculty, Presenters, Authors (note: PowerPoint and lecture by themselves are not learner engagement strategies).* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **List a minimum of 3 evidence-based references used for developing this educational activity:** |

**Gap to be addressed by this activity:**       **Knowledge**       **Skills**       **Practice**       **Other: Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Live:**

**Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.**

**Total Minutes \_\_\_\_divided by 60=\_\_\_\_contact hour(s)**

**If Enduring:**

**Method of calculating contact hours:**

      **Pilot Study \_\_\_\_ Mergener formula**       **Historical Data**       **Complexity of Content**       **Other: Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of Contact Hours to be awarded: \_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed By: Name and Credentials Date**