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| Organization Name, Address, City, State & Zip Code |  |
| Meeting Name |  |
| Meeting Date(s) |  |
| Venue Name  Street Address  City, State, Zip Code |  |
| Meeting Type | National  Regional  State  Local |

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| Target Audience | Expected Attendance |
| MD/DO |  |
| Non-MD/DO (PAs, NPs, RNs, etc.) |  |

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| Program Chair | | | | | | |
| Name |  | | | | | |
| Title |  | | | | | |
| Phone |  | | | | | |
| Email |  | | | | | |
|  |  | |  |  |  |  |
| Main Contact Person | | | | | | |
| Name |  | Phone | |  | | |
| Title |  | Email | |  | | |

Your organization’s mission statement:

Competencies — *Criterion 6*

*Check all that apply*

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| Patient Care | *Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.* |
| Medical Knowledge | *Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.* |
| Practice-Based Learning & Improvement | *Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.* |
| Interpersonal & Communication Skills | *Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).* |
| Professionalism | *Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.* |
| System-Based Practice | *Demonstrate awareness of and responsibility to larger context and systems of health care. Be able to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).* |

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| Content Recommendations — *Criterion 11* |
| Please list any content recommendations from previous evaluations that will be incorporated into this meeting. |

1.

2.

3.

***Example:*** *Learners commented on the 2016 Annual Meeting evaluations that they would like more information on immunology, more hands-on sessions, and Mastocytosis. For the 2017 Annual Meeting, there will be sessions on: basic and clinical immunology, a punch biopsy workshop and a plenary on Mastocytosis and mast cell activation syndrome.*

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| Overall Meeting Professional Practice Gaps — *Criteria 2, 3* | | | |
| What problem in practice are you trying to address? | | What would this situation look like in an ideal world? | Why is there a difference between the current problem in practice and the ideal world? |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| ***Example:*** *Contact dermatitis is an allergic disease that has been historically evaluated and managed most often by dermatologists, but in recent years a shift in practice focus by many practicing dermatologists has created a significant need for specialists to see the patients.* | | *Allergists should be evaluating contact dermatitis patients, including performing patch testing based on the contact dermatitis practice parameter from ACAAI, which provides an evidence-based overview of the evaluation and management of contact dermatitis patients, including actionable summary statements to help clinicians implement recommendations into practice.* | *Allergists have long been familiar with patch testing, and many allergists performed patch testing, but until recently it was not considered necessary for practicing allergists to offer this testing. Unfortunately, many allergy specialists have not been thoroughly trained with this technique, and this has left many allergy physicians sub-optimally prepared to evaluate and treat these patients.* |

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| Overall Meeting Needs |
| What does the participant need to learn in order to resolve this problem(s) in practice? |
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| ***Example:*** *Allergic contact dermatitis is a common disorder that is often difficult to assess. Historically ACD has been managed by dermatologists but in recent years there has been a shift toward referring these patients to the allergist. Patch testing is the mainstay of the diagnostic evaluation of ACD, and there are both patch test “kits” available as well as well-validated methods for customizing a patch test to include unique allergens appropriate for specific patients. Unfortunately, many allergy specialists have not been thoroughly trained with this technique, and this has left many allergy physicians suboptimally prepared to evaluate and treat these patients. The ACD practice parameter provides a thorough, up to date, evidence based overview of the evaluation and appropriate management of ACD, including actionable summary statements that will help the allergy specialist in every day practice, particularly if his or her Fellowship training did not include hands on experience with patch testing. Allergy specialists need to feel confident performing patch testing for patients with suspected contact allergies and when utilizing new therapies available for managing atopic dermatitis.* |
| How did you identify the need(s) above? — *Criterion 2* | |
| *Please check all that apply.* | |
| Discussion in committee meeting | |
| New technology or new methods for diagnosis/treatment | |
| Consensus of experts | |
| Peer-reviewed journal articles, government resources, or consensus reports | |
| Surveys or evaluations of target audience | |
| Changes in legislation or regulatory mandates | |
| New practice guidelines or standards | |

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| Behavior or environmental change — *Criteria 2, 3, 5* |
| What behavior and/or environmental changes do you think attendees will make after this meeting? |
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| ***Example:*** *Allergists need to identify current preferred treatment options for refractory atopic dermatitis, and need to properly perform patch testing based on best practice techniques.* |

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| Overall Meeting Learning Objectives — *Criteria 2, 3, 5* |
| *At the conclusion of this meeting, learners should be able to…* |

1.

2.

3.

4.

***Example:*** *Discuss Practice Parameter summary statements regarding the management of refractory atopic dermatitis; Describe proper use of patch testing and implications for management**.*

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| Barriers to Change — *Criteria 18, 19* | |
| What potential barriers do you anticipate participants may have when trying to incorporate their new knowledge and/or skills into practice? *(check all that apply)* | |
| Lack of staff time to implement change  Lack of equipment or necessary resources  Insurance/reimbursement issue  Do not have an implementation strategy | Organizational/Institutional culture  Patient adherence issues  Lack of supporting evidence in the literature |
| What do you plan to discuss in the overall meeting to help participants overcome these barriers? | |
|  | |
| *Example:* ***Barriers include:*** *Insurance/Reimbursement issues; Organizational/Institutional;* ***Planned discussion includes:*** *How to appropriately code for patch testing; How to help your organization understand the importance of this issue for Allergists* | |

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| Educational Format(s) — *Criterion 5 (check all that apply)* | | |
| Didactic lecture  Problem-based learning (PBL) | Panel discussions  Case Presentations | Workshops |
| How will the format(s) chosen above help participants obtain knowledge and/or skills? | | |
|  | | |
| *Example: Didactic Lecture & Case presentation were chosen because: Didactic Lecture allows for a large amount of information to be presented to a large audience; Case presentations allow for real-world application of new knowledge being presented.* | | |

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| CME Credits |

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| How many credits are you requesting for this activity? |  |
| **NOTE:** *No credit may be advertised until ACAAI designates the official final count of credits.* |  |