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Last approved by the

AST Board of Directors:

5/31/2018

**EDU-520P**

**Educational Activity Proposal Process Summary**

This is a summary of the process for submitting a new educational activity proposal. Specific requirements are outlined in detail in the formal proposal document (attached). The proposal document is to be group submitted to the Education Committee for evaluation. The Education Committee will determine if it must be submitted to the Board of Directors for final approval.

This process should be used by anyone proposing a new educational activity OR a revision of an existing educational activity or program. Proposals for an educational activity can come from a Community of Practice COP), Advisory Council, Committee, or an individual member or non-member. This review and implementation process can take several months depending on the complexity of the proposal*.*

Any proposal to deliver education to the AST community or the medical community at large, no matter the breadth or scope, should first be reviewed by the Education Committee prior to being presented to the Board of Directors. Certain projects including white papers, program endorsements, surveys, and projects with no reference to AST do not require the use of the educational activity proposal form/Education Committee review.

**Proposal Process**

1. Complete the “AST Educational Activity Proposal Form” and send it to AST staff liaison who will oversee the review process on behalf of the Education Committee.
2. The Education Committee will work with the proposing group to evaluate and determine whether the proposal supports AST’s Strategic Plan (<http://www.myast.org/about/strategic-plan>).
   1. An Education Committee member will be assigned as the project liaison and be responsible for managing the proposal from Committee and Board of Directors’ review to execution if approved).
   2. The proposal contact may be invited to present the proposal Education Committee or the Board. This step is optional.
3. The Education Committee review will result in one of the following:
   1. Sending the proposal as is to the AST Board of Directors for consideration
   2. Requesting a revision to the proposal, or rejecting the proposal (i.e. not an area of focus for AST, unreasonable budget requirements, etc).
4. If and when the proposal is approved by the Education Committee, the will present the proposal may be presented to the Board of Directors for review. The BOD will decide one of the following:
   1. Approve the proposal
   2. Request revisions or reject the proposal.
5. When a decision has been made, the Education Committee staff liaison will notify the appropriate parties, including the primary project contact, of the decision.
6. If approved, the project can commence with the Education Committee project liaison remaining involved. The project leader should present a summary report to the Education Committee, including evaluations of the activity by both participants and by organizers, on a periodic basis.

Adopted First – MM/DD/YYYY

Revised – 2014

Revised – 2/24/2017

Revised – 5/31/2018 (BOD Approved)

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**American Society of Transplantation**

Educational Activity Proposal Form

**Primary Contact**

Contact Name:       Contact Institution:

Contact Email:       Contact Phone:

Submitting on behalf of (e.g. an AST committee, an AST COP, other):

Date of Request:

**Basic Activity Information**

Title of Proposed Activity:

Type of Activity:

Podcast

On-demand webcast

Live webinar

Web-based activity

Live meeting (provide specifics

Publication

Survey

General educational resource

White paper

Mobile device-based activity

Other:

Briefly describing the proposed activity:

List potential collaborators (e.g. an AST COP or committee, other society, etc):

Is this project new or a continuation?

If the project is a continuation, describe past project’s achievements:

How will the project benefit AST and its members?

**Needs Assessment**

1. Briefly describe the gap which the proposal addresses. Please attach documentation of the gap (e.g., peer reviewed journal article, quality data, national health care data, patient outcome data, performance measures etc.)

1. List the learning objectives to address educational need(s):

1. Describe the intended audience:

**For Live Activities Only: Activity Format**

Type of Live Activity:

Full-day or multiple day- meeting

Guest/joint symposium at another society’s meeting

Consensus conference

Workshop/workgroup

Other:

Composition of Activity (select all that apply; attachment requested to provide specifics):

Didactic session

Panel session

Hands-on workshop

Other format (describe): ­­­

Total number of faculty:       Expected number of attendees:

**Evaluation of Outcomes**

How will the activity be evaluated? (e,g. evaluation immediately following the activity, follow-up x months after the activity, etc.)

**Continuing Education Credit**

Be advised that offering continuing education credit for educational activities is an involved and potentially costly process. Therefore, it is not offered for all AST educational activities.

Is continuing education credit being requested for this activity?  Yes  No

What type(s) of credit is/are being requested?

AMA (physician)

ACPE (pharmacist, pharmacy technician)

AANP (nurse)

CBRN (nurse)

ABTC (coordinator)

Other:

How will offering continuing education credit enhance this educational activity?

**Implementation and AST Staff Support**

Estimated timeline for planning and implementation (include specific dates/major benchmarks where possible):

Is AST staff support requested?  Yes  No

If so, in what capacity (include estimated hours and labor costs)

**Potential Support**

Is it possible to acquire outside financial support for this activity?  Yes  No

List any potential supporters and whether they have already been contacted:

**Attachments**

Gap identification with gap highlighted/notated

Detailed program or description of activity including possible faculty, location (if applicable), etc

Preliminary budget with expenses broken out (if known)

**FOR INTERNAL USE**

To which AST strategic goal(s) does this activity relate?

Estimated staff time required to support the project? (List staff position and estimated time for each)

|  |  |
| --- | --- |
| Staff Position | Estimated Hours to Support Activity |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Budget**

Anticipated total expenses (if any):

Anticipated total revenue (if any):

No budget impact (no expenses, no revenue)