

Guidelines For Presentation Development

ACPE Guidelines on Non-Commercialism and Conflict of Interest Declaration

- All continuing pharmacy education (CPE) programs should provide for an in-depth presentation with fair and full disclosure and equitable balance. Appropriate topics and learning activities shall be distinguished from topics and learning activities which are promotional or appear to be intended for purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).
- Commercial interest is defined as any proprietary entity producing health care goods or services, with the exception of non-profit or government organizations and non-health care related companies.
- Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CPE educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.
- An individual must disclose to learners any relevant financial relationship(s) prior to the beginning of the educational activity.
- Disclosure should be described in the slide presentation, usually the second slide (if live presentation) or in any handout.
- For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.
- If there is a relevant financial relationship, the conflict must be resolved prior to the program.
- Disclosure due to a relationship with a commercial interest is required if both (a) the relationship is financial and occurred within the past 12 months and (b) the individual has the opportunity to affect the content of CPE about the products or services of that commercial interest.
- Financial relationships are those relationships in which the individual benefits by receiving salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities for which remuneration is received or expected.
- ACPE considers relationships of the person involved in the CPE activity to include financial relationships of a spouse or partner.
- All individuals involved in a program must sign a conflict of interest declaration, including those on a planning committee.
- Anyone who refuses to sign a conflict of interest declaration may not be involved in the program.

Criteria for Objectives

1. Educational goals and specific learning objectives should reflect the relationship of the program topic(s) or content to contemporary pharmacy practice.
2. Performance objectives must be *measurable* and *specific*.
3. Verbs for performance objectives must elicit or describe observable or measurable behaviors on the part of program participants.
4. Utilize verbs from the chart below when developing objectives. Do **not** use the verbs that are not measurable such as: know, understand, learn, grasp the significance of, become familiar with when developing objectives.

Acquisition of Knowledge	Enhancement of Thinking Skills	Development of Psychomotor Skills	Changes in Attitudes, Values and/or Feelings
To identify To list To define To describe To state To prepare To express To categorize To chart To rank To distinguish To explain To outline To inform To label To specify To tell	To compare To contrast To catalogue To classify To evaluate To forecast To formulate To investigate To modify To organize To plan To research To translate To differentiate To analyze To compute To devise	To demonstrate To produce To assemble To adjust To install To operate To detect To locate To isolate To arrange To build To conduct To check To manipulate To fix To lay out To perform To sort To construct To draw	To challenge To defend To judge To question To adopt To advocate To bargain To cooperate To endorse To justify To persuade To resolve To select To dispute To approve To choose To express

Selected verbs from Caffarella RS. (1994). *Planning Programs for Adult Learners*, San Francisco: Jossey Bass.

Active Learning Techniques

According to educational research, adults learn best when there is interaction between the presenter and the learner, they participate in role-playing or when peer-to-peer dialogue takes place. Active participation encourages the audience to do more than passively listen to a lecture. Rather, participants are processing and applying knowledge gained during the lecture. Active participation requires the audience to talk, listen, and reflect on the material presented. The focus of education has shifted from how much you know to how you apply what you know.

Seven Characteristics of Adult Education

1. Have a learning environment where the learner feels safe and supported. They are allowed to express themselves to others, feeling acknowledged and respected.
2. Intellectual freedom and creativity are encouraged.
3. Faculty need to treat the learner as an intelligent, experienced adult. They need to be viewed as a “peer”, where their opinions are encouraged and listened to.
4. Self-directed learning is expected, where the student takes responsibility for what they learn. They work with the faculty to have specific programs designed to meet the needs they require to function to their fullest in their profession.
5. The learner must be challenged appropriately, so they are pushed just beyond their current ability. If they are pushed too far, they may give up, while if not pushed enough they will become bored and not learn anything.
6. Learners need to be actively involved, where they can talk and interact with each other, they can try out new ideas, and use exercises and experience to support facts and theory.
7. There needs to be feedback mechanisms for faculty to know what the learners say works best for them and to know what else the student wants to learn. The faculty needs to listen to the student and make changes according to this feedback.

Tips for Stimulating Learning

- Start the session with an overview of the content in the educational offering and why it’s of value to the participants; end with a summary of key points.
- Break up information into “mini-lectures” (e.g. 10-15 minutes or smaller) followed by examples with opportunities to discuss, practice or reflect.
- Prepare a variety of examples from different sensory domains to reinforce new information:
 - Verbal – anecdotes, cases
 - Still images – drawings, photographs
 - Moving images – animations, videos (not too much)
 - Tactile examples – medical devices, models
- Develop activities that require participants to relate the new information to their own practice or personal experience:
 - Give participants a few minutes to write or think of ways that they could change their practice with the new information.
 - Have participants solve cases that were based on their own needs (e.g., through needs assessments).
 - Ask participants to share relevant issues for discussion.
- Design activities to get the maximum number of participants as possible to respond:
 - Ask participants to write or solve a problem individually.
 - Ask questions and poll the participants through a show of hands.
 - Have participants discuss an issue or work with the person next to them.
 - When possible and educationally beneficial, have participants work in small groups.

Activity Planning Instrument (for planning purposes only)

Directions: Please complete this form by defining the learning objectives and providing documentation for how the program development process (instructional materials, learning methods and learning assessment) supports the program’s learning objectives. Please identify learning objectives for pharmacist and separate learning objectives for technicians.

Program Title:			
Please list the program’s learning objectives	(A) What instructional materials were utilized to meet this objective? (i.e. outlines, slides, case studies, computer-assisted techniques, etc.)	(B) What active learning methods were utilized to meet this objective? Please indicate those methodologies that fostered active participation in learning (i.e. group-based learning, workshops, demonstrations, etc.)	(C) What learning assessment activities were utilized to enable participants to assess their achievement? (i.e. case studies, problem solving activities, post-tests, multiple choice questions, hands-on demonstration, etc.)
<i>Example: Explain the differences between NPH and regular insulin</i>	<i>Table listing the pharmacokinetic properties of the insulin agents</i>	<i>Two patient case study presentations</i>	<i>First case was assessed by participant individual and then group discussion. Second case was presented as the post-test with multiple choice responses.</i>
1.			
2.			
3.			
4.			
5.			

Program Type: **Knowledge Based**
 Application Based

Learning Strategy: self-assessment questions: multiple choice or True/False
Learning Strategy: Interactive cases or other skills-based exercises

Guidelines for Presentation Slides

What is my time frame?

- Consider that an average of 1-2 minutes per slide should be used.
- Do not use more than one topic per slide.

What text should I use?

- Use bullets, not numbers.
 - When using bullets, it implies there is no significant order.
 - Only use numbers to show rank or sequence.
- Each bullet should have 6 words or less.
- Each slide should have 6 lines or less.
- Keep font size and style easy to read.
 - Consider using sans serif font without curly feet.
 - Adhere to a minimum of 36 point for titles.
 - Use at least 24 point for body text.
- Try to Avoid ALL CAPS.

Can I use transitions?

- Sure! If transitions are used, use only one transition for all slides. For example, try to keep sounds, graphics, and animations consistent.

Can I use graphics?

- **Most cartoons, graphics and images are copyrighted!**
- Sure! If you chose to use graphics, make sure those graphics add to the message of the slide.
- Ideally, graphics should face the middle of the slide and should not distract from the text of the slide.

Can I use animations?

- Sure! If you chose to use animation, use not more than three different effects on bulleted text.
 - Do not use animation effects on graphics copied from the internet.

Do I need to include any Conflict of Interest Declaration?

- **Yes, this should be either on your 1st slide w/ title or on the 2nd slide.**

Do I need references or a bibliography?

- Yes, references should be numbered consecutively in the order in which they are first mentioned in the presentation or text.
- Use an acceptable reference format such as those of the American Medical Association or the National Library of Medicine.
- Please refer to *supplemental documents for further referencing info.
- VISIT www.icmje.org, <http://www.nlm.nih.gov/pubs/formats/internet.pdf>, or see *The American Medical Association Manual of Style 9th Edition*.

What else?

- Always proofread!
- Introduce yourself to the moderator prior to your presentation
- **Stay on time.** Work with your moderator to keep track of time. **Repeat questions asked by the audience**

Supplemental Citation and Referencing Guidelines
AMA

ACPE does not permit the use of company logos on every slide of a presentation.
REMEMBER: Most cartoons, graphics and images downloaded from the WEB are copyrighted.

Sample references below conform to the style specified.

Print Journals

Author(s). Article title. *Journal Name*. Year;volume:inclusive page numbers.

Names of Journals— Journal names are always abbreviated and italicized. Initial letters are capitalized. If you're unsure how to abbreviate a journal title, consult previous issues of *American Journal of Public Health* or the National Library of Medicine's List of Journals Indexed in Index Medicus.

Example 1:

Stein AD, Shea S, Basch CE, Contento IR, Zybert P. Variability and tracking of nutrient intakes of preschool children based on multiple administrations of the 24-hour dietary recall. *Am J Epidemiol*. 1991;134:1427-1437.

Example 2:

Jahns L, Siega-Riz AM, Popkin BM. The increasing prevalence of snacking among US children from 1977 to 1996. *J Pediatr*. 2001;138:493-498.

Reference to Books

Author(s). Title of book and subtitle (if any). Volume number and volume title (when there is more than 1 volume).

Edition number (do not indicate first edition). Place of publication: Name of publisher; Year of copyright.

Referencing an entire book—

Example:

Wareham R. No *Safe Place: An Assessment on Violence Against Women in Kosovo*: United Nations Development Fund for Women; 2000.

Referencing a chapter in a book— Capitalize the chapter title as you would a journal article's title (sentence style).

Do not use quotation marks, but do give the chapter's inclusive page numbers (separated by an en-dash).

Example:

Westron L, Eschenbach D. Pelvic inflammatory disease. In: Holmes K, Mardh P, Sparling P, et al, eds. *Sexually Transmitted Diseases*. 3rd ed. New York, NY: McGraw-Hill: 1999;783-809.

Editors— Names of editors, translators, translator-editors, or executive and section editors are given.

Example 1: single editor

Jafari P ed. *Free Will's Burden: Understanding the True Meaning of Freedom*. New York, NY: Society of Peeves; 1995. Existential Essay Series.

Example 2: translator-editor

Kerplunk, IM. *My Life*. Stockhoff, DA, trans-ed. New York, NY: HarperCollins Publishers Inc; 2000:135–138.

Example 3: multiple editors:

Needham A, Calgareo CA, Jafari P. Ester linkages and beyond. In: Banshee SL, Folishle SD, eds. *Me, You, and Fatty Acids*. 4th ed. Washington, DC: Penguin Press; 1981.

Reference to a Web Site

Example 1:

US Dept of Commerce, National Oceanic and Atmospheric Administration, National Weather Service. 63-Year list of severe weather fatalities. Available at: http://www.nws.noaa.gov/om/severe_weather/63yrstat.pdf. Accessed September 11, 2003.

Example 2:

Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS). Available at: <http://www.cdc.gov/nccdphp/dash/yrbs/index.htm>. Accessed September 20, 2002.

Paper Presented at a Meeting

Example:

Oliver-Velez D, Beardsley M, Deren S, et al. impact of methadone treatment on HIV risk behaviors among Puerto Rican IDUs in East Harlem, New York and Bayamon, Puerto Rico. Paper presented at: American Public Health Association Annual Meeting; November 7-11, 1999; Chicago, Ill.

Law/Statutes

If you wish to cite a law that was enacted by the US Congress and therefore contained in the US Code (USC), use the following format in this order:

1. Official name of the act.
2. Title/chapter number.
3. Abbreviation of the code.
4. Section number (designated by §).
5. Date of code edition.

Citing state statutes varies by state. *The Bluebook: A Uniform System of Citation* contains examples from each state.

Example 1

Section 222 of Florida Statutes: Fla Stat §222.

Example 2

Section 100 of Revised Code of Washington: Wash Rev Code §100

For a more detailed explanation of the American Medical Association style, see Chapter 2 of *American Medical Association Manual of Style 9th Edition*.

Supplemental Citation and Referencing Guidelines
NLM

The sample references below conform to the style specified.

Articles in Journals

1. Standard journal article

List the first six authors followed by et al.

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996 Jun 1;124 (11):980-3.

As an option, if a journal carries continuous pagination throughout a volume (as many medical journals do) the month and issue number may be omitted.

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124:980-3.

More than six authors:

Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, et al. Childhood leukaemia in Europe after Chernobyl: 5 year follow-up. *Br J Cancer* 1996;73:1006- 12.

2. Organization as author

The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. *Med J Aust* 1996; 164: 282-4.

3. No author given

Cancer in South Africa [editorial]. *S Afr Med J* 1994;84:15.

4. Volume with supplement

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994;102 Suppl 1:275-82.

5. Issue with supplement

Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996;23(1 Suppl 2):89-97.

6. Volume with part

Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. *Ann Clin Biochem* 1995;32(Pt 3):303-6.

7. Issue with part

Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in ageing patients. *N Z Med J* 1994;107(986 Pt 1):377-8.

8. Type of article indicated as needed

Enzensberger W, Fischer PA. Metronome in Parkinson's disease [letter]. *Lancet* 1996;347:1337. Clement J, De Bock R. Hematological complications of hantavirus nephropathy (HVN) [abstract]. *Kidney Int* 1992;42:1285.

Books and Other Monographs

1. Personal author(s)

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

2. Editor(s), compiler(s) as author

Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

3. Organization as author and publisher

Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.

4. Chapter in a book

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.

5. Conference proceedings

Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.

6. Conference paper

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.

Other Published Material

1. Newspaper article

Lee G. Hospitalizations tied to ozone pollution: study estimates 50,000 admissions annually. The Washington Post 1996 Jun 21;Sect. A:3 (col. 5).

2. Dictionary and similar references

Stedman's medical dictionary. 26th ed. Baltimore: Williams & Wilkins; 1995. Apraxia; p. 119-20.

Unpublished Material

1. In press

(Note: NLM prefers "forthcoming" because not all items will be printed.) Leshner AI. Molecular mechanisms of cocaine addiction. N Engl J Med. In press 1996.

Electronic Material

1. Journal article in electronic format

Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis [serial online] 1995 Jan-Mar [cited 1996 Jun 5];1(1):[24 screens]. Available from: URL: <http://www.cdc.gov/ncidod/EID/eid.htm> [accessed Jan 3, 2005]

2. Monograph in electronic format

CDI, clinical dermatology illustrated [monograph on CD-ROM]. Reeves JRT, Maibach H. CMEA Multimedia Group, producers. 2nd ed. Version 2.0. San Diego: CMEA; 1995.

For a more detailed explanation of the National Library of Medicine, please visit www.icmje.org or <http://www.nlm.nih.gov/pubs/formats/internet.pdf>.