**Scientific Planning Committee Meeting**

**Title of Activity**

**Minutes of 2 Meetings**

1st meeting date/time

2nd meeting date/time

**All Members** (add more if needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **SPC ROLE:** Chair, Speaker,Author, Content Reviewer, Moderator, Logistics, Facilitator | **Profession:** Physican, nurse, pharmacist, allied health | **Attendance**  **1st meeting 2nd meeting** | |
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| **DHP Administrative Contact**  Name:  Phone:  Email: | | | | |

**1st Meeting**

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| --- | --- | --- |
| Item | Topic | Discussion |
| 1 | Needs assessment results |  |
| 2 | Educational content plan - topics |  |
| 3 | Evidence-base |  |
| 4 | Format (e.g. workshop, or seminar, round) and length (hours, days, weeks) |  |
| 5 | Target Audience from the 4 professional groups and from subspecialties |  |
| 6 | End of year evaluations |  |
| 7 | Admin contact for DHP |  |
| 8 | Content review checklist-full or partial credits |  |
| 9 | Interprofessional Continuing Education – IPCE  Is this activity interprofessional? |  |
| 10 | If you answer yes, you need to conduct and IPCE focus group 2-3 months after the activity. Who will administer the focus group? |  |

**2nd Meeting**

|  |  |  |
| --- | --- | --- |
| **Item** | **Topic** | **Discussion** |
| 1 | Needs assessment results |  |
| 2 | Educational content plan - topics |  |
| 3 | Evidence-base |  |
| 4 | Target Audience – any changes? |  |
| 5 | Post-accreditation accreditation: disclosures, objectives, additional dates, cancellations |  |
| 6 | Has your admin contact attended Cloud CME training? If no ensure to allow for monthly training. |  |
|  | INSERT MORE |  |