

## APPLICATION FORM – LUNDBECK MEDICAL EDUCATIONAL GRANT (OUTSIDE US) v2.0

Activity Title:	
Name of applicant organisation and type of organisation: (University, hospital, CME provider, etc.)	
Organisation's registration number	
Address of applicant: (Physical address)	
Contact person's full name, phone number and email address:	
Request Date: (yyyy/mm/dd)	
Activity Start Date: (yyyy/mm/dd)	
Activity End Date: (yyyy/mm/dd)	
Grant Currency:	
Grant Type:	<input type="checkbox"/> Community Health-Related Project <input type="checkbox"/> Continuing Medical Education (CME) or non-CME <input type="checkbox"/> Independent Medical Education (IME) – Accredited <input type="checkbox"/> Patient Education <input type="checkbox"/> Professional Society or Organization Meeting <input type="checkbox"/> Other, please specify:  <hr style="width: 60%; margin-left: 0;"/>

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Program Type:	<input type="checkbox"/> Synchronous program type, please specify: _____ <input type="checkbox"/> Asynchronous program type, please specify: _____ <input type="checkbox"/> Analogue program type, please specify: _____ <input type="checkbox"/> Digital program type, please specify: _____
Therapeutic Area:	<input type="checkbox"/> Neurology <input type="checkbox"/> Psychiatry
Disease Area (please specify):	

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What documented learning need are you responding to through this request?	
Towards what learning segment is this activity aimed at:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert
Activity Description: (Purpose, Scope & Deliverables – thorough description to verify if Lundbeck can support the purpose)	
What are your educational objectives?	
Activity Partners: Are other organizations involved in this program or event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you held this program previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Funding decision needed by date: (yyyy/mm/dd)	
Please indicate the anticipated revenue from registration fees:	
Are any individuals receiving fees for service (also referred to as honorarium)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### DELIVERY FORMAT

Total # of Activities:	
Total # of Learners expected:	

### EDUCATIONAL ACTIVITY ACCREDITATION

Will this Activity offer continuing education credit for healthcare professionals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## OUTCOMES MEASUREMENTS

Performance Improvement activities are based on a learner’s participation in a project established and/or guided by a provider in which a healthcare professional identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates learning into patient care and then re-evaluates his/her performance.

\*Moore et al 2009 JCEHP 29(11)1-15

Please select the following assessments that you plan to implement as part of your outcomes strategy. If your outcomes level is not listed, please select ‘other’ and provide a description of the method that will be applied. It is required that a knowledge level assessment be included as part of your outcomes strategy.

Level of Outcomes to be measured <i>(Please see last page for guidance)</i>	<input type="checkbox"/> Level 1 – Participation		
	<input type="checkbox"/> Level 2 – Satisfaction		
	<input type="checkbox"/> Level 3a – Declarative Knowledge	<input type="checkbox"/> Knowledge Test (Pre/Post)	A test utilizing knowledge questions is completed by learners prior to the start of education and the same test (regardless of the ordering of questions) is fielded to learners at the completion of the education. It is expected that you will report responses from the learners first attempt of the survey. A matched sample is not required but strongly recommended.
		<input type="checkbox"/> Knowledge Test (Pre/Control)	A test utilizing knowledge questions is fielded to learners at the completion of the education. It is expected that you will report responses from the learners first attempt of the survey. These results are compared against responses against a demographically similar group of healthcare providers who did not participate in the education (ie. Control group)
<input type="checkbox"/> Learner self-report of knowledge change		Data gathered through a question immediately following participation in the education regarding the learner self-report of the amount of knowledge change that occurred as a result of the education.	

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	<input type="checkbox"/> Level 3b – Procedural Knowledge	<input type="checkbox"/> Knowledge Test (Pre/Post)	A test utilizing knowledge questions is completed by learners prior to the start of education and the same test (regardless of the ordering of questions) is fielded to learners at the completion of the education. It is expected that you will report responses from the learners first attempt of the survey. A matched sample is not required but strongly recommended.
		<input type="checkbox"/> Knowledge Test (Pre/Control)	A test utilizing knowledge questions is fielded to learners at the completion of the education. It is expected that you will report responses from the learners first attempt of the survey. These results are compared against responses against a demographically similar group of healthcare providers who did not participate in the education (ie. Control group)
		<input type="checkbox"/> Learner self-report of knowledge change	Data gathered through a question immediately following participation in the education regarding the learner self-report of the amount of knowledge change that occurred as a result of the education.
	<input type="checkbox"/> Level 4 – Competence	<input type="checkbox"/> Learner self-report of competence and intent to change practice	Data gathered through a question immediately following participation in the education regarding the learner self-report of competence and intent to change practice as a result of the education.
	<input type="checkbox"/> Level 5 – Performance	<input type="checkbox"/> Practice pattern assessment survey (Pre/Post)	A patient case-based survey assessment fielded to learners prior to the education and following completion of the education. The survey instrument should apply the educational objectives of the program to level decision making. It is expected that you will report responses from the learners first attempt of the survey.
		<input type="checkbox"/> Practice pattern assessment survey (Pre/Control)	A patient case-based survey assessment fielded to learners following completion of the education as well as to a demographically similar control group of healthcare providers. The survey instrument should assess the educational objectives of the program to performance level decision making. It is expected that you will report responses from the learners first attempt of the survey.
		<input type="checkbox"/> Healthcare provider	Audit of physician performance measures captured

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		performance chart audit assessment (Pre/Post Assessment)	from a review of charts prior to the educational activity compared to data collected on the same physician performance measures captured following participation in the educational activity.
		<input type="checkbox"/> Healthcare provider performance chart audit assessment (Post/Control Assessment)	Audit of physician performance measures captured from a review of charts, performed by healthcare providers participating in the education as well as among a demographically similar control group of healthcare providers not participating in the education.
		<input type="checkbox"/> Learner self-report of performance changed (assessed as follow-up survey or interviews)	A survey or interview fielded to educational participants following an educational activity to assess whether changes have been made to practice as a result of the education, what changes have been put into practice and the barriers faced in putting changes into practice.
	<input type="checkbox"/> Level 6 – Patient Health	<input type="checkbox"/> Chart audit assessment of patient clinical measures (Pre/Post Assessment)	Audit of patient clinical data from a review of charts, capturing patient clinical measures prior to the educational activity compared to data collected on the patient clinical measures following participation in the educational activity.
		<input type="checkbox"/> Chart audit assessment of patient clinical measures (Post/Control Assessment)	Audit of patient clinical data from a review of charts, performed by healthcare providers participating in the education as well as among a demographically similar control group of healthcare providers not participating in the education.
		<input type="checkbox"/> Patient retrieved from EHR system, registry data or other administrative database	Data regarding specific clinical measures retrieved from EHR, disease registry database or other administrative database.
		<input type="checkbox"/> Patient self-reported survey (Post/Control Assessment)	A survey fielded to patients of healthcare providers participating in an educational program and to patients of a demographically similar group of healthcare providers not participating in the education.
	<input type="checkbox"/> Level 7 – Community Health		
If Additional Assessment Instruments were used, please explain			

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### BUDGET DETAILS

Detailed budget breakdown for the activity: (Clear description of use of grant applied for at Lundbeck versus total budget for the medical educational activity)	
Amount of funding requested from Lundbeck:	
Are there other contributors providing financial support to this activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, please specify whom and how much.	



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<b>Level of Outcomes to be measured</b>			
<b><u>Outcomes Framework</u></b>	<b><u>Miller's Framework</u></b>	<b><u>Description</u></b>	<b><u>Sources of Data</u></b>
<b><u>LEVEL 1 Participation</u></b>		<u>Number of learners who participate in the educational activity</u>	<u>Attendance records</u> <u>Online tracking of action within activity</u>
<b><u>LEVEL 2 Satisfaction</u></b>		<u>Degree to which expectations of participants were met regarding the setting and delivery of the educational activity</u>	<u>Questionnaires/surveys completed by attendees after an educational activity</u>
<b><u>LEVEL 3a Learning Declarative Knowledge</u></b>	<u>Knows</u>	<u>The degree to which participants state what the educational activity intended them to know</u>	<i><u>Objective:</u></i> Pre and post-tests of knowledge <i><u>Subjective:</u></i> Self-reported of knowledge gain
<b><u>LEVEL 3b Learning Procedural Knowledge</u></b>	<u>Knows how</u>	<u>The degree to which participants state <i>how</i> to do what the educational intended then to know how to do</u>	<i><u>Objective:</u></i> Pre and post-tests of knowledge <i><u>Subjective:</u></i> Self-reported of knowledge gain (ie. Reflective journal)
<b><u>LEVEL 4 Competence</u></b>	<u>Shows how</u>	<u>The degree to which participants show in an educational setting how to do what the educational activity intended them to be able to do</u>	<i><u>Objective:</u></i> Observational in educational setting (e.g., checklists, online peer assessment and HER chart stimulated recall.) <i><u>Subjective:</u></i> Self-reported competence, intention to change
<b><u>LEVEL 5 Performance</u></b>	<u>Does</u>	<u>The degree to which participants do what the educational activity intended them to be able to do in their practice</u>	<i><u>Objective:</u></i> Observed performance in clinical setting, patient charts, administrative databases <i><u>Subjective:</u></i> Patient self-report of health status
<b><u>LEVEL 6 Patient Health</u></b>		<u>The degree to which the health status of patients improves due to changes in practice behaviour of participants</u>	<i><u>Objective:</u></i> Health status measures recorded in patient charts or administrative databases <i><u>Subjective:</u></i> Patient self-report of health status
<b><u>LEVEL 7 Community Health</u></b>		<u>The degree to which the health status of a community of patients changes due to changes in the practice behaviours of participants</u>	<i><u>Objective:</u></i> Epidemiological data and reports <i><u>Subjective:</u></i> Community self-report