

Continuing Medical Education (CME)/Continuing Education (CE) Scientific Congress Interactive Session 2022 Submission Instructions

Below are instructions and general guidelines for what needs to be gathered & decided before you begin submitting a 2022 interactive session through the link that was provided in the solicitation email. Only the identified **Program Chair** for each affiliate society, professional group, or special interest group will receive the link and only the **Program Chair** should submit into the link. Do not share the link with your group at-large.

1. GENERAL INFORMATION

- You will be asked to provide the name & email of the submitter for your proposal, so ASRM can contact you with any questions regarding the proposal.
- Groups affiliated with this proposal

2. SPEAKER INFORMATION

- Chair name, affiliation, degree(s), and email
- Speaker names, affiliations, degree(s), and emails
- Interactive sessions are currently planned to be 1 hour (60 minutes) in length. Each interactive typically has one **Chair** plus **1-3 additional speakers**, depending on the format of the session.
- Interactive speakers are only provided a discount for their Scientific Congress registration. Groups are encouraged to pull speakers from their membership and those already planning to attend the Congress. Non-ASRM members are **not** typically sponsored or offered a larger discount. **Chairs** should always be a member of both ASRM and your group, to provide correct oversight.
- Justification for more speakers than typical will need to be provided.

It is ASRM policy to not have duplicated speakers/chairs during the Monday-Tuesday-Wednesday sessions or duplicate Pre-Congress faculty on Saturday/Sunday. A speaker can speak/chair in 1 Pre-Congress course and 1 M-T-W session.

3. SESSION TITLE (maximum 100 characters, including spaces)

- Congress session titles should be catchy, easy to understand, and not include brand names or references to outside organizations.

4. SESSION TYPE

- Indicate which Interactive Session format you prefer to use for this session. Formats can be found [here](#).

5. NEEDS ASSESSMENT/GAP ANALYSIS (approximately 50–100 words)

Describe the practice gap in knowledge, skill competency, or performance that the session will address. What is the clinical significance of the problem this creates? How common is the problem or opportunity for improvement? What new evidence, published guidelines, or other information has become available? When possible, relate the purpose of the session to one of the current ASRM “Gap Analysis and Educational Needs for Planning” available [online](#). Gap analysis also can consist of a panel of experts meeting and determining the difference between ideal practice and current practice for a specific therapy. The panel should document the meeting, the ideal practice, the current practice, and the educational need.

Sample Needs Assessment/Gap Analysis for Interactive Session

In current professional guidelines, embryo donation has been addressed mainly with gamete donation. Current practice guidelines for assessment of genetic risk and determination of suitability may suggest that certain embryos are ineligible for donation which are desirable to some potential recipients for family-building. While ineligible embryos can be deemed usable under certain waivers and exceptions, the practical application and interpretation of current guidelines and US Food and Drug Administration (FDA) practices may vary among medical practices and reduce availability of such embryos.

6. DESCRIPTION (approximately 50–100 words)

Summarize the content of the proposed interactive session, including session objectives, topics covered, and any activities engaged. Indicate how the session addresses the practice gap(s) identified above. Specify how participants will benefit from the session in terms of increased knowledge, competence, and/or performance.

Sample Description for Interactive Session

This interactive session will examine current FDA practice and professional guidelines for embryo donation, how practices are using and interpreting these guidelines, and whether alternative interpretations or guidance would be helpful in advancing embryo donation practices. This course is designed to assist reproductive endocrinologists, infertility nurses, mental health professionals, genetic counselors, tissue-bank managers, lawyers specializing in reproductive technology law, and bioethicists to navigate emerging issues in embryo donation.

7. TARGET AUDIENCE

Indicate the type of professionals that the interactive session is designed to educate in one sentence. In addition to meeting a requirement for ACCME, this helps attendees discern which sessions are best suited for them. Please be clear and concise and do not attempt to include more groups than are appropriate.

Sample Target Audience for Interactive Session

This session is designed for reproductive endocrinologists, infertility nurses, mental health professionals, genetic counselors, tissue-bank managers, lawyers specializing in reproductive technology law, and bioethicists.

8. LEARNING OBJECTIVES

Write 2–3 learning objectives for the interactive session (Note: Sessions that offer APA credit require a minimum of 3 learning objectives for an interactive session). Each objective should clearly and concisely communicate what observable and/or measurable knowledge and/or ability an attendee is expected to know and/or do at the conclusion of the session. Use action verbs to explain what learners should gain from their participation in the interactive session.

Sample Learning Objectives for Interactive Session

At the conclusion of this session, participants should be able to:

1. Discuss the historical background of embryo donation and advances in the field that may affect the future of embryo donation, including genetic testing, embryo storage, and health literacy.
2. Examine the application and impact of current suitability criteria for genetic risk of donated embryos.
3. Analyze interpretations and alternatives to current FDA and professional guidelines that might impact reproductive autonomy and choice for both embryo donors and recipients.

Suggested Verbs for Learning Objectives

Application	Analysis/ Comprehension	Evaluation	Inform	AVOID (difficult to measure)
Apply	Analyze	Assess	Cite	Appreciate
Choose	Appraise	Choose	Define	Approach
Demonstrate	Contrast	Compare	Describe	Become aware of
Develop	Debate	Critique	Identify	Believe
Examine	Describe	Determine	Indicate	Comprehend
Illustrate	Detect	Estimate	List	Grow
Locate	Differentiate	Evaluate	Name	Grasp the significance of
Operate	Distinguish	Measure	Quote	Have faith in
Practice	Explain	Rate	Record	Improve
Predict	Infer	Recommend	Select	Increase
Prescribe	Interpret	Select	State	Infer
Report	Measure		Summarize	Know
Restate	Question		Update	Learn
Review	Summarize		Write	Recall
Treat				Recognize
Select				Understand
Use				
Utilize				

9. Choose ACGME COMPETENCIES for your interactive session.

ACGME competencies form the foundation in which physicians demonstrate their ability to provide high-quality care for the diagnosis and treatment of disease, promotion of health and prevention of disease, and the physical and emotional support of patients and families.

Physician Competencies:

- 1) **Practice-based Learning and Improvement:** Show an ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve the practice of medicine.
- 2) **Patient Care and Procedural Skills:** Provide care that is compassionate, appropriate, and effective treatment for health problems and to promote health.
- 3) **Systems-based Practice:** Demonstrate awareness of and responsibility to the larger context and systems of health care. Be able to call on system resources to provide optimal care.
- 4) **Medical Knowledge:** Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and their application in patient care.
- 5) **Interpersonal and Communication Skills:** Demonstrate skills that result in effective information exchange and teaming with patients, their families, and professional associates and work as both a team member and at times as a leader.
- 6) **Professionalism:** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.

Interprofessional Competencies:

- 1) **Values/Ethics for Interprofessional Practice**
- 2) **Roles/Responsibilities**
- 3) **Interprofessional Communication**
- 4) **Teams and Teamwork**

ALL PROPOSALS SHOULD BE SUBMITTED VIA THE LINK PROVIDED TO THE PROGRAM CHAIR.