**Learning Review Report (Program Panel)**

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| **Program Title** | Click here to enter program title | | |
| **Program Type** | Choose an item. | **Target Audience** | Choose an item. |

Dear Program Panel Reviewer:

RE: Alternate Learning Review Option

You have been selected to participate in a program planning or program advisory group by a program provider and to conduct the Alternate Learning Review for CCCEP accreditation.

Programs submitted for CCCEP accreditation are usually submitted to a volunteer panel of pharmacists or pharmacy technicians, as appropriate. The volunteer Learning Review Panel is composed of pharmacy practitioners who are representative of the target audience for the learning activity/program. They review the program from the perspective of the learner.

The Learning Review Panelists review a learning activity/program:

* To assesses the relevance of the learning material to pharmacy practice,
* To assess the overall learning experience and educational value of the learning activity/program,
* To ensure that the program is free of bias, and
* To assess contact hours

The Alternate Learning Review Option provides a more expedited review for programs that are being accredited by more than one health accreditation agency and/or for larger programs.

You are being asked to review the materials from the perspective of the learner in the target audience. Once you have reviewed the materials, please complete the attached Learning **Review Panel Report** and return it to me **by email on or before** **the due date**

Your review should focus on: (1) the relevance of the learning activity/program to pharmacy practice; (2) the quality of the learning experience; and (3) for bias and balance.

The clinical content of the learning activity/program has been reviewed by expert reviewers. However, if you have concerns related to the clinical content, please provide your comments, and if possible supporting references, in the general comments at the end of the report.

Important: If this is an Independent Study or Blended Program, please keep track of the time it took you to go through the learning activity/program and the time it took you to complete the learner assessment or quiz.

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| **Reviewer name** |  | | **Date completed** |  |
| **Complete Mailing Address**  ***P.O. Box or Street Address***  ***Town, Province, Postal code*** | |  | | |

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| **Part 1: Relevance to pharmacy practice** |

Rate each of the following factors by marking an “X” in the appropriate column. Please make any comments you wish to make in the “Reviewer Comments**”** below.

| **Relevance to pharmacy practice** | **Mark an “X” in Appropriate Column** | | |
| --- | --- | --- | --- |
| How relevant to pharmacy practice is the content of this program? | **Not relevant** | **Relevant** | **Very relevant** |
|  |  |  |
| How complex was the material provided in the program? | **Too simple** | **Just right** | **Too complex** |
|  |  |  |
| How well were the concepts in this lesson explained? | **Not well** | **Well** | **Very well** |
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| **Comments re: Relevance to Pharmacy Practice** |
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| **Part 2: Assessment of the learning experience** |

| **Assessment of the learning experience** | **Mark “X” in Appropriate Column ↓** | | |
| --- | --- | --- | --- |
| **Yes** | **No** | **Not Applicable** |
| **Were all the learning objectives met?** |  |  |  |
| **If no**, please list the objectives which were not met here: | | | |
| **Were any of the post-test questions ambiguous or problematic?** |  |  |  |
| **If yes**, please list the ambiguous or problematic questions here: | | | |
| **Were the post-test questions a good reflection of the program content**? |  |  |  |
| **If no**, please list the question numbers here: | | | |

| **Comments re: Assessment of the Learning Experience** |
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| **Part 3: Bias assessment** |

| **Bias assessment** | **Mark “X” in Appropriate Column ↓** | |
| --- | --- | --- |
| **Yes** | **No** |
| **Were there brand names used?** |  |  |
| **If yes**, please list page or slide number(s) here: | | |
| **Did you perceive any bias toward any specific product?** |  |  |
| **If yes**, please describe the bias here: | | |
| **Were there company names mentioned?** |  |  |
| **If yes**, please list page/slide numbers here: | | |
| **Does the list of references appear to be current and relevant to support a balanced presentation of content?** |  |  |
| **If no**, please elaborate: | | |

| **Comments re: Bias Assessment** |
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| **Part 4: Recommendation and Time** |

| **Recommendation on Accreditation** | **Yes** | **No** |
| --- | --- | --- |
| I recommend that this program be accredited |  |  |

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| --- | --- |
| **Time spent** **Reviewing Program** | **Hours** |
| How much time did you spend reading the lesson? |  |
| How much time did you spend answering the questions? |  |

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| **Part 5: General Comments** |

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| **General Comments**  *Please add any other additional comments you wish to make below* |

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| **Part 6: Declaration of Learning Reviewer** |

I affirm that I participated in all aspects of the development of the \_Click here to enter Title of Programt. learning activity/program and that I have reviewed the final draft of the program including the post-test and answer key rationale (where applicable) for relevance to pharmacy, quality of the learning experience, presence of bias and appropriateness of references.

It is my opinion that the program presents relevant and balanced information on the subject area in a quality learning format.

I confirm that:

* I am not an author or presenter of this program;
* I am not an employee or advisory board member of the program provider or sponsor;
* I do not have a current or recent financial or other relationship with the program provider or program sponsor
* I do not work closely with the author or presenter and I do not work at the same facility/ institution; and
* I do not have any other conflicts of interest.

[NOTE: If you uncertain if a situation may be a potential conflict of interest, contact the Executive Director of CCCEP]

I approve this program for submission for accreditation review as follows:

|  |  |
| --- | --- |
| Place “X” in left column for one option | |
|  | Approved as reviewed *(i.e. no revisions required)* |
|  | Not Approved |
|  | Approved with the following revisions:  (Include comments here or reference an attached document) |

I affirm this declaration by signing in the box below:

|  |  |
| --- | --- |
|  |  |
| **Signature of Learning Reviewer** | **Date Signed** |

**Note**: The Learning Reviewer may digitally sign and submit this form in PDF format.