

Sample Format

Nutrition Program, Department of Public Health, Ministry of Health.
Workshop on Total Diet Study

21-24 August 2009, JDWNRH, Conference Hall, Thimphu Bhutan

Agenda

Venue: JDWNRH, Conference hall

Time: 08:30—16:00Hours

21 August 2009

DAY 1

<i>Time</i>	<i>Contents</i>	<i>Name of Resource Persons</i>
08:30-09:00	Registration	-
09:00-09:30	Introduction and Overview of Total Diet Study(TDS)	Program Officer(Please write the name)
09:30-09:50	Objectives and overview of the workshop	Dr.K.P. Tshering
09:50-10.20	The role of TDS in risk assessment	Dr.Drupthpb Sonam
10.20-10.50	International perspectives of TDS	Dr.H.P Chhetri
10:50-11.10	Tea and Coffee Break	-
11.10-11.40	Basic principles of TDS	Dr.K.P. Tshering
11.40-12.10	Different approaches for implementing TDS	Dr.Drupthpb Sonam
12.10 -13.45	Lunch Break	-
13.45-15.00	Planning approaches for implementing TDS	Dr.Richard Vannoort
15.00-15.30	Tea and Coffee Break	-
15.30-16.15	Planning and main components of TDS	Dr.Richard Vannoort
16.15-16.00	Discussion Session	-

Sample format of preparing agenda for CME credits

CME Application Format

1. Type of CME Activity *[put 'x' in appropriate cage(s)]:*

- | | | |
|------------------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> a. Workshop | <input type="checkbox"/> b. Conference | <input type="checkbox"/> c. Congress |
| <input type="checkbox"/> d. Seminar | <input type="checkbox"/> e. Symposium | <input type="checkbox"/> f. Clinical Meeting |
| <input type="checkbox"/> g. Research | <input type="checkbox"/> h. Attachment | <input type="checkbox"/> i. Training |
| <input type="checkbox"/> j. Publications | <input type="checkbox"/> k. Presentations | <input type="checkbox"/> j. Study tours |
| <input type="checkbox"/> m. Assignments | <input type="checkbox"/> n. Online CME | <input type="checkbox"/> o. Others: |

2. Agenda – CME brochure *[name of resource against topics & time allocated]:*

- a. Venue:
- b. Duration of CME activity:
- c. Date:

3. Title of Proposed CME Activity:

4. Participants:

- a. Number:
- b. Category/levels:

5. Methodologies:

- | | | |
|-----------------------------------------|----------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> a. Lectures | <input type="checkbox"/> b. Practical | <input type="checkbox"/> c. Demonstrations |
| <input type="checkbox"/> d. Tutorial | <input type="checkbox"/> e. Case-Conference | <input type="checkbox"/> f. Role play |
| <input type="checkbox"/> g. Peer review | <input type="checkbox"/> h. Problem-based learning | <input type="checkbox"/> i. Others: |

6. Resource Person(s):

- a. Number:
- b. Curriculum vitae:

7. CME Organizer/Applicant:

- a. Signature:
- b. Name:
- c. Date:

