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Critt Aardema, MD, the 2026 Ogden Surgical-Medical Society (OSMS) President, with OSMS Board Members and McKay-Dee Family Residency Faculty Bryan J. Campbell, MD, Core Faculty, and Clark Madsen, MD, MS, Core Faculty, are honored to invite you to participate in a Poster Contest Presentation at the May 12, 2026, Ogden Surgical-Medical Society Annual Conference.

What: The OSMS conference, which includes physicians and other health providers from the Regional United States, will include a Poster Presentation Contest.

When: The Poster Presentation Contest session will be 2 hours on Tuesday, May 12, 2026, from 4:30 PM – 6:30 PM.

Where: Weber State University (WSU), Shepherd Union Building, 3rd Floor.

Details:

Submission Information:

- **Submit for poster contest presentation(s) on ANY clinical or research topic(s).** The poster presentation(s) do not need to match the theme of the conference. Any topic(s) containing scientific or health-based information is permitted.
- **Confirm attendance and topic(s) by May 1, 2026,** with Teresa Puskedra, OSMS Executive Director, 801-564-5585 or teresapuskedra@ogdensurgical.com.
- **Submissions of poster abstracts are not needed.**

Complete and sign the disclosure form included with this invitation before the OSMS conference and send to teresapuskedra@ogdensurgical.com or by mail to P.O. Box 9311, Ogden, Utah 84409. Also, please write the objectives using the instructions in the last 2 pages of this form. **Desired change(s) in strategy, performance, or patient care:** After this lecture, clinicians will know how to: 1. 2. 3.

Presentation:

- Arrive at the WSU Shepherd Union Building, 3rd Floor venue on **Tuesday, May 12, 2026, by 12:00 PM.** Presenters are encouraged to bring their own lunch or buy from a food kiosk on campus.
- Sign in at the registration desk on the third floor of the WSU's Shepherd Union Building located to the west of the elevators and an OSMS staff member will take you to the poster presentation area in the Bell Tower Lounge to complete the required information needed.
- Starting Tuesday, May 12, 2026, at 4:30 PM poster representatives will talk about their poster(s) for 3-5 minutes, or more if needed, to the clinician attendee group(s) and engage in a Q&A. **Poster presenters must stay with their poster(s)** until 6:30 PM, Tuesday, May 12, 2026. After this, there will be a Pizza Party at The Pie Pizzeria (Suite #12, 4300 Harrison Blvd #12, Ogden, UT).

Post-Presentation:

- Pick up your poster(s) at **4:30 PM on Thursday, May 14**. If you are not able to pick up your poster(s), Teresa will deliver the posters to Ogden, Utah organizations. If you want your poster returned and need it mailed outside of Ogden, Utah, please pay Teresa \$10.00 before or after the conference and she will mail your poster FedEx ground in a tube to you.
- Monetary Prizes for Doctorate Candidates will be awarded for First, Second, and Third Place, at \$500, \$250, and \$100 respectively.
- Monetary Prizes for Medical School Students will be awarded for First, Second, and Third Place, at \$200, \$100, and \$50 respectively.
- Monetary Prizes for Students will be awarded for First, Second, and Third Place, at \$100, \$50, and \$25 respectively.
- Monetary Prizes for Students are only available to those who submit their posters by **May 1**. Posters may still be submitted after May 1, but prize money will not be available.

Weber State University Address:

3848 Harrison Boulevard, Ogden, Utah 84408

The link below has detailed instructions on how to drive to the university and the W8 parking lot. Signage will direct you to parking lot W8, where you won't need to pay for parking once you are on campus.

Directions/Map link:

https://ogdensurgical.com/wp-content/uploads/2026/03/2026_directions.pdf

Our nonprofit organization was formed in 1946 and has provided medical education to our community with an annual conference for 80 years. The meeting is attended by approximately 500 (approximately 2/3 are primary care physicians) practitioners and is held here in Ogden, Utah. Our website is <http://www.ogdensurgical.com>, where you can obtain a history and flavor for our organization. If you are interested in any of the OSMS conference sessions besides the poster presentation contest, inform Teresa of what session(s) you want to attend. The conference agenda is available on ogdensurgical.com.

Warm Regards,
Teresa Puskedra
Executive Director,
Ogden Surgical-Medical Society
801-564-5585
teresapuskedra@ogdensurgical.com
ogdensurgical.com

Suggestions for Creating a Successful Poster

(Not Requirements)

Plan

- Size – 4 feet by 4 feet
- Text – amount of copy, font type, and size
- Images and graphics

Assemble

- Proof, edit, re-proof, re-edit

Print

- Check campus and local printing service rates/experience
- Printing charges range from \$9-12 per square foot depending on paper selection
- Plan for a 1-2-week turnaround time
- Check if you can submit your poster for printing via e-mail, CD, floppy disc, or thumb drive
- Specify the date your poster is needed, its finished size, and paper type

Display Options

- Paper or canvas roll
- Poster board

Selecting Poster Content

Describe all parts of the research, educational program, or community service project, including why it did or did not work. Topics do not need to match the conference theme. Any topic with scientific or health-based information is accepted.

- Background
- Hypothesis/program or project objectives
- Research design/program or project description
- Results/evaluation
- Conclusion(s)
- Future plans
- References

Present a clinical scenario with discussion of an actual patient presentation or review current evidence-based recommendations for a clinical topic.

Clinical case presentation

- Introduction

- Case description
- Discussion of current practice guidelines for management of the patient

Evidence-based review

- Evidence summary
- Recommendations from others
- Clinical commentary

Tips on Constructing Your Poster

Be consistent

- Keep consistent margins
- Keep line spacing consistent
- Keep color, style, and thickness of borders the same
- Keep shading consistent

Limit text

- Put details in a handout
- Goal: 20% text, 40% graphics, 40% space (this is a suggestion only)

Pick 2-3 fonts

- Headings – Good Old Style, Bold, Shadowed, Garnet, Centered
- Body Text – Verdana, Black, Left Justified
- Labels – Arial, Black, Left Justified

Pick 2-3 colors

- Use the same principles for contrast that you might use for a PowerPoint presentation
- Conserve on ink by limiting solid color backgrounds by using white or light colors

Test readability

- Title banner should be able to be read from 20 feet
- Body text should be able to be read from 6 feet
- Suggested font sizes (will vary slightly depending on font style)- these are only suggested sizes, not mandatory:
 - Title of poster: 96-120 pt
 - Author(s) and institution: 60-72 pt
 - Headings: 60-72 pt

- Body Text: 32-48 pt
- Labels: 20-32 pt
- Do not use all capital letters

Graphics

- Make sure ideas flow from panel to panel logically (consider numbering panels)
- Use charts and graphs to illustrate data (avoid large tables of raw data)
- Use high resolution photographs (Web images often will not work)

Abstract requirements

Research

- Project description
- Objectives/purpose
- Methodology
- Presenters' role in project
- Results/evaluation
- Conclusion

Clinical Inquiry

- Introduction
- Case description
- Discussion of practice guidelines

Community Project/Educational Program

- Project/program description
- Objectives/purpose
- Methodology
- Presenters' role in project/program
- Results/evaluation
- Conclusion

Judging Criteria

Entries will be judged on:

- Originality/innovative nature of project or question
- Statement of purpose/goals
- Project description
- Evidence-based nature of content
- Validity of conclusions

Objectives for the poster contest

After the poster session, attendees will be able to:

- Utilize this process in a quality project within their practice
- Use the information gained in the research project to modify daily practice
- Access community medical resources more effectively
- Watch for similar cases in practice



Standards for Integrity and Independence in Accredited Continuing Education

<p>1. What is your name and email?</p>	<p>Name:</p> <p>Email: Physical Address:</p> <p>Prospective role(s) in education (choose all that apply):</p> <p><input type="checkbox"/> Planner (<i>Examples: planning committee, staff involved in choosing topics, faculty, or content</i>)</p> <p><input checked="" type="checkbox"/> Teacher, Instructor, Faculty</p> <p><input type="checkbox"/> Author, Writer</p> <p><input type="checkbox"/> Reviewer</p> <p><input type="checkbox"/> Other _____</p>
<p>2. When will the education take place?</p>	<p>Date: Tuesday, May 12, 2026</p>
<p>3. Do you have a title or brief description for the education? If yes, please note it to the right; if no, leave blank.</p> <p><i>Examples: Emergency Department team huddle; Leadership in a time of crisis; Well-being check-in</i></p>	<p>Title/brief description:</p>
<p>4. What practice-based problem (gap) will this education address?</p> <p><i>Examples: Improve care coordination; Better communication with patients and families; Want to give better feedback to students</i></p>	<p>Physicians and specifically Primary Care Physicians need updated strategies for best practices with their patients.</p>

<p>5. What is/are the reason(s) for the gap? How are your learners involved?</p> <p><i>Examples: We need strategies to discuss difficult topics with family members; Don't know best ways to improve team collaboration</i></p>	<p>Reason(s) for the gap: Physicians and specifically Primary Care Physicians need updated strategies for best practices with their patients.</p>
<p>6. Review the three statements to the right.</p> <p>If you can check any of these boxes, you do not need to identify, mitigate, and disclose relevant financial relationships.</p> <p>If you are unable to check any boxes, please contact your CE program administrator to implement processes for ensuring the integrity and independence of this education.</p>	<p>The education will... (check all that apply) This is for communication topics only, not a clinical topic like yours.</p> <p><input type="checkbox"/> only address a non-clinical topic (e.g., leadership or communication skills training).</p> <p><input type="checkbox"/> be for a learner group that is in control of the content (e.g., spontaneous case conversation among peers).</p> <p><input type="checkbox"/> be a self-directed educational activity where the learner will control their educational goals and report on changes that resulted (e.g., learning from teaching, remediation, or a personal development plan).</p>
<p>7. What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?</p> <p><i>Examples: Eliminate the stigmatizing language from my communications with patients; Improve my management skills</i></p>	<p>Desired change(s) in strategy, performance, or patient care: After this lecture, clinicians will know how to:</p> <ol style="list-style-type: none"> 1. 2. 3.
<p>8. In order to award CME/CE credit, please indicate duration of the education.</p>	<p>Education duration: <u>2</u> hours and _____ minutes <i>Please report time in 15-minute increments.</i></p>
<p>9. Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information to the right.</p> <p><i>Example: I will use the evidence-based checklist we discussed to improve screening my patients for past military service.</i></p>	<p>Changes learners intend to make to strategies, performance, or patient care: This will be collected from clinicians surveys for the OSMS accreditation.</p>

Disclosure of All Financial Relationships from Planners and Faculty

As a prospective planner or faculty member, we would like to ask for your help in protecting our learning environment from industry influence. Please complete the form below and email it back to teresapuskedra@ogdensurgical.com or mail to OSMS, P.O. Box 9311, Ogden, Utah 84409.

The ACCME Standards for Integrity and Independence require that we disqualify individuals who refuse to provide this information from involvement in the planning and implementation of accredited continuing education. Thank you for your diligence and assistance. If you have questions, please contact us at 801-564-5585.

To be Completed by Planner, Faculty, or Others Who May Control Educational Content

Please disclose **all financial relationships** that you have had in the past 24 months with ineligible companies (see definition below). For each financial relationship, enter the name of the ineligible company and the nature of the financial relationship(s). There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You should disclose all financial relationships regardless of the potential relevance of each relationship to the education.

Enter the Name of Ineligible Company (and product area)	Enter the Nature of Financial Relationship	Has the Financial Relationship Ended?
<p>An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. For specific examples of ineligible companies visit accme.org/standards.</p>	<p>Examples of financial relationships include employee, researcher, consultant, advisor, speaker, independent contractor (including contracted research), royalties or patent beneficiary, executive role, and ownership interest. Individual stocks and stock options should be disclosed; diversified mutual funds do not need to be disclosed. Research funding from ineligible companies should be disclosed by the principal or named investigator even if that individual's institution receives the research grant and manages the funds.</p>	<p>If the financial relationship existed during the last 24 months, but has now ended, please check the box in this column. This will help the education staff determine if any mitigation steps need to be taken.</p>
<p><i>Example: ABC Company/Product Area</i></p>	<p><i>Consultant</i></p>	<p><input checked="" type="checkbox"/></p>
		<p><input type="checkbox"/></p>
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		<input type="checkbox"/>

In the past 24 months, I have not had **any** financial relationships with any ineligible companies.

I attest that the above information is correct as of this date of submission.

Signature

Date

Attestations

This form should be completed by all speakers, panel members, moderators, and planners—anyone involved in this content. Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact Teresa Puskedra, Ogden Surgical-Medical Society Executive Director, as soon as possible, at 801-564-5585.

-
- | | | | |
|-------|--|--|--|
| 1. | Agree
<input checked="" type="radio"/> | Disagree
<input type="radio"/> | <p>I have disclosed to OSMS all relevant financial relationships with ineligible companies, and I will disclose this information to learners verbally. I will also disclose on the first slide of my slide deck whether I have financial relationships or even if I do not.</p> <p><i>Example: "This presentation has no ineligible company content, promotes no ineligible company, and is not supported financially by any ineligible company. I receive no financial remuneration from any ineligible company related to this presentation."</i></p> |
| <hr/> | | | |
| 2. | Agree
<input checked="" type="radio"/> | Disagree
<input type="radio"/> | <p>I understand that OSMS and/or its educational partner may need to review my presentation and/or content prior to the activity and I will provide educational content and resources in advance as requested.</p> |
| <hr/> | | | |
| 3. | Agree
<input checked="" type="radio"/> | Disagree
<input type="radio"/> | <p>I am not an owner or employee of an ACCME-defined ineligible company. If I am, I realize that I can have no role in the planning or implementation of CME activities related to my products/services. Visit: How can I determine if my organization is an ineligible company (formerly known as a commercial interest)? ACCME</p> |
| <hr/> | | | |
| 4. | Agree
<input checked="" type="radio"/> | Disagree
<input type="radio"/> | <p>The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of an ineligible company. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence-based, and unbiased.</p> |
| <hr/> | | | |
| 5. | Agree
<input checked="" type="radio"/> | Disagree
<input type="radio"/> | <p>All of my recommendations for patient care will be based on current science, evidence, and clinical reasoning, while giving a fair, balanced view of diagnostic and therapeutic options.</p> |
| <hr/> | | | |
| 6. | Agree
<input checked="" type="radio"/> | Disagree
<input type="radio"/> | <p>All of my scientific research referred to, reported, or used in an OSMS education presentation or meeting is in support or justification of a patient care recommendation that conforms to the generally accepted standards of experimental design, data collection, analysis, and interpretation.</p> |
-

7.	Agree	Disagree	If I am providing recommendations involving clinical medicine, the recommendations will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. (Recommendations on clinical care must be based on firmly held beliefs or hopes for efficacy with available data or information that is accepted within the profession of medicine, not that the recommendations need to be accepted by the profession.) All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.
	<input checked="" type="radio"/>	<input type="radio"/>	
8.	Agree	Disagree	If I am presenting a new and evolving topic for which there is a lower (or absent) evidence base, I will clearly identify this as such within the education and individual presentations.
	<input checked="" type="radio"/>	<input type="radio"/>	
9.	Agree	Disagree	If I am presenting an OSMS educational lecture, I will avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
	<input checked="" type="radio"/>	<input type="radio"/>	
10.	Agree	Disagree	If I am presenting research funded by an ineligible company, the information presented will be based on generally accepted scientific principles and methods and will not promote the ineligible company interest of the funding company.
	<input checked="" type="radio"/>	<input type="radio"/>	
11.	Agree	Disagree	Information must raise the general awareness among providers, physicians, and faculty about the principles of Evidence-Based Medicine and clinical practice.
	<input checked="" type="radio"/>	<input type="radio"/>	
12.	Agree	Disagree	Presentations must not promote recommendations, treatment or manners of practicing medicine that are not within the definition of CME, known to have risks or dangers that outweigh the benefits, or are known to be ineffective in the treatment of patients.
	<input checked="" type="radio"/>	<input type="radio"/>	
13.	Agree	Disagree	If I am presenting an OSMS educational lecture, my presentation will exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
	<input checked="" type="radio"/>	<input type="radio"/>	

-
14. **Agree** **Disagree** I will not actively promote or sell products or services that serve their professional or financial interests during accredited education.
-
15. **Agree** **Disagree** If I am presenting at a live event, I understand that a CME monitor may attend the event to ensure that my presentation is educational and not promotional in nature.
-
16. **Agree** **Disagree** If I am discussing specific healthcare products or services (e.g., a particular drug or medical device), I will use only generic names, not brand names, to the extent possible. If I need to use trade names, I will mention trade names from several companies and not just trade names from a single company. (It is possible that a specific healthcare product or service is the only one in its class and a generic name does not exist; in this case, the trade name may be used.)
-
17. **Agree** **Disagree** If I have been trained or utilized by an ineligible company or its agent as a speaker (e.g., speaker's bureau) for any ineligible company, the promotional aspects of that presentation will not be included in any way in my presentation.
-

I have carefully read and considered each item in this form and have completed it to the best of my ability.

Signature

Date

Speaker cell number (for emergencies): _____

Guidance for Planners, Authors, and Faculty: Ensuring that Clinical Content is Valid

Consider using the following best practices when presenting clinical content in accredited CE:

1. Clearly describe the level of evidence on which the presentation is based and provide enough information about data (study dates, design, etc.) to enable learners to assess research validity.
2. Ensure that, if there is a range of evidence, that the credible sources cited present a balanced view of the evidence. If clinical recommendations will be made, include balanced information on all available therapeutic options.
3. Address any potential risks or adverse effects that could be caused with any clinical recommendations.

Although accredited CE is an appropriate place to discuss, debate, and explore new and evolving topics, presenting topics or treatments with a lower (or absent) evidence base should include the following strategies:

- Facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet adequately based on current science, evidence, and clinical reasoning.
- Construct the activity as a debate or dialogue. Identify other faculty who represent a range of opinions and perspectives; presentations should include a balanced, objective view of research and treatment options.
- Teach about the merits and limitations of a therapeutic or diagnostic approach rather than how to use it.
- Identify content that has not been accepted as scientifically meritorious by regulatory and other authorities, or when the material has not been included in scientifically accepted guidelines or published in journals with national or international stature.
- Clearly communicate the learning goals for the activity to learners (e.g., “This activity will teach you about how your patients may be using XX therapy and how to answer their questions. It will not teach you how to administer XX therapy”)

Introduction: The purpose of this document is to better assist you as AAFP Faculty in writing performance-based learning objectives. In order to maintain ACCME accreditation learning objectives must be observable, measurable, and focused on the learner. Learning objectives are important in that they clearly communicate the direction of the curricular content, define faculty and learner responsibilities, and enable the evaluation of the learners and the curriculum. Please follow the provided guidelines in the development of performance-based learning objectives for your presentations.

Goal of a performance-based Learning Objective:

Describe the behavior in measurable terms that you, a faculty member, would expect to observe of the learner upon completion of this learning activity.

Do's and Don'ts

Do: Describe the observable **action** that you would expect to see the learner "doing" upon completion of the learning activity.

Don't: Do not describe the **instruction** that you, the faculty member, will perform in order to teach the learner.

Do: Use **measurable terms** to describe the actions of the learner.

Don't: Do not use **unmeasurable terms** such as *understand, know, be familiar with, comprehend, learn, or appreciate*.

Do: Describe **only one** action in each objective.

Don't: Combine **more than one** action using "and."

Do: Write learning objectives that are **supported by the content** of the learning activity.

Don't: Do not write a learning objective **based on content that is insufficiently addressed**.

Tips (verb samples on following page)

1. Start with a measurable verb followed by a description of the action that the learner will take.
2. When necessary, for the sake of clarity, a learning objective may also need to specify the conditions in which the action will occur (e.g. specific information to clarify clinical focus and/or patient characteristics).
3. Use either the top four levels of Bloom's Taxonomy or the top three levels of Webb's Depth of Knowledge Levels (DOK) to aid in the selection of appropriate verbiage.
4. Be careful when using verbs such as *describe, explain, review, or summarize*. They imply that the learner will communicate verbally with someone. These verbs should be used in the context of communicating with the patient, and not used to describe something that a faculty member would do (i.e. Explain a concept at a live CME activity).

Examples

Poor Wording

Understand how to modulate pain therapy by addressing psychological and personality issues.

Why?

The term "understand" is not measurable; and context regarding the patient's condition is absent.

Better Wording

Modulate pain therapy by addressing psychological and personality issues in patients with chronic pain.

Poor Wording

Explain the benefits of various exercise modalities for an elderly person.

Why?

The learning objective described the instructional method used by the faculty member --the faculty member did the *explaining*.

Better Wording

Determine the most appropriate exercise modality for health maintenance in the patient who is elderly.

Poor Wording

Become familiar with common eye problems.

Why?

The objective is unmeasurable, does not describe the action that the learner should be able to take, and does not describe the context regarding the patient's condition.

Better Wording

Screen for eye conditions commonly associated with type 2 diabetes.

Poor Wording

Formulate a diagnosis and management plan for each of the above.

Why?

Assume this learning objective is the third of four. It refers to previously stated objectives and combines two separate actions: diagnosis and management. Each objective must stand alone without reference to other objectives.

Better Wording

Formulate a sequential diagnosis procedure for the patients with medical complications of pregnancy.

Develop a management plan for commonly diagnosed medical complications of pregnancy.

Poor Wording

List types of abnormal pulmonary functions.

Why?

The verb "list" is too low of mental function for adult learners, let alone physicians.

Better Wording

Given the calculated results of tests compared with predicted normal values, determine the presence or absence of abnormal pulmonary function and classify it as to type and severity.

Verb Selection Guide to Writing Performance-Based Learning Objectives

The following is a quick tool for faculty to use when writing learning objectives that allow the participant to demonstrate the depth to which they can apply their new knowledge. The higher the level, the more rigorous the cognitive demand, so we encourage high level objectives. An effort has been made, in this document, to consolidate Bloom's Taxonomy with Webb's Depth of Knowledge (DOK) Taxonomy to accommodate those who are familiar with either guideline. The associated verbs provided below are a partial list and do not constitute an official AAFP list. They are meant to provide examples for those unfamiliar with either taxonomy.

Consolidated Bloom's & Webb's Taxonomies					
Bloom's Level 2: Knowledge	Bloom's Level 2: Comprehension	Bloom's Level 3: Application	Bloom's Level 4: Analysis	Bloom's Level 5: Synthesis	Bloom's Level 6: Evaluation
DOK Level 1 Activities (Recall):		DOK Level 2 Activities (Skill/Concept):	DOK Level 3 Activities (Strategic Thinking):	DOK Level 4 Activities (Extended Thinking):	
Brief example: Recall elements and details of a diagnosis. Conduct calculations. List typical symptoms. Identify scientific concepts/relationships. Perform routine procedures. Describe treatment options.		Brief example: Summarize a patient's history. Solve routine multiple-step problems. Relate the cause and effect of a particular event. Identify patterns in behavior. Interpret data.	Brief example: Support ideas with details and examples. Develop a scientific model for a complex situation. Assess by exam. Determine a patient's motivation for treatment and describe how it affects the interpretation of a diagnosis.	Brief example: Apply new concepts to a current problem or situation. Analyze and synthesize information from multiple sources. Design resource tools to inform patients and solve practical or abstract problems. Critique literature and formulate an opinion.	
Associated Verbs		Associated Verbs	Associated Verbs:	Associated Verbs	
Arrange Calculate Define Describe Identify Label List Match Match Measure Memorize Name Quote Recall Recite Recognize Repeat Report Review State Tabulate Tell Use		Categorize Cause/Effect Classify Collect Compare Construct Determine Display Distinguish Estimate Graph Identify Patterns Infer Interpret Make Observations Modify Organize Perform Predict Relate Separate Show Summarize	Apprise Assess Cite Evidence Construct Coordinate Care Critique Develop a Diagnosis Diagnose Differentiate Draw Conclusions Explain Concepts Formulate Hypothesize Improve Investigate Prescribe Revise Solve a Problem Use Concepts to	Analyze Apply Concepts Connect Choose Confirm Counsel Create Critique Design Determine Establish Evaluate Integrate Manage Prove Rate Recommend Select Synthesize Validate Verify	
Reference: Webb, Norman L. and others. "Wed Alignment Tool" 24 July 2005. Wisconsin Center for Educational Research. University of Wisconsin-Madison. 2 Feb. 2006. http://www.wcer.wisc.edu/WATindex.aspx . Bloom, Benjamin S. & David R. Krathwohl. (1956). Taxonomy of educational objectives: The classification of educational goals, by a committee of college and university examiners. Handbook 1: Cognitive domain. New York, Longmans. http://www.nova.edu/hpd/testing/ctl/forms/bloomstaxonomy.pdf					