



Tennessee Nurses Association

2009

CE Activity Manual

TENNESSEE NURSES ASSOCIATION

Continuing Education Activity Approval Process

1. Review the Tennessee Nurses Association (TNA) **2009 CE Activity Manual** for current application policies and procedure and instructions.
2. Complete the appropriate CE Activity Application.

Note: Samples of required evidence are provided; however, the applicant should submit evidence appropriate to the applicant organization.

3. The **TNA Biographical Data / Conflict of Interest Disclosure Form** must be used to document content expertise of planners, presenters, or content specialists and any conflict of interest or lack thereof.
4. The **TNA Education Design Format** must be used to provide learner objectives, content, time frame, presenter and teaching strategies.
5. Three (3) copies of the application, attachments and fee must be received in the TNA office at least **60 Days** prior to the beginning date of the activity. Approval must be granted prior to presentation. Retroactive approval is not granted. Approval period is for two years.
6. Once the review process has begun, the fee is nonrefundable. The review process is considered begun when TNA staff begin the initial review process. The fee is nonrefundable if approval is denied.
7. A letter of notification of action taken will be sent to the applicant within thirty (30) days following receipt of the application.
8. Fee Schedule:

1 – 3 contact hours	\$125.00
For each additional contact hour add	\$ 25.00
9. Make check payable to Tennessee Nurses Association. **Mail three copies of the completed application and attachments along with the application fee to:**

**TENNESSEE NURSES ASSOCIATION
545 MAINSTREAM DRIVE SUITE 405**

NASHVILLE TN 37228-1296

TNA Individual Activities CE Manual

Table of Contents

Chapter 1 – Approval Process	3
Introduction	3
Definitions	3
Categories of Approval	3
How do I Apply?	4
Application Policies	4
Retroactive Approval	4
Withdrawal of an Application	4
Length of approval	4
Repetition of Activity	4
Reconsideration and Appeals	4
Re-Approval	4
Revocation of Approval	5
Reporting of Data	5
Approval Process	5
Adhering to Criteria	5
Use of Criteria	5
System for Awarding Credit – Contact Hours	6
Awarding Contact Hours to Faculty	6
Approval Language	6
What if?	6
Repetition of Presentations	6
Major Changes in Learning Activities	6
Repetition of Portions of Classes	6
Handouts/Teaching Materials	6
Refresher Courses	7
Other Questions or Concerns?	7
Chapter 2 – Criteria for Faculty Directed CE Activities	8
Section 1: General Information	8
Approval Period	8
Fees	8
Submission	8
Section 2: Completing the Faculty Directed Application	8
Demographic Data	8
Key Element 1: Assessment of Learner Needs/Target Audience	9
Key Element 2: Qualified Planners and Faculty	9
Key Element 3: Effective Design Principles	9
Key Element 4: Contact Hours/Agenda/Schedule	11
Key Element 5: Activity Evaluation	11
Key Element 6: Approval Statement as Noted on Advertising Material	11
Key Element 7: Documentation of Completion	12
Key Element 8: Commercial Support and Sponsorship Guidelines	12
Key Element 9: Conflict of Interest Guidelines	12
Key Element 10: Disclosures Provided to Activity Participants	13
Key Element 11: Recordkeeping and Storage System	13
Key Element 12: Co-Providing	13
Section 3: Sample of Completed Faculty Directed (face-to-face) Planning Documentation Form and attachments	15
Chapter 3 – Criteria for Independent Study CE Activities	27
Section 1: General Information	27
Approval Period	27
Fees	27
Submission	27
Section 2: Completing the Independent Study Application	27
Demographic Data	27
Key Element 1: Assessment of Learner Needs/Target Audience	28
Key Element 2: Qualified Planners / Faculty / Feedback Personnel	28
Key Element 3: Effective Design Principles	29

Key Element 4: Effectiveness of Study/ Contact Hours	30
Key Element 5: Activity Evaluation	30
Key Element 6: Approval Statement as Noted on Advertising Material	30
Key Element 7: Documentation of Completion.....	31
Key Element 8: Commercial Support and Sponsorship Guidelines	31
Key Element 9: Conflict of Interest Guidelines	31
Key Element 10: Disclosures Provided to Activity Participants	31
Key Element 11: Recordkeeping and Storage System	32
Key Element 12: Co-Providing	32
Section 3: Sample of Completed Independent Study Planning Documentation Form and attachments.....	33
APPENDICES	
Appendix A – Differentiation between Levels of Education	47
Appendix B – Co-Providing	48
Sample of Co-provider Agreement.....	48
Appendix C	49
Conflict of Interest.....	49
Resolution of Conflict of Interest.....	49
Conflict of Interest Decision Tree.....	50
Appendix D	51
Standards for Disclosure and Commercial Support	51
Standard 1: Independence	51
Standard 2: Resolution of Personal Conflicts of Interest.....	51
Standard 3: Appropriate Use of Commercial Support	52
Written Agreement Documenting Terms of Support	53
Expenditures for an Individual Providing Continuing Nursing Education	53
Expenditures for Learners	53
Accountability	53
Standard 4: Appropriate Management of Associated Commercial Promotion.....	53
Standard 5: Content and Format without Commercial Bias	54
Standard 6: Disclosures Relevant to Potential Commercial Bias.....	54
Commercial Support for the Continuing Nursing Education Activity	54
Timing of Disclosure.....	55
Commercial Support/Sponsorship Decision Tree	55
Sample Commercial Support Agreement.....	56
Sample Sponsor Agreement.....	56
Appendix E: Glossary.....	57
Appendix F: Behavioral Objectives	62
Appendix G: Disclosures to Attendees.....	64
Application Forms:	
Faculty Directed (face-to-face) Activity Application based on 2009 Criteria.....	65
Faculty Directed (face-to-face) Evaluation Summary (QI) Form	72
Independent Study Activity Application based on 2009 Criteria	73
Educational Design Form – Independent Study (3-column).....	80
Independent Study Evaluation Summary (QI) Form.....	81
Biographical Data/Conflict of Interest Disclosure Form based on 2009 Criteria	82
Educational Design Form – Faculty Directed Activity (5-column).....	84

Tennessee Nurses Association recognizes and thanks the Ohio Nurses Association for their help in developing this manual.

Chapter 1

The Approval Process

Introduction

This manual includes the criteria, and requirements of the American Nurses Credentialing Center's (ANCC) Commission on Accreditation as specified by the Tennessee Nurses Association's Committee on Continuing Education Review (CCER). The information included is designed to help the applicant be successful in attaining approval for two different types of activities:

1. Faculty Directed (synchronous learning);
2. Independent Study (asynchronous learning).

The third type of approval (Provider Unit) is described in the Provider Manual. Please call TNA if you wish to become an approved Provider Unit. Applicants can get individual activities approved as often as desired without becoming an approved Provider Unit.

As you proceed through this approval process, help is available. Phone calls or email to the TNA staff are encouraged. Consultation can be arranged. The goal is for you to be successful at providing quality continuing education.

Definitions

Continuing education (CE) in nursing consists of planned, organized learning experiences designed to improve the knowledge, skills and attitudes of nurses. It enhances nursing practice, education, and administration. Continuing education promotes professional development to improve health care.

Continuing education activities are designed to assist nurse to:

- Acquire and update knowledge and skills
- Prepare for re-entry into practice
- Transition from one area of practice to another
- Acquire greater depth of knowledge and skill in a particular area of nursing
- Enhance professional attitudes and values
- Implement change within the individual's own practice and throughout the health care delivery system
- Promote and support innovation and creativity in health services

In-service education consists of planned instruction or training to assist the nurse to perform in a *particular work setting*. It is designed to maintain or increase competency to promote compliance with facility policy and procedures, demonstrate use of facility-specific equipment, or practice previously learned skills. Basic CPR, first aid, and orientation to work settings are considered in-service. **In-service activities are NOT eligible for contact hours.**

Personal Development activities are learning experiences designed to enhance personal knowledge of the learner. Examples may include courses on topics like personal finance or retirement planning. Personal development activities are NOT eligible for contact hours. However, when these topics are presented in terms of how the learner may use this information in practice, contact hours may be awarded. In that case the purpose, objectives and content need to support professional development. For example, an objective such as "describe how to implement stress management techniques" would not qualify as CE. If it stated, "describe how to implement stress management techniques in the health care environment" it would be acceptable.

Categories of Approval

Faculty Directed Activity (face-to-face)

A Faculty Directed (face-to-face) activity involves participant attendance. It is distinguishable by the fact that the pace of the activity is determined by the provider who plans and schedules the activity. It involves synchronous learning – both faculty and learner are available to each other at the same time. Contact hour credit awarded is

based on the time allocated for the activity. See Chapter 2 for the criteria for a Faculty Directed activity and sample-completed forms.

Independent Study

An Independent Study activity is designed for completion by learners, independently, at the learner's own pace and at a time of the learner's choice. The provider designs the educational activity and determines the amount of credit to be awarded. See Chapter 3 for the criteria for an Independent Study activity and sample-completed forms.

How do I apply?

A. Application Policies

Three typed, complete, collated copies of the application (including all attachments) using the forms, format and criteria described in this manual and accompanied by the application fee must be submitted to TNA. The application package must arrive at TNA **at least 60 days** prior to the date of the activity. Any follow-up information can be submitted via email.

All of the TNA forms may be copies as often as necessary.

B. Retroactive Approval

Retroactive approval, approval for contact hour credit of an educational activity **AFTER** the activity has been present, is not authorized in the ANCC accreditation or TNA system. Approval **MUST** be granted **PRIOR** to the presentation of an educational activity.

C. Withdrawal of an Application

Applicant notifies TNA of the request to withdraw the application in writing, or by email correspondence to klangeland@tnaonline.org

1. The application and fee (less administrative fee) will be returned if request is made prior to the beginning of the review process. Fees will not be refunded if the review process has begun.
2. The application may be resubmitted at a later date, with appropriate documentation and required fee. The application will be processed as a new application.

D. Length of approval

The approval period for Faculty Directed and Independent Study applications is two years from the date TNA issues the approval notice. The activity may be repeated as often as wished during this two-year period with written notification sent to TNA.

E. Repetition of Activity

Each time the activity is repeated during its approval period, the provider must notify TNA that the event is being repeated, when, where and if there are any changes. Be sure to include the assigned TNA number in all correspondence regarding the activity.

F. Reconsideration and Appeals

A provider who does not accept the results of the review process may request in writing that the Committee reconsider the application. If the result of reconsideration is not acceptable, a written appeal may be made. Contact the TNA Executive Assistant for the appeal procedure.

G. Re-approval

When the original approval period expires, any approved activity may be submitted for approval again. The fee structure and application process is the same as for the original approval. If the reviewers have made recommendations for improvement of the original application, these must be incorporated into the new application. Submit three copies of the new application on the most current application form along with the required application fee. Approval will be granted for two years if all criteria are met.

The approval process must be completed prior to awarding contact hours once the original approval time has expired. The application for approval must arrive at TNA at least **60 days** prior to the first activity date. The review and approval process for applications received in less time may not be completed in time for the event.

H. Revocation of Approval

Approval may be revoked as a result of **ANY** one of the following:

- Failure to remain in adherence with relevant criteria, and requirements defined in this manual;
- Investigation and verification by the CCER of written complaints or charges by consumers or others;
- Refusal to comply with an investigation by the CCER;
- Misrepresentation.

Revocation is effective on the date the certified letter of notification is received by the organization. All statements regarding approval status must be removed from publicity material and certificates of attendance printed or distributed after that date.

I. Reporting of Data

You will be asked to submit annual survey data and periodic monitoring requests in order to help evaluate and monitor the TNA approval system and meet ANCC Commission on Accreditation requirements.

Failure to respond to monitoring requests will result in suspension of your activity approval.

Approval Process

1. Application package and fee arrive at TNA headquarters.
2. A preliminary quantitative review is done to determine if all of the criteria have been addressed.
3. If information is still needed, an email letter is sent listing the information still needed and/or a telephone call is made.
4. If the application appears complete or only minor pieces are missing, the application will be sent to peer reviewers for a qualitative review of the application comparing it to the criteria outline in this manual. Each reviewer does an independent review.
5. Types of action possible on the review are:
 - a. Approved;
 - b. Not approved;
 - c. Approval deferred.
"Approval deferred" is accompanied by a list of additional requirements to make the application acceptable. The applicant will be asked to add to or clarify information in response to the reviewer's request. If the additional information is satisfactory and arrives at TNA before the presentation date, the "approval deferred" status is changed to approved.
6. A letter is sent to the applicant indicating the final action on the application. If the final action is "approved," the contact hours approved will be stated and any comments or recommendations of the reviewers will be shared. The TNA application number must be used in any correspondence or phone calls concerning the activity.
7. If an application is not approved, the applicant may revise the application and submit it for approval prior to the event.
8. The appeal process is available to any applicant who does not agree with the decision of the Committee on Continuing Education Review. Contact the TNA Executive Assistant for a copy of the appeal policy. Satisfactory appeal must be completed prior to the event or presentation of the activity.
9. One copy of the entire application, the review forms and all correspondence to or from the applicant will be kept at the TNA headquarters for six years. Only authorized personnel and Committee members have access to the files.
10. As applicant proceeds through the application process, they are encouraged to ask questions and seek help as needed. TNA staff can provide phone assistance or more extensive consultation can be arranged. The purpose of TNA's Continuing Education Program is to promote quality continuing education. Helping providers meet the standards and criteria for the national accreditation systems is one of our goals.

Adhering to Criteria

A. Use of Criteria

To achieve approval, all providers must use Criteria of the ANCC's Commission on Accreditation. (See Chapters 2 & 3)

To be accepted for review, all applications **MUST** be submitted on TNA forms and completed in the format defined in this manual. Applications not submitted in the proper format will be returned with directions about the changes needed before review and approval can take place.

B. System for Awarding Credit – CONTACT HOURS

The appropriate measure of credit is the **60-minute contact hour**. A contact hour is 60 minutes of an organized learning activity, which is either a didactic or clinical experience. The minimum number of contact hours to be awarded is 0.5 (30 minutes). Contact hours may be calculated to the hundredths (i.e. 0.91, 1.47, etc.). They may not be rounded up.

The ANCC Commission on Accreditation does NOT authorize the Continuing Education Unit (CEU) system for use. This means contact hours, **NOT** CEUs, will be applied for and awarded.

See Chapters 2 and 3 for specific information regarding calculating contact hours for individual activities.

C. Awarding Contact Hours to Faculty

In activities with multiple topics and presenters, the faculty may be awarded contact hours for the parts of the program presented by others and in which they participate as learners.

D. Approval Language

Applicants of Faculty Directed and Independent Study activities must use the appropriate ANCC Commission on Accreditation terminology related to approval status in all communications and on all written materials related to the educational activities. (See Chapters 2 and 3 for appropriate terminology.)

WHAT IF?

A. Repetition of Presentations

Faculty Directed and Independent Study activities may be repeated as often as desired during the two-year approval period. If the presentation is repeated exactly as before, the provider only needs to notify TNA of the additional dates. If minor changes are to be made, the provider must outline the changes, state the rationale for the changes (i.e., recommendations on evaluations, comments from the QI process, etc.), and give any additional information needed because of the changes (i.e., new faculty qualifications, new facility description, different evaluation tool, etc.).

B. Major Changes in Learning Activities

If an application has been approved and there is a significant change in the content, then another application must be submitted for approval. For example, significant change could be substituting a new one-hour segment for one that previously met criteria, changing objectives and content, etc. If the speaker changes, but the new speaker will continue to present the same content, and use the same objectives and time frames, just submit a memo regarding this change and the biographical data form including conflict of interest statement for the new speaker.

If you have any questions about whether you should write another application or just send a memo, please contact TNA staff.

C. Repetition of Portions of Classes

If, during the planning process, it is identified that certain sessions(s) out of a larger presentation may potentially be repeated on their own, the provider should:

1. Identify each section of the larger presentation as a potential, separate session (e.g. Session 1: Acute Respiratory Distress; Session 2: Chronic Respiratory Distress, etc.)
2. Inform your learners that they may attend one or more sessions on your disclosures page. (Just as a note: You might also wish to include the information on the advertising material.)
3. On the certificate, identify the sessions the learner attended, the date(s) and the contact hours awarded for those sessions (e.g., "Learner name successfully completed Critical Care Course Session 1 Acute Respiratory Disease, 5 Congestive Heart Failure, and 7 MI on dates(s).").

D. Handouts/Teaching Materials

Please do not submit handouts or teaching materials to be given to participants with the applications. If handouts are to be used, they may be listed under teaching methods.

E. Refresher Courses

According to ANCC Commission on Accreditation, refresher courses may focus on functioning in a particular facility or on reinforcing basic knowledge. In those situations the content areas would not be eligible for contact hours.

However, in some cases, refresher courses provide nurses re-entering the employment field following an absence of several years with new information or a new skill set that has developed in the previous few years. In this case, the content area would be eligible for contact hours.

ANCC accreditation criteria specify that contact hours be calculated only for that portion of the learning activity that is devoted to transmitting new or transferable knowledge. This includes the time spent completing the evaluation of the educational activity.

F. Other Questions or Concerns?

If other issues arise that generate questions, please contact TNA Executive Assistant, 615-254-0350 or klangeland@tnaonline.org.

Chapter 2

Criteria for Faculty Directed (face-to-face) CE Activities

This chapter is organized into three sections:

- General information;
- Directions on how to complete the application including the ANCC Commission on Accreditation's criteria and TNA's requirements, all of which must be used by applicants to plan and implement approved continuing education; and
- A sample of a completed form with attachments.

Section 1: General Information

A faculty directed CE activity involves participant attendance. It is distinguishable by the fact that the provider who plans and schedules the activity determines the pace of the activity. Contact hour credit awarded is based on the time allocated for the activity. Examples of faculty directed CE activities include but are not limited to conventions, courses, seminars, workshops, lecture series, and distance learning activities such as teleconferences and audio conferences. Knowledge and use of adult learning principles should be reflected in all aspects of the educational design, i.e. objectives, content, teaching methods, etc.

The criteria are outlined and numbered to correspond with the application form. The sample forms have been completed to illustrate one possible approach to meeting the criteria.

Approval Period: A faculty directed CE activity may be repeated as often as desired during the two-year period of approval unless substantial changes are made (see page 6).

Fees: See insert at beginning of manual for current fee structure. Fees are to be submitted with the application and are not refundable once the review process has begun. TNA reserves the right to change fees at any time without notice. Fees may be paid by check or credit card (MasterCard, VISA, American Express).

TNA districts are not required to pay the fee for the faculty directed CE application. The districts must meet all other criteria as stated in this manual to obtain approval for their CE events.

Submission: In order to provide adequate time for review, applications must be submitted 60 days prior to the event. Retroactive approval is never granted. Submit three copies of the complete application including all attachments. Each copy needs to be collated. Each copy can be kept together with a paper clip. Binders are not needed.

Section 2: Completing the Faculty Directed Application (face-to-face)

Note: Use form labeled "Faculty Directed Activity Application." Be sure to completely fill in all information requested.

Demographic Data:

This section includes the name of the organization applying, title of the event, date to be presented, contact hours to be awarded, contact information of person completing application, and confirmation that the activity is continuing education.

Note: The date of the activity must be in the future since contact hours cannot be awarded retroactively. If you are not certain of the date, state when it might be scheduled in the future. (For example, to be scheduled once the application is approved, or to be scheduled after "x" date [in future].)

Note: Generally the applicant name is the name of an organization, not necessarily the name of the person completing the application form. The applicant name as listed on page 1 of the application will be the same name as that listed as the provider of the activity on the certificate and advertising.

Note: Throughout the approval process, TNA will correspond with the person completing the application. If the contact person is also part of the planning committee, include his/her name on the planning committee list.

Continuing Education: The objectives and content must reflect continuing education. Basic nursing education, in-service, orientation, and personal development are not applicable for contact hours. See Chapter 1, page 1, for definitions and additional information.

Key Element 1: Assessment of learner needs/target audience

The type of needs assessment used to determine the learners' needs is identified. The supporting evidence for the needs assessment and for determining the target audience should be accessible should you be asked to supply the information.

The target audience is identified based on needs assessment and content. Representatives from your expected target audience need to be included on the planning committee (i.e. if LPNs are expected in the target audience, then an LPN should be on the planning committee; if content is designed for APN's with prescriptive authority then an APN with prescriptive authority should be included on the planning committee).

Note: All objectives, content, and teaching methods must reflect the needs assessment and overall purpose of the activity.

Key Element 2: Qualified Planners and Faculty

The **planning committee** must include people with certain types of expertise. These individuals must have relevant content expertise, represent the target audience and be involved in the planning process. At a minimum, it must consist of two people. Areas that must be represented on the planning committee include:

- a. One designated Nurse Planner (RN who has at least a baccalaureate or higher degree in nursing and who is responsible for adherence to criteria and requirements);
- b. One person who has relevant content expertise;
- c. One person who represents the target audience.

As long as there are at least two people on the planning committee, one person can fill one or more of these required roles.

Planning may occur in face-to-face meetings, by e-mail, conference call, fax or correspondence. Multi-disciplinary activities may have planning committees with representatives of each discipline considered important to the planning. The planning committee assures the qualifications of the faculty member(s) are appropriate and adequate.

Biographical Data/Conflict of Interest Disclosure forms must be completed by all planners and faculty/presenters to identify and resolve any potentially biasing relationships on the part of those who have an impact on the content of an educational activity. In addition, the faculty must declare if they will be discussing any off-label use of products during their presentation. See Appendix C for additional information.

Presenters (Faculty) must have documented qualifications that demonstrate their education and/or experience in the content area they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications must address: "How does this person know about the topic? How has expertise been gained?" All presenters do not have to be nurses, but nurses should address nursing care and nursing implications.

Key Element 3: Effective design principles

- a. **Purpose:** The purpose for the activity must be clearly stated and supported by the needs assessment, objectives and content.

Note: The purpose is a broad statement about the activity. It is not the objectives. An example might be "To increase understanding about end-of-life care." The statement "to help nurses get their contact hours" is not acceptable.

- b. **Objectives:** Objectives for the CE activity are stated in behavioral terms that define the expected outcomes for the learner.

Note: The objectives are derived from the overall purpose of the activity. Educational objectives are written statements that describe the learner-oriented outcomes, which may be expected as a result of participation in the educational activity. In the case of most CE activities, these statements describe knowledge, skills, and attitude changes that should occur upon successful completion of the activity. Determination of objectives is a collaborative activity between planners and presenters.

Learner-oriented outcomes are expressed in measurable terms, identify observable actions, and specify one action or outcome per objective. The number of objectives for the program should be sufficient to accomplish the intended purpose of the activity. It is recommended that objectives be limited to no more than one or two per hour. Number each objective consecutively.

Objectives must use behavioral verbs, be stated from the standpoint of the learner, and complete the statement: "At the end of this activity, the learner will be able to...."

See Appendix F for discussion of behavioral objective and list of verbs.

c. Needs Assessment: What gap in knowledge, skills, or practice indicated there is a need for this activity?

d. Content and time frames:

The content is related to and consistent with the objectives. The content must be reflective of continuing education principles, practice, and needs of the target audience. EACH objective has a corresponding content outline. Content is the information that the learner must learn in order to meet the objective. **THE CONTENT MUST BE MORE THAN A RESTATEMENT OF THE OBJECTIVE.** Number both the objectives and content with corresponding numbers. See example on page 22 for a sample objective/content outline.

Time allotted for the activity is consistent with the objectives and appropriate for the content being presented.

Note: The educational activity, the level and amount of content to be provided, and the estimated number of participants dictate the amount of time, which will be required. Each topic area should have a designated time frame.

e. Teaching-Learning Strategies: Materials, resources, delivery methods

Teaching-learning strategies are congruent with the objectives, content presented, and time allotted.

Note: Instructional methods that support attainment of the educational objectives must be used. The action indicated as the expected outcome determines the teaching strategies to be used. For example, a learning objective that requires the learner to successfully demonstrate a psychomotor skill should include teaching strategies that use demonstration and return demonstration. An objective that requires a learner to describe a phenomenon would include teaching strategies such as lecture and discussion. The principles of adult learning should be evident in the selected strategies.

Teaching methods include but are not limited to lecture, panel discussion, role-play, questions and answers, demonstrations, practice, specific audiovisuals, etc. Materials and resources could include handouts, references, etc.

Note: A sample of a correctly completed page is on page 22.

f. Continuing education: The objectives and content must reflect continuing education. Basic nursing education, in-service, orientation, and personal development are not applicable for contact hours. See Chapter 1, page 1, for definitions and additional information.

g. Learner Feedback: Feedback must be given to the learner. (i.e. CE Certificate)

h and i. Successful completion and Verifying Participation

Criteria are specified for:

- Verifying participation at the activity
- Successful completion of the learning activity

Note: Criteria for verifying participation and successful completion must be determined as part of the overall planning of the activity. Educational activities may differ in expectation and requirements for verification of participation and successful completion of the activity. The learner is informed of these criteria prior to participation in the activity.

Verification of participation may be achieved by a variety of methods. For example, roll call; sign in sheets, self-reported attendance, or return of evaluation tools.

Successful completion may be achieved by a variety of methods. For example, submission of a written post-test and a self reported level of achievement of objectives, return demonstration, evaluation discussion with presenters, attendance at 80% of the activity, etc.

Key Element 4: Contact hours/Agenda/schedule

Contact hours associated with the official approval statement are awarded to participants for those portions of the educational activity devoted to didactic or clinical experience or to evaluating the activity.

An agenda or schedule is needed if an activity is more than two hours long in order to determine the number of contact hours to be awarded to learners. The time spent on welcome, introductions of people vs. introduction to the topic, pre/post-test, breaks, and evaluation need to be clearly and separately stated. Welcomes, introductions to people and space, breaks and exhibits are not included in the calculation of contact hours. The topic, pre/post-test, demonstration/return demonstration, and evaluation are included in the calculation of contact hours. Evaluation is considered part of the learning activity and needs to be included in the calculation of contact hours.

If the CE activity is two hours or less, a separate schedule does not need to be included. The provider must, however, clearly delineate the time for introduction/welcome and evaluation time on the educational design form.

Note: The time listed on the educational design form and the schedule must match.

The appropriate measure of credit is the **60-minute** contact hour. A contact hour is 60 minutes of an organized learning activity, which is either a didactic or clinical experience. The minimum number of contact hours to be awarded is 0.5 (30 minutes). Contact hours may be calculated to the hundredths (i.e. 1.47, 0.91, etc.). They may not be rounded up!

A sample schedule might look like this:

8:00	Welcome & Introduction	10 min.	(not applicable N/A)
8:10	Pre-test	20 min	
8:30	Talk #1	30 min	
9:00	Discussion	20 min	
9:20	Talk #2	50 min	
10:10	Break	15 min	N/A
10:25	Supervised Practice	50 min	
11:15	Lunch & Exhibits	60 min	N/A
12:15	Panel Discussion	100 min	
1:55	Break	15 min	N/A
2:20	Talk #3	50 min	
3:00	Questions & Answers	15 min	
3:15	Evaluation & Conclusion	15 min	
3:30	concluded		
		350 min	350 min. divided by 60 = 5.83 contact hours

Include a copy of the schedule.

Key Element 5: Activity evaluation

There must be a clearly define method for evaluating the activity. The evaluation tool must include:

- Achievement of each objective listed on the education design form
- Teaching effectiveness of EACH individual faculty/presenter.

Describe the category of evaluation such as learner satisfaction, knowledge enhancement, skill and attitude change, change in practice/performance, relationship of the practice change to quality of service. Also include a description of how the evaluation data will be used to improve the activity. Revisions are made to ongoing CE activities based on evaluation data and learner input (QI).

Include a copy of the evaluation form and of the QI follow-up form.

Key Element 6: Approval statement as noted on Advertising

Advertising material includes any method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, e-mail, or web site. This material must be provided with the application. If advertising is provided on a website, include information on where and how to find it. Also include a hard copy of the e-mail or web site advertising. The advertising material may

be the completed copy of a mock-up or the final material. If a mock-up of the advertising material was used, the final copy of the advertising material must be submitted to TNA as soon as it is printed. The advertising material must include the following statement (which must stand alone) if it says contact hours are being awarded:

This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Approval to award contact hours valid through (insert expiration date). (see note below)

Note: The date in the statement “Approval valid through (insert expiration date)” applies to any program that will be repeated during the two-year approval time frame. The date is inserted once the applicant has received approval for the activity. The date will be two years from the date of approval.

If the provider must release the advertising material prior to receiving approval and has submitted an application to TNA, the provider may state the following as a stand-alone statement:

“This activity has been submitted to the Tennessee Nurses Association for approval to award contact hours. Tennessee Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.”

The approval statement must stand-alone. In other words, it must start and end on a line separate from other text.

Key Element 7: Documentation of completion

Participants receive written verification of their successful completion of an activity, which includes at a minimum:

- name of the participant learner
- name and address of the provider unit
- title and date of the educational activity
- official accreditation statement (see above)
- number of contact hours awarded
- Statement: “Approval to award contact hours valid through (insert expiration date)” **Note:** The date in the statement “Approval to award contact hours valid through (insert expiration date)” is included once the applicant has received approval for the activity and applies to repeated programs only. The date will be two years from the date of approval.

Include a completed sample of the certificate to be awarded to the learner.

Key Element 8: Commercial support and Sponsorship guidelines

Commercial support, exhibits, or the presentation of research conducted by a commercial company is not permitted to affect the design and scientific objectivity of any educational activity. Commercially supplied funds for an educational activity are given in the form of an educational grant or in-kind assistance and are acknowledged in the brochures and/or printed material for the activity. Read Appendix D for a complete statement of the commercial support guidelines and a sample commercial support agreement.

ANCC defines a sponsor as one who is not a commercial entity but does provide support (monetary or “in-kind”) to the provider of the activity. Sponsorship must be acknowledged to learners in writing. A written agreement is completed. Sponsors are not involved in planning, developing and implementing the educational activity. See Appendix D for a sample sponsor agreement.

Attach signed commercial support and/or sponsorship agreement if applicable.

Key Element 9: Conflict of interest guidelines

Conflict of interest disclosure statements shall be obtained from all activity planners and presenters to identify the **presence or absence** of any potentially biasing relationship of a financial, professional, or personal nature on the part of those who have an impact on the content of an educational activity. Planners and presenters must disclose the presence or absence of conflict of interest relative to each activity. All potential conflicts shall be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity. The nurse planner and the planning committee are responsible for

reviewing the biographical data forms/conflict of interest forms for any possible conflict of interest or possible bias. Any identified conflict of interest must be resolved prior to start of activity. Refer also to the conflict of interest discussion in Appendix C.

Key Element 10: Disclosures provided to activity participants

Learners shall receive the following information regarding each and every activity in advance of, or at the time of, the event.

- A. Notice of requirements for successful completion:** Learners are informed in advance of the learning goals (purposes) and objectives of the educational activity and the criteria to be used to determine successful completion of an educational activity.
- B. Conflicts of interest:** Learners are informed of any influencing financial relationships **or** lack thereof disclosed by planners or presenters. How any potential conflict was resolved must also be declared.
- C. Sponsorship or Commercial Support:** Learners are made fully aware of the absence or presence of any sponsorship or commercial support as well as the nature of any support related to an educational activity. (See Standards for Commercial Support pg. 53)
- D. Non-endorsement of products:** If there is commercial support, sponsorship and/or exhibits, then learners must be advised of the following: "Approval of this continuing nursing education activity does not imply endorsement by (insert organization name), ANCC, or TNA of any commercial products displayed in conjunction with this activity."
- E. Off-label use:** Learners are notified when an educational activity relates to any product used for a purpose other than that for which it was approved by the Food and Drug Administration.
- F. Expiration Date for Awarding Contact Hours:** Enduring educational documents must include a statement that explains how long contact hours will be awarded for an activity (this applies to programs which will be repeated during the two-year approval). This statement must appear on all marketing material, the certificate, and on the educational material.

Key Element 11: Recordkeeping and Storage System

Records must be kept for six years in a secure and confidential manner. Records that must be kept include:

- a. The application including all attachments and all follow-up information:
 - Method & findings of the needs assessment
 - Description of the target audience
 - Names, titles & expertise of the activity planners & presenters (Bio/conflict of interest forms)
 - Conflict of interest disclosure statements from planners & presenters
 - Purpose, objectives & content
 - Instructional strategies, delivery methods, learner feedback mechanisms & resources to be used
 - Methods or process used to verify participation
 - Notice to learners identifying how successful completion will be measured
 - Written disclosures made to learners
 - Marketing & promotional materials
 - Means of ensuring content integrity with commercial support, if any
 - Title, location and date of the educational activity
 - All evaluation tools used, including a summative evaluation
 - Quality Improvement form
 - Participant names and unique identification
 - Sample certificate of completion and number of contact hours associated with official approval statement awarded to individual participants.
- b. All correspondence with TNA re: the application and follow-up information.

A provider must establish and maintain a record storage system that assures confidentiality and easy retrieval of records by authorized individuals.

Key Element 12: Co-Providership

The collaborating organizations or individuals must determine which organization will be designated as the primary provider and which organization(s) will be the co-provider(s) for the event. The designated primary provider would submit application for approval. The Nurse Planner will be the person responsible for assuring that ANCC COA/TNA educational design criteria as provided by TNA are used to plan and implement the activity. When co-providing an educational activity, tasks involved in planning,

implementing, and evaluating the activity may be shared; however, the final responsibility and accountability to insure that the criteria are met remain with the designated provider. For example, the organizations together could meet to discuss desired objectives, but the final decision about which objectives to include and how they are written rests with the designated nurse planner. A written co-provider agreement confirms these arrangements. See Appendix B, page 48, for additional information and sample agreement form.

**Tennessee Nurses Association
Application for Approval of
Continuing Nursing Education Activity
SAMPLE Form**

Demographic Data:

Applicant ABC Hospital

Person completing application Karen Langeland Title Executive Assistant

Address 545 Mainstream Drive, Suite 405

City Nashville State TN Zip 37228

Phone 615-254-0350 Fax 615-254-0303 Email klangeland@tnaonline.org

Title of CNE Activity The Mentoring Paradigm

Starting date September 3, 2010 Ending date September 3, 2010 Registration fee N/C

Location (city) Nashville, TN

To register contact Karen Langeland Phone 615-254-0350

Number of contact hours requested: 1.0

Enclosed Fee: \$125.00

\$125 for 1-3 contact hours

Add \$25 for each additional contact hour

Yes No Include this activity on the TNA web site at www.tnaonline.org in the list of nursing continuing education events.

This is a one-time only activity.

This activity will be repeated (Two year limit)

Has this activity/application been denied by any ANCC approved process? Yes No

If yes, explain: _____

Will this activity receive commercial support? Yes No

Will this activity receive financial support from entities other than commercial interests? Yes No

Will this activity receive any in-kind support from entities other than commercial interests? Yes No

Attach appropriate documentation, where necessary.

Key Element 1: Assessment of Learner Needs/Target Audience

- A. What needs assessment method was used to plan this event? (Check all that apply)
- Written Needs Assessment
 - Learners/Management Requested Event
 - Quality Studies/Performance Improvement Activities
 - Trends in Literature, Law & Health Care
 - Other: Describe: _____
- B. Identify the target audience expected to attend:
- All RNs
 - APNs
 - RNs in Specialty Areas (Identify): _____
 - LPNs
 - Other: Describe: _____
- C. Describe the source of the supporting evidence for the needs assessment and target audience identification. (Check all that apply. You should be able to access this data if called upon.)
- Annual employee survey
 - Periodic surveys of stakeholders or learners
 - Written evaluation summary requests
 - Requests (e.g., via phone, in person, or by email)
 - Other: Describe: _____
- D. Describe how objectives, content and teaching methods reflect the needs assessment. (Check all that apply)
- Nurse Planner and planning committee reviewed needs assessment data
 - Nurse Planner and planning committee formulated the objectives based on the data
 - Faculty worked with Nurse Planner and planning committee to develop objectives, content & teaching methods
 - Other: Describe: _____

Key Element 2: Qualified Planners and Faculty: For each person listed on the planning committee, please list name, educational degrees and credentials (e.g., RN, LPN, etc.) here. Planning committee members must fulfill the three roles: 1) knowledge of CE process/ANCC criteria (Nurse Planner); 2) representative of the target audience; and 3) content expertise. There must be at least two people on the planning committee; one person can fill one or more of these roles.

- A. Planning Committee:
1. Designated Nurse Planner (responsible for adherence to ANCC/TNA criteria): Nurse Nancy, MSN, RN
 2. This Nurse Planner has at least a BSN degree
 3. This Nurse Planner is current on CE criteria through:
 - Reviewed the most current TNA CE Activity Manual
 - Consultation with TNA staff
 4. Target Audience Representative (name, degrees, credentials): Cindy Main, BSN, RN
 5. Content Expert (name, degrees, credentials): Nurse Nancy, MSN, RN
 6. Others (name, degrees, credentials): _____
- Bio form* including conflict of interest/conflict resolution for each planning committee member is attached.
- B. The nurse planner and other planning committee members are involved in the process of ensuring the quality of our continuing education activities through: (check all that apply)
- Regular planning meetings
 - Email correspondence
 - Review of literature and/or evidence based practice standards
 - Collaboration with faculty/content experts
 - Review of regulatory, accreditation or other relevant requirements
 - Other: Describe: _____

- C. Faculty/presenters – in addition to listing names below and on the Educational Design form for each objective content area, attach the completed bio form for each presenter.

Presenter Name(s), degrees and credentials:

1. Nurse Nancy, MSN, RN
2. _____
3. _____
4. _____

- Bio form* with conflict of interest, conflict resolution, & off-label use declaration for each presenter is attached.

D. Manner in which the needed qualifications of faculty are identified: (check all that apply)

- Content expertise
- Demonstrated comfort with teaching methodology(ies) (e.g., web-based, etc.)
- Presentation skills
- Familiarity with target audience
- Other: Describe: _____

E. Planning committee assured the qualifications of the faculty are appropriate and adequate by: (check all that apply)

- Review of resume/CV of faculty
- Recommendation by colleagues
- Review of literature written by faculty
- Observation of previous presentation by faculty
- Personal knowledge of expertise of faculty
- Other: Describe: _____

Key Element 3: Effective Design Principles

a. **Purpose/ Goal of Activity:** To describe the concept of mentoring in the nursing field

b. **Objectives:** Explicit, measurable, and education – document in column 1 of Education Design form. Indicate what the learner will be able to do at the conclusion of the activity. An average of 1-2 objectives per hours is realistic. Please number each objective consecutively.

c. **Needs Assessment:** What **gap** in knowledge, skills, or practice indicates there is a need for this activity?

- Gap in Knowledge
- Gap in Skills
- Gap in Practice

d. **Content and time frames:** List the content for each objective in column 2. Content must be congruent with goal/purpose and objectives and must be more than a restatement of objective. List the time frame for each objective in column 3. Numbering should be consistent with the related objective.

e. **Teaching-Learning Strategies:** List the methods, strategies, materials, and resources to be used by faculty to cover each objective in column 5. They must be congruent with objectives and content.

f. This activity meets the definition of continuing education. It is not in-service, orientation, basic nursing education or person development.

g. **Learner Feedback:** Check the best description or describe how learners will be provided feedback.

- Provide certificate
- Question and answers during activity
- Return results of testing
- Follow-up communication
- Other: Describe: _____

h. Successful completion: (consistent with the goal/purpose, objectives and teaching and learning strategies)

1. Criteria for successful completion include: (check all that apply)

- Attendance at entire event or session
- Attendance for at least 80% of event
- Attendance at 1 or more sessions
- Completion/submission of evaluation form
- Achieving passing score on post-test
- Return demonstration
- Other: Describe: Participation in small groups

2. Rationale for method selected to determine the criteria for successful completion: (check all that apply)

- Goal or purpose of event indicated what was needed to successfully complete the activity
- Category of evaluation selected
- Importance of content knowledge
- Importance of content application
- Required by employer or organization
- Other: Describe: _____

i. Verify Participation

- Attendance/participation will be verified at the event through sign in sheets/registration form
- Signed attestation statement by participant verifying completion of entire activity
- Other: Describe: _____

- Educational Design forms are attached

Key Element 4: Awarding Contact Hours

Include an agenda or schedule for the entire event if it is more than 2 hours. Clearly state time spent on welcome, introductions, pre/post-test, presentation, clinical experience, breaks and evaluation.

If the activity is two hours or less, a schedule is not needed. Be sure to include evaluation time the Educational Design form (objective/content outline page).

A contact hour is a 60 minute hour. Activities must be a minimum of 30 minutes (0.5 contact hour). The contact hour may be taken to the hundredths; but may not be rounded up. (e.g. 2.75 or 2.7, not 2.8)

- Agenda/schedule is included
- Not applicable—event is less than two hours

Key Element 5: Evaluation

A. Check or describe the methods of evaluation to be used: (check all that apply)

- Evaluation Form **(Required)**
- Pre and/or Post-test **(Optional)** (*attach a copy if testing is to be used*)
- Return Demonstration (*attach a copy of the tool if applicable*)
- Other: Describe: _____ (*attach copy if applicable*)

- Copy of the evaluation(s) tool to be used for this event is attached. **It must include, at a minimum, (a) achievement of each objective and (b) teaching effectiveness of each presenter.**

B. Categories of Evaluation

1. The category of evaluation to be used for this activity and completed by the end of the learning experience: (check all that apply)

- Learner satisfaction (simplest; e.g. standard evaluation form) **(Required)**
- Knowledge enhancement (e.g. testing, participation, etc.)
- Skill and attitude change (e.g. return demonstration)

2. Do you plan to include the following advanced categories of evaluation? If yes, describe how and when the data will be collected.
- Change in practice/performance (usually done 3 months after learning; e.g. self-report of change, observation of performance, audits, etc.)
 - Relationship of the practice change to quality of service (most complex, usually done 6 months after event; look at final outcomes)

Description of how and when the data will be collected: _____

C. Quality Improvement:

The Nurse Planner will review each presentation of the activity for continual relevance, need for content updates or changes, etc.

- QI Form is attached

Key Element 6: Approval Statement as noted on Advertising

- A. Include a copy of **the advertising material** including relevant pages of the web site (if applicable). Ensure that the approval statement stands alone and is worded exactly as follows:

This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

- B. Type of advertising: (*attach copy*)

- Flyer/brochure
- Memo/letter
- Meeting notice
- E-mail
- Web site Include web address: www.tnaonline.org
- Other: Describe: _____

If promotional material is needed **BEFORE** final approval is given for activity, the following statement should be used when referencing contact hours. *This statement must read exactly as written below.*

This activity has been submitted to the Tennessee Nurses Association for approval to award contact hours. Tennessee Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Key Element 7: Documentation of completion

Document/certificate to include:

- Name of learner
- Name and address of provider unit
- Title and date of completion of educational activity
- Official approved provider statement (see statement listed in Key Element 6: A above)
- Number of contact hours awarded
- Approval to award contact hours expires: (insert date after approval has been received) (For repeated programs only.)

- A copy of the completed certificate to be awarded is attached

Key Element 8: Commercial Support and Sponsorship

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, or an entity that is owned or controlled by an entity that produces markets, re-sells or distributes health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies.
- Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CNE activity.
- A sponsor is identified as an organization that does not meet the definition of commercial interest. Sponsorship is financial, or in-kind, contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a CNE activity.

If no commercial support or sponsorship received, check #A.

If commercial support or sponsorship is received, complete items B, C, D, and E and attach the signed agreement(s).

- A. This activity has no commercial support or sponsorship
- B. Commercial support/sponsorship has been provided by the following: (List name of organization(s) providing commercial support or sponsorship.) _____
- C. Content integrity has been/will be maintained by: (check all that apply)
- a. Our commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.
 - b. Our commercial support/sponsorship policy/procedure has been shared in writing with those providing commercial support/sponsorship.
 - c. Faculty has been informed of our policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services.
 - d. In conjunction with a – c, the session will be monitored and violators of policy will not be asked to present again.
 - e. Other: Describe: _____
- D. The following precautions have been taken to prevent bias in the educational content.
- a. Our position commercial support/sponsorship and bias has been discussed with each presenter.
 - b. Each presenter has signed a statement that says s/he will present information fairly and without bias.
 - c. In conjunction with a – b, the session will be monitored and violators of policy will not be asked to present again.
 - d. Other: Describe: _____
- E. Signed commercial support or sponsor agreement(s) are attached.

Key Element 9: Conflict of Interest

- A. Documentation of conflict of interest or disclosure of absence of conflict of interest for planners and presenters is included on attached bio forms.
- B. Procedure used to resolve conflict of interest or potential bias if applicable for this activity: (check all that apply)
- a. Not applicable since no conflict of interest
 - b. Have discussed this conflict with individual who is now aware of and agrees to our policy
 - c. Presenter has signed a statement that says s/he will present information fairly and without bias
 - d. In conjunction with B. a. and b., Nurse Planner or designee will monitor session to ensure conflict does not arise
 - e. Other: Describe: _____
- C. In reviewing the bio forms, did the Nurse Planner and/or planning committee suspect that there might be COI and/or bias for any planning committee members and/or faculty?
- Yes
 - No

If yes, what was the concern? _____

What did you do to resolve it? _____

Key Element 10: Written Disclosure Provided To Activity Participants: Learners must receive written disclosure of required items prior to beginning the learning activity. Disclosures are required to be provided for items A through D for all learning activities. Disclosures for items E and F apply only in relevant situations. Describe methods used to inform activity participants of:

- A. *Goal/purpose, objective and criteria for successful completion: (Note: Not applicable is not an acceptable response)*
- Information on advertising material
 - Written information on handouts (*Attach copy*)
 - Other: Describe: _____ (*Attach copy if applicable*)

B. *Conflicts of interest or lack thereof for planners and presenters, including financial relationships, and resolution of such: (NOTE: Not applicable is not an acceptable response)*

- Information provided on advertising
- Information provided on handouts (*Attach copy*)
- Signs placed inside or outside of presentation room (*Attach copy*)
- Other: Describe: _____ (*Attach copy*)

C. *Commercial Support/sponsorship (NOTE: Not applicable is not an acceptable response)*

- Information provided on advertising
- Information provided on handouts (*Attach copy*)
- Signs placed inside or outside of presentation room (*Attach copy*)
- Other: Describe: _____ (*Attach copy*)

D. *Non-endorsement of products displayed in conjunction with this activity:*

- No products are being displayed. (No statement needed)
- Information provided on advertising. (Statement to be used: "Approved provider status does not imply endorsement by the provider (your provider name), ANCC, or TNA of any products displayed in conjunction with an activity.")
- Information provided in handouts (*Attach copy*)
- Other: Describe: _____ (*Attach copy*)

E. *Discussion of off-label use:*

- Faculty has attested that they will not discuss off-label usage of products. (No statement needed)
- Information provided in handouts or on slides. (*Attach copy*)
- Other: Describe: _____ (*Attach copy*)

F. *Approval to award contact hours valid through (insert expiration date)*

Note: The date in the statement "Approval to award contact hours valid through (insert expiration date)" is included once the applicant has received approval for this activity and is for repeated activities only. The date will be two years from the date of approval.

Key Element 11: Recordkeeping

All correspondence, complete copy of application, all attachments and corrections, records of attendance, summative evaluation(s), and contact hours will be maintained in a retrievable file which is accessible to only authorized personnel for six years.

Records will be filed and stored at (**list location**) 545 Mainstream Drive, Nashville, TN 37228

Key Element 12: Co-providership

If not co-providing, check A; if yes, answer B and C and attach signed agreement.

- A. This activity will not be co-provided.
- B. Co-providership of this activity has been arranged with (List organization name): _____
- C. The signed, written co-provider agreement is attached.

EDUCATION DESIGN

INSTRUCTIONS: This form must be used to provide Objectives, Content, Time Frames, Presenters and Teaching Strategies.

Title of Activity The Mentoring Paradigm Total Minutes 60 divided by 60 = 1 contact hours

Objectives	Content	Time Frame	Presenter	Teaching Methods/Categories of Evaluation
List learner's objective in behavioral terms	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	State the time frame for each objective	List the Faculty for each objective	Describe the teaching methods, strategies, materials & resources for each objective
Describe the concept of mentoring in the nursing field	<ul style="list-style-type: none"> • Definition of mentor • Types of mentor relationships • Mentoring process • Identification of mentors and proteges 	60 minutes	Nurse Nancy	Lecture and small group work
				Check category of evaluation to be used: <input checked="" type="checkbox"/> Learner satisfaction <input checked="" type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
				Check category of evaluation to be used: <input type="checkbox"/> Learner satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
				Check category of evaluation to be used: <input type="checkbox"/> Learner satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change

Faculty Directed (face-to-face) Post-Activity Evaluation (QI) Form

Program Name: The Mentoring Paradigm

Program Date: **September 3, 2009**

Nurse Planner:

	Yes	No	Please Describe:
1. Was time effectively allocated for each portion of the activity?			
2. Were objectives met based on content presented?			
3. Did the speaker adhere to the content as outlined on the lesson plan?			
4. Was the facility conducive to learning?			
5. Were the evaluations and/or post-tests favorable?			
6. Do you recommend that changes be made in future presentations (content, AV equipment, location, etc.)? Please describe your recommended changes			
7. Was there a violation of conflict of interest? If yes, what did you do about it? What will you do about it in the future?			
8. Was the information provided without bias? If no, what did you do about it? What will you do about it in the future?			

Signature: _____ Date: _____

By checking this box, I am providing my electronic signature verifying all of the information entered herein.

(Used by permission from the Ohio Nurses Association 2009)

Sample of a completed form
2009 Biographical Data & Conflict of Interest Form

Nurse Planner: Represents: ANCC Criteria Target Audience Content Expertise
 Planning Committee: Represents: Target Audience Content Expertise
 Presenter

Date: February 2, 2009 Name & Credentials: Nurse Nancy, MSN, RN
If RN, nursing degree(s): AD Diploma BSN Master's Doctorate
Home Address OR Business Address: 1 Main Street, Anywhere, TN 00000
Day Telephone: 615-254-0350 Email Address: nurse nancy@ABChospital.org
Present Position (Title) & Employer: Education Director, ABC Hospital

Planners: (fill out as appropriate as indicated above)
I represent the target audience by: (Describe): _____
I have content expertise in this topic by: (Describe): _____

Presenters: I have content expertise in this topic by: (Describe): I have been certified in Nursing Professional Development through ANCC.

Planner, Faculty and Content Specialist Conflict of Interest Statement

If you are in a position to control the content of this educational activity (planner, faculty presenter, or content specialist), then you must disclose whether or not you have a conflict of interest. Conflict of interest disclosure identifies the presence or absence of any potentially biasing relationship of a financial, professional or personal nature. A perceived conflict of interest would occur, for example, if you have or a member of your family has, within the past 12 months, received a salary, royalty, speaking honorarium, research appointment, board of directors remuneration, or consulting fee from an organization whose product or service is being discussed in the learning activity or if you or a family member own stock in such a company. Conflict of interest would also occur if you have any potential to benefit personally or professionally from the presentation (work for a proprietary company presenting the learning activity, have written a book about the topic, provide consulting services related to the topic, etc.)

All information disclosed must be shared with the audience on the program handouts, advertising and/or audiovisual presentation.

A. Conflict of Interest

Is there a perceived financial, professional or personal conflict of interest? (self or family) Yes No
If yes, list company(ies) with relationship:

<u>Relationship</u>	<u>Name of Commercial Company(ies)</u>
Research Support	_____
Speakers' Bureau	_____
Consultant	_____
Shareholder	_____
Author	_____
Other	_____

B. Resolution of Conflict:

Procedures used to resolve conflict of interest or potential bias if applicable for this activity: (check all that apply).

1. I have discussed this conflict with the Nurse Planner and agree to abide by provider's policy.
 2. I have signed a statement that says I will present information fairly and without bias.
 3. In conjunction with 1 & 2, I understand that the Nurse Planner or designee will monitor session to ensure conflict does not arise.
 4. Not applicable since no conflict of interest
 5. Other: Describe:

C. Discussion of off-labeled uses: Yes No

If yes, you must disclose this information during your presentation. How will you do this? (check all that apply)

- Verbal statement during the presentation.
 Information provided on handouts.
 Information provide in audiovisuals (slides, overhead, PowerPoint, etc.)
 Other: Describe:

Signature: Nurse Nancy

Date: 2/1/09

Sample

ABC Hospital, 1 Main Street, Anywhere, Tennessee 00000

This certificate is presented to

(Participant's Name)

For successful completion of: The Mentoring Paradigm

Date: September 3, 2009 Contact Hours Awarded: 1.0

This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Approval to award contact hours expires:

Signature – Optional

Sample

ABC Hospital
The Mentoring Paradigm, September 3, 2009
Evaluation Form

1. Was the following objective met?
Describe the concept of mentoring in the nursing field Yes No
2. Evaluate the speaker on teaching effectiveness on a scale of 5 (excellent) to 1 (poor):
Speaker: Nurse Nancy 5 4 3 2 1
3. Was the information presented fair, balanced and without bias? Yes No

(Note: Questions 1 & 2 are required for the evaluation form. The Provider Unit may add any other questions they wish.)

SAMPLE FLYER

The Mentoring Paradigm

September 3, 2009, 4:00 p.m.
Room 314 of ABC Hospital
1.0 Contact Hour

This presentation is developed for nurses interested in the concept of mentoring.

This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation

Objective: Describe the concept of mentoring in the nursing field.

The faculty and planning committee have declared no conflict of interest.

Criteria for successful completion include: attend the entire session, participate in small group work and turn in an evaluation form.

Special thanks given to our sponsor Generous Institute for the donation of refreshments for this activity.

(If this program is ongoing, approval expiration statement must be included)

SAMPLE SPONSOR AGREEMENT

Date: February 14, 2009

Parties Involved in Agreement:

Organization name and representative's name: ABC Hospital, Karen Langeland

Co-provider's name (if applicable): N/A

Sponsor's name: Generous Institute

The CE activity entitled The Mentoring Paradigm will be presented by ABC Hospital on September 3, 2009 at ABC Hospital.

Generous Institute will provide refreshments. The Generous Institute will be recognized as a sponsor in the advertising. They have not been or will be involved in the planning, implementation or evaluation of this activity.

The signatures below by representatives from each organization listed above indicate agreement with the above statements.

Organization representative: Karen Langeland Date: 2/14/09

Co-provider (if applicable) representative: N/A Date: _____

Sponsor: Tate Williams Date: 2/14/09

Chapter 3

Criteria for Independent Study CE Activities

This chapter has been developed to supplement the independent study application and provide instructions for the completion of these forms. This chapter has been organized into three sections:

1. General information;
2. Directions on how to complete the application including the ANCC commission on Accreditation's criteria and TNA's requirements; and
3. A sample of a completed form with attachments.

Section 1: General Information

An independent study CE activity is designed for completion by learners, independently, at the learner's own pace and at a time of the learner's choice. The provider designs the educational activity and determines the amount of credit to be awarded. Examples of independent study activities include, but are not limited to, viewing videotapes or listening to audio tapes and completing post-test questions; accessing computer on-line activities; reading selected article(s) and completing post-test questions; and learning and practicing skills independently and seeking an instructor to evaluate a return demonstration. Knowledge and use of adult learning principles should be reflected in all aspects of the educational design, i.e. objectives, content, teaching methods, etc. Periodic review of evaluation feedback from learners is an important aspect of ongoing monitoring of effectiveness of the activity (QI).

The criteria/rules are outlined and numbered to correspond with the documentation form. The sample forms have been completed to illustrate one possible approach to meeting the criteria.

CE Period: An independent study CE activity may be repeated as often as desired during the two-year approval period unless substantial changes are made.

Fees: See insert at beginning of manual for current fee structure. Fees are to be submitted with the application and are not refundable once the review process has begun. TNA reserves the right to change fees at any time without notice. Fees may be paid by check or credit card (MasterCard, VISA, American Express).

Submission: In order to provide adequate time for review, applications must be submitted 60 days prior to the event. Retroactive approval is never granted. Submit three copies of the complete application including all attachments. Each copy needs to be collated. Each copy can be kept together with a paper clip. Binders are not needed.

Section 2: Completing the Independent Study Application Form

Use form labeled "Independent Study Application based on 2009 Criteria."

Demographic Data:

This section includes organization applying, title of the independent study, length of time study will be accepted, contact hours to be awarded, contact information of person completing application, and confirmation that the activity is continuing education.

Note: The date of the activity must be in the future since contact hours cannot be awarded retroactively. If you are not certain of the date, state when it might be scheduled in the future. (For example, to be scheduled once the application is approved, or to be scheduled after "x" date [in future].)

Note: Generally the applicant name is the name of an organization, not necessarily the name of the person completing the application form. The applicant name as listed on page 1 of the application will be the same name as that listed as the provider of the activity on the certificate and advertising.

Note: Throughout the approval process, TNA will correspond with the person completing the application. If the contact person is also part of the planning committee, include his/her name on the planning committee list.

Continuing Education: The objectives and content must reflect continuing education. Basic nursing education, in-service, orientation, and personal development are not applicable for contact hours. See Chapter 1, page 1, for definitions and additional information.

Key Element 1: Assessment of Learner Needs/Target Audience

The type of needs assessment used to determine the learners' needs is identified. The supporting evidence for the needs assessment and for determining the target audience should be accessible should you be asked to supply the information.

The target audience is identified based on needs assessment and content. Representatives from your expected target audience need to be included on the planning committee (i.e. if LPNs are expected in the target audience, then an LPN should be on the planning committee; if content is designed for APN's with prescriptive authority then an APN with prescriptive authority should be included on the planning committee).

Note: All objectives, content, and teaching methods must reflect the needs assessment and overall purpose of the activity.

Key Element 2: Qualified Planners. Faculty and Feedback Personnel

The **planning committee** must include people with certain types of expertise. These individuals must have relevant content expertise, represent the target audience and be involved in the planning process. At a minimum, it must consist of two people. Areas that must be represented on the planning committee include:

- a. One designated Nurse Planner (RN who has at least a baccalaureate or higher degree in nursing and who is responsible for adherence to criteria and requirements);
- b. One person who has relevant content expertise;
- c. One person who represents the target audience.

As long as there are at least two people on the planning committee, one person can fill one or more of these required roles.

Planning may occur in face-to-face meetings, by e-mail, conference call, fax or correspondence. Multidisciplinary activities may have planning committees with representatives of each discipline considered important to the planning.

Note: The planning committee is responsible for assuring the qualifications of the faculty are appropriate and adequate.

Biographical Data/Conflict of Interest Disclosure forms must be completed by all planners to identify and resolve any potentially biasing relationships on the part of those who have an impact on the content of an educational activity. See Appendix C for additional information.

Content specialist(s) responsible for the design and content of the learning activity have knowledge and expertise in the content area.

Note: A content specialist is the person(s) responsible for the design and selection of resources to be used for the learning activity. On the basis of their education and expertise in the content of any learning activity, content specialist may select videotapes, publications, computer programs, skill demonstrations or other teaching/learning resources. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, profession publications, etc.

Note: If using material developed by others, it is the responsibility of the content specialist(s) to ensure s/he has copyright permission to use the material.

The person(s) providing feedback to the learner needs to be identified. Biographical Data/Conflict of Interest Disclosure forms must be completed by all content specialists/feedback personnel to identify and resolve any potentially biasing relationships on the part of those who have an impact on the content of an educational activity. In addition, the content specialist must declare if s/he will be discussing any off-label use of products. See Appendix C for additional information.

Include Biographical Data/Conflict of Interest Disclosure Forms for EACH member of the planning committee, each faculty/content specialist, and feedback personnel.

Key Element 3: Effective Design Principles

- a. **Purpose:** The purpose for the activity must be clearly stated and supported by the needs assessment, objectives and content.

Note: The purpose is a broad statement about the activity. It is not the objectives. An example might be "To increase understanding about end-of-life care." The statement "to help nurses get their contact hours" is not acceptable.

Objectives: Objectives for the CE activity are stated in behavioral terms that define the expected outcomes for the learner.

The objectives are derived from the overall purpose of the activity. Educational objectives are written statements that describe the learner-oriented outcomes, which may be expected as a result of participation in the educational activity. These statements describe knowledge, skills, and attitude changes that should occur upon successful completion of the activity. Determination of objectives is a collaborative activity between planners and content specialists.

Learner-oriented outcomes are expressed in measurable terms, identify observable actions, and specify one action or outcome per objective. The number of objectives for the program should be sufficient to accomplish the intended purpose of the activity. It is recommended that objectives be limited to no more than one or two per hour. Please number each objective consecutively.

See Appendix F for discussion of behavioral objectives and list of verbs.

- b. **Needs Assessment:** What gap in knowledge, skills, or practice indicated there is a need for this activity?
- c. **Content:** The content is related to and consistent with the objectives. The content must be reflective of continuing education principles, practice, and needs of the target audience. EACH objective has a corresponding content outline. Content is the information that the learner must learn in order to meet the objective. **THE CONTENT MUST BE MORE THAN A RESTATEMENT OF THE OBJECTIVE.** The objectives and content need to be numbered with corresponding numbers. See example on page 43 for a sample objective/content outline.
- d. **Teaching-Learning Strategies: Materials, resources, delivery methods**
Teaching-learning strategies are congruent with the objectives, content presented, and time allotted.

Note: Instructional methods that support attainment of the educational objectives must be used. The action indicated as the expected outcome determines the teaching strategies to be used. For example, a learning objective that requires the learner to successfully demonstrate a psychomotor skill should include teaching strategies that use demonstration and return demonstration. An objective that requires a learner to describe a phenomenon would include teaching strategies such as lecture and discussion. In addition to teaching strategies that support the learning objectives, attention must be given to the fact that principles of adult learning should be evident in the selected strategies.

Teaching methods include but are not limited to audiotapes, videotapes, computer simulations, workbooks, etc.

Note: A completed sample of an Independent Study Educational Design Form is found on page 33.

- e. **Learner Feedback:** Feedback must be given to the learner.
- f. **Learning Activity Plan/Process:** There is a description of the entire independent study package which:
- Outlines all activities of the learner,
 - All materials to be used, and
 - The method the learner is to use to gain access to or interact with the provider of the independent study.

g. & h. Successful completion and Verifying Participation

Criteria are specified for:

- Successful completion of the learning activity
- Verifying participant in the learning activity.

Note: Criteria for verifying participation and successful completion must be determined as part of the overall planning of the activity. Educational activities may differ in expectation and requirements for verification of participation and successful completion of the activity. The learner is informed of these criteria prior to participation in the activity.

Verification of participation may be achieved by a variety of methods, for example, completion of post-test, completion of return demonstration, completion of computer activity, or registration form.

Successful completion may be achieved by a variety of methods. For example, submission of a written post-test and a self reported level of achievement of objectives, return demonstration, evaluation discussion with presenters, etc.

Include a copy of the 3-column Educational Design Form

Key Element 4: Effectiveness of Study/ Contact Hours

A. Effectiveness of the Independent Study

Prior to its use by learners, there must be a method of documenting the effectiveness of the independent study in meeting objectives. This could be done through various ways such as a pilot study, review of experts, evaluation of degree of difficulty of material, etc.

B. Contact Hour Calculation

Contact hours are determined in a logical and defensible manner, consistent with the objectives, content, teaching/learning strategies, and target audience. The rationale used to determine the number of contact hours to be awarded needs to be described. For example: Was a pilot study done? Was the determination made based on historical data? (For example, has an independent study of the same length and complexity been included in each monthly newsletter and it consistently takes learners “x” amount of time to complete it?) Is complexity of the content and data determined? If yes, how?

Participants in the pilot study may receive contact hours for their participation once the contact hours have been calculated.

If this independent study expires and it is being reviewed again for a new period, the people who have completed the study during the past period become the pilot group. You need to describe how many took the study during the past period, what comments/suggestions they had, what problems they had with the post-test (if applicable), and how long it took them to complete the study. It is not appropriate to use the initial pilot information for the sections on effectiveness of the study and rationale for contact hours in this documentation form.

Contact Hour: The appropriate measure of credit is the 60-minute contact hour. A contact hour is 60 minutes of an organized learning activity. The minimum number of contact hours to be awarded is 0.5 (30 minutes). Contact hours may be calculated to the hundredths (i.e. 1.45, 0.91, etc.). They may not be rounded up!

Key Element 5: Activity evaluation

There must be a clearly define method for evaluating the activity. The evaluation tool must include:

- Achievement of each objective list on the education design form
- How much time it took the learner to complete the study

Describe the category of evaluation such as learner satisfaction, knowledge enhancement, skill and attitude change, change in practice/performance, relationship of the practice change to quality of service. Also include a description of how the evaluation data will be used to improve the activity. Revisions are made to ongoing CE activities based on evaluation data and learner input (QI).

Include a copy of the evaluation form and of the QI follow-up form.

Key Element 6: Approval Statement as Noted on Advertising Material

Advertising material includes any method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, e-mail or web site. The advertising material must be included with the documentation form. Also, include a hard copy of the e-mail or website advertising. The advertising material may be the completed copy of a mock-up or the final material. If a mock-up of the

advertising material was used, the final copy of the advertising material must be placed in the file as soon as it is printed.

If your advertising states that contact hours will be awarded for the activity, the following statement (your approval statement) must also appear on that advertising. The statement must stand-alone – no other wording can be on the same line(s) as any part of the statement. If you want to indicate how many contact hours are to be awarded, that information goes on a separate line.

Samples:

This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Participants, who successfully complete the entire activity, receive at least 75% on the post-test and complete the evaluation form will earn 1 contact hour. **OR**

This activity will provide 1 contact hour.

Key Element 7: Documentation of completion

Participants receive written verification of their successful completion of an activity that includes the following:

- Name of the learner
- Number of contact hours awarded
- Name and address of the provider of the educational activity
- Title and date the activity was completed
- Official approval statement:
This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- Statement: "Approval valid through (insert expiration date)"

Note: The date in the statement "approval valid through (insert expiration date)" is included once the applicant has received approval of this activity. The date will be two years from the date of approval.

Key Element 8: Commercial Support and Sponsorship

Commercial support, exhibits, or the presentation of research conducted by a commercial company is not permitted to affect the design and scientific objectivity of any educational activity. Commercially supplied funds for an educational activity are given in the form of an educational grant or in-kind assistance and are acknowledged in the brochures and/or printed material for the activity. Read Appendix D for a complete statement of the commercial support guidelines and a sample commercial support agreement.

ANCC defines a sponsor as one who is not a commercial entity but does provide support (monetary or "in-kind") to the provider of the activity. Sponsorship must be acknowledged to learners in writing. A written agreement is completed. Sponsors are not involved in planning, developing and implementing the educational activity. See Appendix D for a sample sponsor agreement.

Attach signed commercial support and/or sponsorship agreement if applicable.

Key Element 9: Conflict of interest guidelines. Conflict of interest disclosure statements shall be obtained from all activity planners and presenters to identify the **presence or absence** of any potentially biasing relationship of a financial, professional, or personal nature on the part of those who have an impact on the content of an educational activity. Planners and presenters must disclose the presence or absence of conflict of interest relative to each activity. All potential conflicts shall be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity. The nurse planner and the planning committee are responsible for reviewing the biographical data forms/conflict of interest forms for any possible conflict of interest or possible bias. Any identified conflict of interest must be resolved prior to start of activity. Refer also to the conflict of interest discussion in Appendix C.

Key Element 10: Disclosures provided to activity participants: Learners shall receive the following information regarding each and every activity in advance of, or at the time of, the event.

A. Goal/Purpose, objectives, and criteria for successful completions:

Learners are informed in advance of the learning goals (purposes) and objectives of the educational activity and the criteria to be used to determine successful completion of an educational activity.

B. Conflicts of interest:

Learners are informed of any influencing financial relationships **or** lack thereof disclosed by planners or presenters. How any potential conflict was resolved must also be declared.

C. Sponsorship or Commercial Support:

Learners are made fully aware of the absence or presence of any sponsorship or commercial support as well as the nature of any support related to an educational activity. (See Standards for Commercial Support pg. 53)

D. Non-endorsement of products:

If there is commercial support, sponsorship and/or exhibits, then learners must be advised of the following: "Approval of this continuing nursing education activity does not imply endorsement by the (insert organization name), ANCC, or TNA of any commercial products displayed in conjunction with this activity."

E. Off-label use:

Learners are notified when an educational activity relates to any product used for a purpose other than what it was approved for by the Food and Drug Administration.

F. Expiration Date for Awarding Contact Hours:

Enduring educational documents must include a statement that explains how long contact hours will be awarded for an activity. This statement must appear on all marketing material, the certificate, and on the educational material.

Key Element 11: Record keeping and Storage System

Records must be kept for six years in a secure and confidential manner. Records that must be kept include:

1. The application including all attachments and all follow-up information:
 - Method & findings of the needs assessment
 - Description of the target audience
 - Names, titles & expertise of the activity planners & presenters (Bio/conflict of interest forms)
 - Conflict of interest disclosure statements from planners & presenters
 - Purpose, objectives & content
 - Instructional strategies, delivery methods, learner feedback mechanisms & resources to be used
 - Methods or process used to verify participation
 - Notice to learners identifying how successful completion will be measured
 - Marketing & promotional materials
 - Means of ensuring content integrity with commercial support, if any
 - Title, location and date of the educational activity
 - All evaluation tools used, including a summative evaluation
 - Quality Improvement form
 - Participant names and unique identification
 - Sample certificate of completion and number of contact hours associated with official approval statement awarded to individual participants.
2. All correspondence with TNA re: the application and follow-up information.

A provider must establish and maintain a record storage system that assures confidentiality and easy retrieval of records by authorized individuals.

Key Element 12: Co-providing

The collaborating organizations or individuals must determine which organization will be designated as the primary provider and which organization(s) will be the co-provider(s) for the event. The designated primary provider would submit application for approval. The Nurse Planner will be the person responsible for assuring that ANCC COA/TNA educational design criteria as provided by TNA are used to plan and implement the activity. When co-providing an educational activity, tasks involved in planning, implementing, and evaluating the activity may be shared; however, the final responsibility and accountability to insure that the criteria are met remain with the designated provider. For example, the organizations together could meet to discuss desired objectives, but the final decision about which objectives to include and how they are written rests with the designated nurse planner. A written co-provider agreement confirms these arrangements. See Appendix B for additional information and sample agreement form.

SAMPLE
Tennessee Nurses Association
Independent Study Application based on 2009 Criteria

Demographic Data:

Applicant ABC Hospital

Person completing application Sharon White, RN Title Education Co-coordinator

Note: If this person is also on the planning committee, be sure to include his/her name in the Planning Committee list.

Address One Main Street

City Anywhere State TN Zip 01234

Phone 800-xxx-xxx Fax _____ Email s.white@abchosp.org

Title of Independent Study Complementary Therapies from a Nursing Perspective

This activity will be accepted as an independent study for: 3 months 6 months 12 months
 24 months Other (describe) _____

(Remember to place the expiration date on the advertising and on the directions for the activity.)

Number of contact hours requested: 1.0

Enclosed Fee: \$125.00

\$125 for 1-3 contact hours

Add \$25 for each additional contact hour

Yes No Include this activity on the TNA web site at www.tnaonline.org in the list of nursing continuing education events.

Has this activity/application been denied by another approver? Yes No

If yes, explain: _____


Will this activity receive commercial support? Yes No

Will this activity receive financial support from entities other than commercial interests? Yes No

Will this activity receive any in-kind support from entities other than commercial interests? Yes No

Is this continuing education? Does it enable the learner to acquire or improve knowledge or skills that promote professional or technical development to enhance the learner's contribution to quality health care and pursuit of professional career goals?

Yes

No If No,  Stop. An activity for nursing contact hours must be CE.

Key Element 1. Assessment of Learner Needs:

- A. What needs assessment method was used to plan this event? (Check all that apply)
- Written Needs Assessment
 - Learners/Management Requested Event
 - Quality Studies/Performance Improvement Activities
 - Trends in Literature, Law & Health Care
 - Other: Describe: _____
- B. Identify the target audience expected to attend:
- All RNs
 - APNs
 - RNs in Specialty Areas (Identify): _____
 - LPNs
 - Other: Describe: _____
- C. Describe the source of the supporting evidence for the needs assessment and target audience identification. (Check all that apply. Your organization should be able to access this data if called upon.)
- Annual employee survey
 - Periodic surveys of stakeholders or learners
 - Written evaluation summary requests
 - Requests (e.g., via phone, in person, or by email)
 - Other: Describe: _____
- D. Describe how objectives, content and teaching methods reflect the needs assessment. (Check all that apply)
- Nurse Planner and planning committee reviewed needs assessment data
 - Nurse Planner and planning committee formulated the objectives based on the data
 - Content Specialist worked with Nurse Planner and planning committee to develop objectives, content & teaching methods
 - Other: Describe: _____

Key Element 2: Qualified Planners and Faculty: For each person listed on the planning committee, please list name, educational degrees and credentials (e.g., RN, LPN, etc.) here. Planning committee members must fulfill the three roles: 1) knowledge of CE process (Nurse Planner); 2) representative of the target audience; and 3) content expertise. There must be at least two people on the planning committee; one person can fill one or more of these roles.

- A. Planning Committee:
1. Designated Nurse Planner (responsible for adherence to ANCC/TNA criteria): Sharon White, BSN, RN
 2. This nurse planner has at least a BSN degree.
 3. This Nurse Planner is current on CE criteria through:
 - Reviewed the most current TNA Individual CE Activity Manual
 - Individual consultation and/or educational session with Executive Director, TNA, or designee
 4. Target Audience Representative (name, degrees, credentials): Cathleen Moore, RN
 5. Content Expert (name, degrees, credentials): Mike Baker, RN
 6. Others (name, degrees, credentials): _____
- Bio form* including conflict of interest/conflict resolution for each planning committee member is attached.
- B. The nurse planner and other planning committee members are involved in the process of ensuring the quality of our continuing education activities through: (check all that apply)
- Regular planning meetings
 - Email correspondence
 - Review of literature and/or evidence based practice standards
 - Collaboration with faculty/content experts
 - Review of regulatory, accreditation or other relevant requirements
 - Other: Describe: _____

- C. Content specialist/authors and feedback personnel – in addition to listing names below attach the completed bio form for each content specialist/author.

Content specialist/author(s), degrees and credentials:

1. Mike Baker, RN
2. _____
3. _____

- Bio form* with conflict of interest, conflict resolution, & off-label use declaration for each content specialist/author is attached.

Feedback personnel are those individuals who will provide feedback to the learner:

Feedback personnel, degrees, and credentials:

1. Sharon White, RN
2. _____
3. _____
4. _____

- Bio form* with conflict of interest & conflict resolution for each feedback person is attached.

- D. Manner in which the needed qualifications of faculty are identified: (check all that apply).

- Content expertise
- Demonstrated comfort with teaching methodology(ies) (e.g., web-based, etc.)
- Presentation skills
- Familiarity with target audience
- Other: Describe: _____

- E. Planning committee assured the qualifications of the faculty are appropriate and adequate by: (check all that apply)

- Review of resume/CV of content specialist/authors
- Recommendation by colleagues
- Review of literature written by content specialist/authors
- Observation of previous presentation by content specialist/authors
- Personal knowledge of expertise of content specialist
- New content specialist/author being mentored by: _____
- Other: Describe: _____

Key Element 3: Effective Design Principles

- A. 1. Purpose/Goal: To increase knowledge about complementary therapies
2. Explicit, measurable educational **Objectives** – document in column 1 of Educational Design form.
- B. What is missing (**gap** in knowledge, skills, practice based on the needs assessment) that tells you there is a need for this activity?
 Gap in knowledge
 Gap in skills
 Gap in practice
- C. **Content and time frames:** List the content for each objective in column 2 of Educational Design form. Content must be congruent with goal/purpose and objectives.
- D. **Teaching-Learning Strategies:** List the methods, strategies, materials and resources to be used by faculty to cover each objective in column 3 of Educational Design form. They must be congruent with objectives and content.
- E. **Learner Feedback:** Check the best description or describe how learners will be provided feedback.
 Provide certificate
 Return results of testing
 Follow-up communication
 Other: Describe: _____

F. Learning Activity Plan/Process

1. Describe the entire independent study package which includes an outline of all activities of the learner: Fill out registration form and read intranet article entitled, "Complimentary Therapies From a Nursing Perspective." Take the post-test and complete the evaluation form.
2. List all materials to be used:
 - Article(s)
 - Audiotape
 - Videotape
 - On-line Program
 - Computer
 - Registration Form
 - Post-test
 - Evaluation Form
 - List Other if Applicable _____
3. Describe the method the learner is to use to gain access to resources or interact with the provider of the independent study: Learner can email the Education Department at any time or call M-F, 8-4

G. Successful Completion: (consistent with the goal/purpose, objectives and teaching and learning strategies)

1. Criteria for successful completion include: (check all that apply)
 - Completion/submission of evaluation form
 - Achieving passing score on post-test. (Passing score is: 75%) (*attach copy if applicable*)
 - Other: Describe: _____ (*attach copy if applicable*)
2. Rational for method selected to determine the criteria for successful completion: (check all that apply)
 - Goal or purpose of event indicated what was needed to successfully complete the activity
 - Category of evaluation selected
 - Importance of content knowledge
 - Importance of content application
 - Required by employer or organization
 - Other: Describe: _____

H. Verify Participation

- Participation will be verified at the event through registration form
- Signed attestation statement by participant verifying completion of entire activity
- Sign-in Log
- Other: Describe: _____

Key Element 4: Awarding Contact Hours

A. Effectiveness of Study:

1. Describe how the effectiveness of the independent study was assessed: This study was taken by 3 RNs and 3 LPNs in a pilot study.
2. Describe the results of the assessment: All stated it was excellent information and well present. Four of 5 stated Questions 3 and 8 were confusing.
3. Describe the changes made based on the assessment prior to making the study available to learners: Questions 3 and * were revised and re-tested. No further changes need to be made.

B. Contact Hour Calculation

1. What was the method for calculating the contact hours: (Check the best description that applies)
 - Pilot Study
 - Historical Data
 - Complexity of content and data
 - Other: Describe: _____
2. Show evidence of how contact hours were calculated ("show" the math). Nurses A, B, and C took 60 minutes each. Nurse D took 55 minutes. Nurse E took 65 minutes. Nurse F took 10 minutes (this time was not included in the calculation.) $60 + 60 + 60 + 55 + 65 = 300$ minutes divided by 5 = 60 minutes. Average time = 1 contact hour.

Key Element 5: Evaluation

- A. Check or describe the methods of evaluation to be used: (check all that apply)
- Evaluation Form (**Required – Evaluates** 1) each objective; and, 2) length of time to complete the study) (*attach copy*)
 - Pre and/or Post-test (**Optional**) (*attach a copy if testing is to be used*)
 - Other: Describe: _____ (*attach copy if applicable*)
- B. Categories of Evaluation
1. The category of evaluation to be used for this activity and completed by the end of the learning experience: (check all that apply)
 - Learner satisfaction (simplest; e.g. standard evaluation form) (**Required**)
 - Knowledge enhancement (e.g. testing)
 - Skill and attitude change (e.g. return demonstration)
 2. Do you plan to include the following advanced categories of evaluation? Yes No
 - Change in practice/performance (usually done 3 months after learning; e.g. self-report of change, observation of performance, audits, etc.)
 - Relationship of the practice change to quality of service (most complex, usually done 6 months after event; look at final outcomes)

Description of how and when the data will be collected: _____

If yes, describe how and when the data will be collected. _____

- C. Quality Improvement:
The Nurse Planner will review each presentation of the activity for continual relevance, need for content updates or changes, etc.
- Form is attached

Key Element 6: Approval Statement as noted on Advertising:

- A. Include a copy of **the advertising material** including relevant pages of the web site (if applicable). Ensure that the approval statement stands alone and is worded as noted below.

This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

- B. Type of advertising: (*attach copy*)
- Flyer/brochure
 - Memo/letter
 - Meeting notice
 - E-mail
 - Web site Web address: www.abchosp.org
 - Other: Describe: _____

Key Element 7: Documentation of completion. Include a copy of the completed certificate to be awarded Document/certificate to include:

- Name of learner
- Name and address of provider unit
- Title and date of completion of educational activity
- Official approved provider statement (see statement listed in Key Element 6: A above)
- Number of contact hours awarded
- Expiration date of independent study

Key Element 8: Commercial Support and Sponsorship

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, or an entity that is owned or controlled by an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies.

- Commercial Support is financial, or in-kind, contributions given by a commercial interest, which are used to pay all or part of the costs of a CNE activity.
- A sponsor is identified as an organization that does not meet the definition of commercial interest. Sponsorship is financial, or in-kind, contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a CNE activity.
If no commercial support or sponsorship received, check A.
If commercial support or sponsorship is received, complete items B, C, D, and E and attach the signed agreement(s).

- A. This activity has no commercial support or sponsorship
- B. Commercial support/sponsorship has been provided by the following: (List name of organization(s) providing commercial support or sponsorship.)_____
- C. Content integrity has been/will be maintained by: (check all that apply)
- a. Our commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.
 - b. Our commercial support/sponsorship policy/procedure has been shared in writing with those providing commercial support/sponsorship.
 - c. Faculty has been informed of our policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services.
 - d. In conjunction with a – c, the session will be monitored and violators of policy will not be asked to present again.
 - e. Other: Describe: _____
- D. The following precautions have been taken to prevent bias in the educational content.
- a. Our position commercial support/sponsorship and bias has been discussed with each presenter.
 - b. Each presenter has signed a statement that says s/he will present information fairly and without bias.
 - c. In conjunction with a – b, the session will be monitored and violators of policy will not be asked to present again.
 - d. Other: Describe: _____
- E. Signed commercial support or sponsor agreement(s) are attached.

Key Element 9: Conflict of Interest

- A. Documentation of conflict of interest or disclosure of absence of conflict of interest for planners and content specialists/authors is included on attached bio forms.
- B. Procedure used to resolve conflict of interest or potential bias if applicable for this activity: (check all that apply)
- a. Have discussed this conflict with individual who is now aware of and agrees to our policy.
 - b. Content specialist/author has signed a statement that says s/he will present information fairly and without bias.
 - c. In conjunction with B: a. & b., Nurse Planner or planning committee will review the independent study to ensure conflict does not arise.
 - d. Not applicable since no conflict of interest.
 - e. Other: Describe: _____
- C. In reviewing the bio forms did the Nurse Planner and/or planning committee suspect that there might be COI and/or bias for any planning committee members and/or faculty?
- Yes
 - No

If yes, what was the concern? The content specialist provides complementary therapies in his business.
What did you do to resolve it? Discussed with Mike who agreed to not promote his company.

Key Element 10: Written Disclosure Provided To Activity Participants: Learners must receive written disclosure of required items prior to beginning the learning activity. Disclosures are required to be provided for items A through C & F for all learning activities. Disclosures for items D and E apply only in relevant situations. Describe methods used to inform activity participants of:

- A. *Goal/purpose, objective and criteria for successful completion:* (Note: Not applicable is not an acceptable response)
- Information on advertising material
 - Written information on handouts for activity/directions. (Attach copy)
 - Other: Describe: _____ (Attach copy if applicable)
- B. *Conflicts of interest or lack thereof for planners and presenters, including financial relationships, and resolution of such:* (NOTE: Not applicable is not an acceptable response)
- Information provided on advertising
 - Information provide on handouts or in directions (Attach copy)
 - Other: Describe: _____ (Attach copy)
- C. *Commercial Support/sponsorship:* (NOTE: Not applicable is not an acceptable response)
- Information provided on advertising
 - Information provided on handouts (Attach copy)
 - Other: Describe: _____ (Attach copy)
- D. *Non-endorsement of products displayed in conjunction with this activity:*
- No products are being displayed. (No statement needed)
 - Information provided on advertising. (Statement to be used: "Approval of this activity refers only to continuing nursing education activities and does not imply that there is real or implied endorsement of any product, service, or company referred to in this activity nor of any company subsidizing costs related to the activity. "
 - Information provided in handouts (Attach copy)
 - Other: Describe: _____(Attach copy)
- E. *Discussion of off-label use:*
- Content specialists/authors have attested that they will not discuss off-label usage of products. (No statement needed)
 - Information provided in handouts or on the slides. (Attach copy)
 - Other: Describe: _____(Attach copy)
- F. *Expiration date for awarding contact hours for enduring materials:*
- Information provided on advertising (**Required**) (Attach copy)
 - Information provided on handouts or in directions (**Required**) (Attach copy)
 - Other: Describe: _____ (Attach copy)

Key Element 11: Recordkeeping

- All correspondence, complete copy of application, all attachments and corrections, records of attendance, summative evaluation(s) and contact hours will be maintained in a retrievable file which is accessible to only authorized personnel for six years.
- Records will be filed and stored at (list location): One Mainstreet, Anywhere, TN 01234
Other: Describe:

Key Element 12: Co-providership

If not co-providing, check A; if yes, answer B, C and D and attach signed agreement.

- A. This activity will not be co-provided.
- B. Co-providership of this activity has been arranged with (List organization name): _____
- C. As the approved provider, we will maintain responsibility for determination of educational objectives and content, selection of content specialists and activity presenters, awarding of contact hours, record keeping procedures, evaluation methods and categories, and management of any commercial support or sponsorship.
- D. The written, signed co-provider agreement is attached.

Summary: *Attach the following to the documentation form:*

- Bio forms for planning committee members and faculty
- Evaluation form and any other evaluation tools used (e.g. post-test)
- Evaluation Summary form (QI tool) to be completed after event
- Advertising material/flyer/e-mail announcement; internet or intranet posting
- Certificate/documentation of completion
- Signed commercial support or sponsorship agreement if applicable
- Disclosures if not included on advertising
- Signed co-provider agreement(s) if applicable

**EDUCATIONAL DESIGN FORM – INDEPENDENT STUDY
SAMPLE**

Objectives	Content (Topics)	Teaching Methods & Categories of Evaluation
List learner's objectives in behavioral terms	Provide an outline of the content for each objective. It must be more than a restatement of the objective	Describe the teaching methods, strategies, materials & resources for each objective.
1. Identify reasons for the increased popularity of and the common characteristics of complementary therapies	1. <u>Reasons</u> -Economics - Frequency of use - Consumer consciousness & knowledge - Self Control - Tradition: belief systems - Failed medical treatments <u>Characteristics</u> -Holistic approach to client -Connections between mind, body & spirit -Client energy -Restoration of energy balance -Self-healing	Read "Complementary Therapies From a Nursing Perspective" Check category of evaluation to be used: <input checked="" type="checkbox"/> Learner satisfaction <input checked="" type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
2. Describe fundamental concepts of commonly used complementary therapies	2 Concepts – commonly used therapies Massage therapy; Chiropractic acupuncture; Acupressure; Traditional Chinese medicine; Shiatsu; Jin shin jyutsu; Therapeutic touch; Polarity therapy; homeopathic medicine; naturopathic medicine; ayurvedic medicine; aromatherapy; holistic nutrition and supplementation	Same Check category of evaluation to be used: <input checked="" type="checkbox"/> Learner satisfaction <input checked="" type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
3. Identify common concerns regarding the use of complementary therapy	3 Concerns - Need for further research - Need to know qualified practitioners - Level of education - Standards - Policy development	Same Check category of evaluation to be used: <input checked="" type="checkbox"/> Learner satisfaction <input checked="" type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
4 Describe nursing implications related to the use of complementary therapies	4 Implications - Own beliefs - Assessment - Verbal & Non-verbal communication - Knowledge of CAM - Qualified providers - Research activities - Documentation - Client education - Standard and Policy development - Holistic approach to nursing	Same Check category of evaluation to be used: <input checked="" type="checkbox"/> Learner satisfaction <input checked="" type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change

Sample of a completed form

2009 Biographical Data & Conflict of Interest Form

- Planning Committee: Represents: ANCC Criteria Target Audience Content Expertise
Presenter

Date: 4/30/09 Name & Credentials: Mike Baker, RN
If RN, nursing degree(s): AD Diploma BSN Master's Doctorate
Home Address OR Business Address: 455 North Street, Anywhere, TN 01234
Day Telephone: 615-000-0000 Email Address: mbaker@therapies.com
Present Position (Title) & Employer: Owner, Therapies, Inc.

Planners: (fill out as appropriate as indicated above)
I represent the target audience by: (Describe):
I have content expertise in this topic by: (Describe):

Presenters: I have content expertise in this topic by: (Describe): Provider of complementary therapies in my business for the past ten years. I have presented this topic multiple times. Am certified in therapeutic touch, and massage therapy.

Planner, Faculty and Content Specialist Conflict of Interest Statement

If you are in a position to control the content of this educational activity (planner, faculty presenter, or content specialist), then you must disclose whether or not you have a conflict of interest. Conflict of interest disclosure identifies the presence or absence of any potentially biasing relationship of a financial, professional or personal nature. A perceived conflict of interest would occur, for example, if you have or a member of your family has, within the past 12 months, received a salary, royalty, speaking honorarium, research appointment, board of directors remuneration, or consulting fee from an organization whose product or service is being discussed in the learning activity or if you or a family member own stock in such a company. Conflict of interest would also occur if you have any potential to benefit personally or professionally from the presentation (work for a proprietary company presenting the learning activity, have written a book about the topic, provide consulting services related to the topic, etc.)

All information disclosed must be shared with the audience on the program handouts, advertising and/or audiovisual presentation.

A. Conflict of Interest

Is there a perceived financial, professional or personal conflict of interest? (self or family) Yes No

If yes, list company(ies) with relationship:

Table with 2 columns: Relationship, Name of Commercial Company(ies). Rows include Research Support, Speakers' Bureau, Consultant, Shareholder, Author, and Other (Owner of company that provides complementary therapies).

B. Resolution of Conflict:

Procedures used to resolve conflict of interest or potential bias if applicable for this activity: (check all that apply).

- 1. I have discussed this conflict with the Nurse Planner and agree to abide by provider's policy.
2. I have signed a statement that says I will present information fairly and without bias.
3. In conjunction with 1 & 2, I understand that the Nurse Planner or designee will monitor session to ensure conflict does not arise.
4. Not applicable since no conflict of interest
5. Other: Describe:

C. Discussion of off-labeled uses: Yes No

If yes, you must disclose this information during your presentation. How will you do this? (check all that apply)

- Verbal statement during the presentation.
- Information provided on handouts.
- Information provide in audiovisuals (slides, overhead, PowerPoint, etc.)
- Other: Describe:

Signature: Mike Baker

Date: 4/30/09

Signature optional -- electronic signature acceptable

Note to nurse planner: If signature is not obtained, describe how this data was collected: _____

**Sample Flyer
ANNOUNCING**

A New Independent Study entitled

Complementary Therapies from a Nursing Perspective

1.0 contact hour

This activity is designed for nurses who are interested in learning more about complementary therapies.

Call the Education Department at 615-254-0350 to get a copy of the study.

This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Objectives:

- A. Identify reasons for the increased popularity of and the common characteristics of complementary therapies.
- B. Describe fundamental concepts of commonly used complementary therapies.
- C. Identify common concerns regarding the use of complementary therapies.
- D. Describe nursing implications related to the use of complementary therapies.

Requests for this Study will be accepted through: (date to be inserted after approval is granted)

Sample

ABC Hospital
Complementary Therapies from a Nursing Perspective
Evaluation Form

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Were the following objectives met? | | |
| A. Identify reasons for the increased popularity of and the common characteristics of complementary therapies. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Describe fundamental concepts of commonly used complementary therapies. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Identify common concerns regarding the use of complementary therapies. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Describe nursing implications related to the use of complementary therapies. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. How effective was this method of learning? (optional) | | |
| 3. How long did it take you to complete this independent study? | | |

(Note: Questions 1 and 3 are required for the evaluation form. The Provider Unit may add any other questions it wishes to add.)

Sample
Certificate of Attendance

ABC Hospital
1 Main Street
Anywhere, TN 01234

This Certificate is present to

(participant's name)

for successful completion of

"Complementary Therapies from a Nursing Perspective

On

(insert date)

Contact Hour Awarded: 1

**This continuing nursing education activity was approved
by the Tennessee Nurses Association, an accredited approver by the
American Nurses Credentialing Center's Commission on Accreditation.**

Approval to award contact hours expires: (insert date)

Signature (optional)

Sample

Independent Study Post-Activity Evaluation Summary (QI) Form

Program Name: _____

Time period being evaluated: _____

Nurse Planner: _____

Source of Information: Review of Post-test Results (if applicable) _____ Review of Evaluations _____

	Yes	No	Please describe:
1. Was the expected time to complete this activity consistent with learners' responses?			
2. Were objectives met based on content presented?			
3. Were the evaluations favorable?			
4. Were the post-tests favorable? (if applicable)			
5. Do you recommend that changes be made in future presentations (content, post-test, etc.)?			
6. Did all participants meet criteria for successful completion and receive certificates? If no, please list participants who did not meet criteria for successful completion and therefore did not receive nursing contact hours.			
7. How many participants needed to take the independent study post-test more than once?			

Signature: _____ Date: _____

By checking this line, I am providing my electronic signature verifying all of the information entered herein.

*(Adapted from the form used by the OSU Medical Center Provider Unit
Used with permission from Ohio Nurses Association 2009)*

Appendix A

Differentiation between Levels of Education

BASIC EDUCATION

- Basic educational information
- Prepares for entry level into practice
- Addresses basic standards of practice

Target audience: nurses preparing for entry level into the profession

ORIENTATION

- Educates for work at specific institution
- Teaches and tests for skill competency
- Addresses institution-based standards of practice

Target audience: nurses preparing for a new employer or a new career role

INSERVICE

- Educates to new procedure or equipment
- Enables or increases skill competency
- Involves practice, previously learned skills
- Addresses institution-based standards of practice

Target audience: nurses preparing to utilize new tools or utilize information specific to work setting

CONTINUING EDUCATION

- Acquires new knowledge and skills to enable advanced decision making
- Acquires greater depth of knowledge and skills in a particular area of nursing
- Enhances professional attitudes and values
- Advances career goals and promotes professional development
- Supports innovation and creativity in practice
- Implements change within the individual's practice and within healthcare in general
- Addresses new standards of practice, laws and rules

Target audience: nurses seeking enhanced professionalism and utilization of advanced nursing decisions and actions.

(Used by permission from the Ohio Nurses Association 2009)

Appendix B Co-Providing

ANCC criteria state that one designated activity co-provider must:

Maintain responsibility for the following when/if activities are co-provided:

- a. Determination of educational objectives and content;
- b. Selection of content specialist planners and activity presenters;
- c. Awarding of contact hours, as appropriate, to the individual educational activity;
- d. Record keeping procedures;
- e. Evaluation methods and categories; and
- f. Management of any commercial support or sponsorship.

Definition: To co-provide is “the process for planning, developing and implementing an educational activity by two or more organizations or agencies.” (ANCC Commission on Accreditation, 2001)

Designated Nurse Planner: The collaborating organizations or individuals must determine which organization will be designated as the primary provider and which organization(s) will be the co-provider(s) for the event. When co-providing an educational activity, tasks involved in planning, implementing, and evaluating the activity may be shared; however, the final responsibility and accountability to insure that the criteria are met remain with the designated organization. For example, the organizations together could meet to discuss desired objectives, but the final decision about which objectives to include and how they are written rests with the designated nurse planner. A written co-provider agreement confirms these arrangements.

Advertising: Any advertising should include all names of the provider and co-provider(s).

Commercial Support/Sponsorship: Commercial support and/or sponsorship may be obtained for an event. This might include financial or in-kind contributions. Commercial support/sponsors are not part of the assessment, planning, implementation, and evaluation process for the activity, so they are not co-providers. However, be sure you follow the appropriate requirements regarding use of commercial support/sponsorship and how learners are informed.

Co-provider vs. Co-sponsor: ANCC COA criteria do not use the terms “sponsor” or “co-sponsor” interchangeably with co-provider. Co-providing is the term used when two or more groups work together to assess, plan, implement and evaluate continuing education activities.

(Used by permission from the Ohio Nurses Association 2009)

Sample Co-provider Agreement

(Provider Unit name) and (co-provider’s name) agree to plan and present a CONTINUING NURSING EDUCATION activity titled _____ on _____ at _____.

As the approved Provider Unit, we will maintain responsibility for determination of educational objectives and content, selection of content specialist planners and activity presenters; awarding of contact hours as appropriate to the individual educational activity; evaluation method and categories; record keeping procedures; and management of any commercial support or sponsorship. In addition.....

(Co-provider name) will assist by

The advertising will state that this event is presented by (Provider Unit name) and (Co-provider’s name).

Designated Nurse Planner's Signature

Appendix C

Conflict of Interest

This appendix includes additional information regarding conflict of interest. It includes (1) information from the Application Manual – Accreditation Program (ANCC 2009) and (2) a conflict of interest decision tree.

Resolution of Conflict of Interest

A conflict of interest exists if an entity that is in a position to benefit financially from the success of a CE activity is ALSO in a position to influence the content, design, or implementation of the CE activity.

- 1.1 If an organization or an individual within the organization is in a position which affords him/her the opportunity to affect CE content with products or services from which, if purchased, the individual or organization might receive personal financial benefit, the individual or organization must disclose to the CE activity provider his/her/its relationship to the product or service developer, manufacturer, distributor or seller.
- 1.2 The provider must be able to show that each individual who is in a position to control the content of an educational activity has disclosed all relevant relationships with any entity in a position to benefit financially from the success of the CE activity. Examples of relevant relationships include (but are not limited to) those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options, or other ownership interests, excluding diversified mutual funds), or other financial benefit. Relevant relationships can also include “contracted research” where the institution receives a grant and manages the grant funds and the individual is the principal or a named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking, teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received or expected. ANCC considers relationships of the individual involved in the continuing nursing education activity to include financial relationships of the individual’s spouse/partner. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward.

ANCC considers relationships occurring within the 12 months prior to the implementation date of the activity as “relevant” to conflict of interest. When a person divests himself/herself of a relationship, it ceases to be a conflict of interest but it must be disclosed to the learners for 12 months after the termination of the relationship.
- 1.3 An individual who refuses to disclose relevant relationships will be disqualified from being a planning committee member, a teacher, or an author of continuing nursing education and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CE activity.
- 1.4 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the educational activity being delivered.

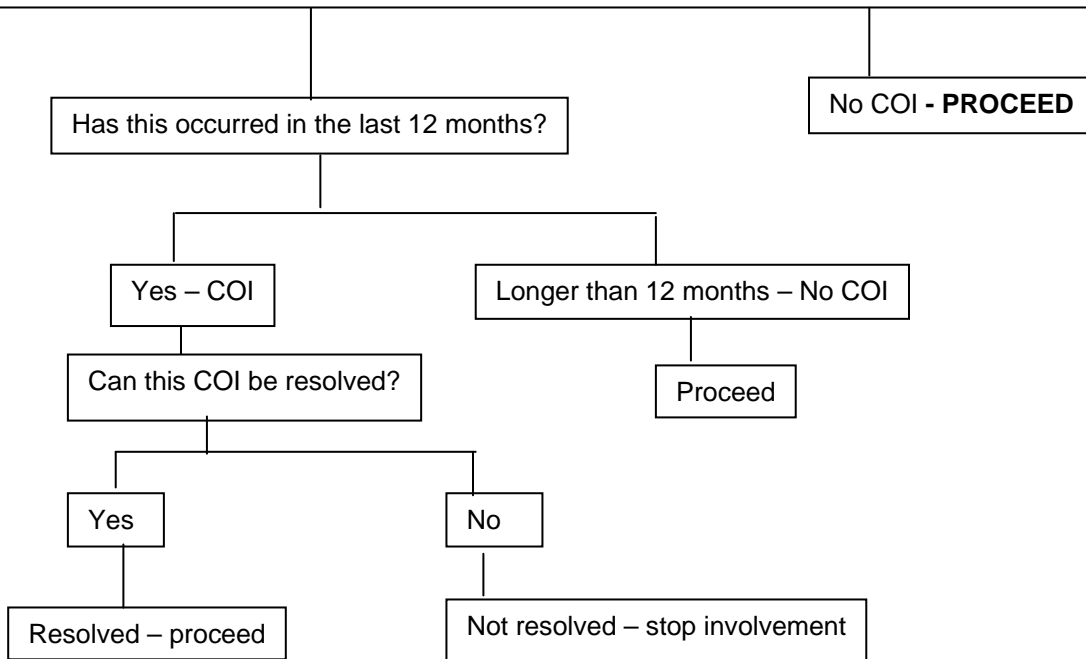
Conflict of Interest Decision Tree

Identify planning committee members/faculty

Obtain disclosure re: COI: NO Refuses – stop involvement

YES

If you are in a position to control the content of this educational activity, (planner, faculty, presenter, content specialist), you must disclose whether or not you have a conflict of interest. Conflict of interest disclosure identifies the presence **OR** absence of **any** potentially biasing relationship of a financial, professional or personal nature. A perceived conflict of interest would occur, for example, if you have or a member of your family has, within the past 12 months, received a salary, royalty, speaking honorarium, research appointment, board of directors remuneration, or consulting fee from an organization whose product or service is being discussed in the learning activity or if your or a family member own stock in such a company. Conflict of interest would also occur if you have any potential to benefit personally or professionally from the presentation (work for a proprietary company presenting the learning activity, have written a book about the topic, provide consulting services related to the topic, etc.).



Example/Suggestions for resolving COI:

- Discussing conflict with planning member or faculty and how the person can ensure that there will be no bias
- Having the person sign an agreement that says they:
 - * will not bias information presented,
 - * will not promote any product or company,
 - * will not discuss any drugs or if they do, will discuss using generic names and will discuss all drugs within that classification,
 - * will not discuss research they have done or if they do talk about research, they will integrate all research done on that topic.

Disclose COI and resolution of planners and faculty to learner:

In writing (i.e. advertising, handout, etc.) – keep evidence of this in file for six years.

(Used by permission from the Ohio Nurses Association 2009)

Appendix D STANDARDS FOR DISCLOSURE AND COMMERCIAL SUPPORT

This appendix includes additional information regarding (1) Standards for Disclosure and Commercial Support; (2) a Commercial Support /Sponsorship Decision Tree; (3) a sample commercial support agreement; and (4) a sample sponsorship agreement.

These Standards have been adapted from the Accreditation Council for Continuing Medical Education (ACCME), which articulates its policies¹ for disclosure and commercial support in:

1. [The Standards for Commercial Support: Standards to Ensure Independence in CME Activities, as adopted by ACCME in September 2004](#); and
2. [ACCME policies applicable to commercial support and disclosure](#).

STANDARD 1: Independence

1.1 An entity has a commercial interest if it is:

- a. An entity that produces, markets, re-sells or distributes health care goods or services consumed by, or used on, patients; OR
- b. An entity that is owned or controlled, in whole or in part, by an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients.

An entity is **NOT** a commercial interest if it is:

- a. A government entity;
- b. A non-profit (501(c)) organization; or
- c. A non-health care related entity.

This definition permits an accredited [approved] provider to be owned by an entity that is not a commercial interest. It also allows a provider to have a "sister company" or parent company that is a commercial interest, as long as the accredited [approved] provider has and maintains adequate corporate firewalls to prohibit any influence or control by the sister or parent company over the continuing education program of the accredited [approved] provider. In this case, ANCC would expect that the accredited [approved] provider would have an adequate corporate firewall in place to prohibit any influence or control by the "sister company" over the continuing education program.

ANCC does not consider providers of clinical service directly to patients to be commercial interests.

1.2 A continuing nursing education provider must ensure that the following decisions were made free from the control of a commercial interest:

- (a) identification of continuing nursing education needs;
- (b) determination of educational objectives;
- (c) selection and presentation of content;
- (d) selection of all persons and organizations that will be in a position to control the content of the continuing nursing education;
- (e) selection of educational methods; and
- (f) evaluation of the activity.

1.3 An entity with a commercial interest cannot take the role of non-accredited partner in a co-provider relationship.

STANDARD 2: Resolution of Personal Conflicts of Interest

2.1 An individual must disclose any financial relationships with an entity with a commercial interest (see STANDARD 1).

2.2 The provider must be able to show that each individual who is in a position to control the content of an education activity has disclosed all financial relationships with any entity with a commercial interest in the provider. ANCC defines "financial relationships" as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g.,

¹ These materials can be found at www.accme.org under Accreditation Requirements – ACCME Essential Areas & Elements (Element 3.3). ACCME provides additional information about commercial support and disclosure in the form of frequently asked questions under the "Ask ACCME" tab on its web site.

stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include 'contracted research' where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ANCC considers relationships of the person involved in the continuing nursing education activity to include financial relationships of a family member. Financial relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward.

With respect to personal financial relationships, 'contracted research' includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

ANCC considers financial relationships in any amount occurring within the past 12 months as "relevant" in terms of creating a conflict of interest.

- 2.3 An individual who refuses to disclose financial relationships will be disqualified from being a planning committee member, a teacher, or an author of continuing nursing education and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the continuing nursing education activity.
- 2.4 The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.
- 2.5 ANCC considers a "conflict of interest" to exist when an individual has an opportunity to affect continuing nursing education content in relation to a commercial interest with which he/she has a financial relationship.

ANCC considers "opportunity to affect continuing nursing education content" to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to financial relationships with commercial interests, when a person divests himself or herself of a relationship, it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

STANDARD 3: Appropriate Use of Commercial Support

- 3.1 The provider must make all decisions regarding the disposition and disbursement of commercial support.

ANCC defines "commercial support" as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a continuing nursing education activity.

For the purposes of eligibility, ANCC considers the following types of organizations eligible for accreditation [approval] and free to control the content of continuing nursing education (Standard 1):

- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for-profit and not-for-profit)
- For profit rehabilitation centers
- For-profit nursing homes
- Universities with nursing development and continuing nursing education programs
- Specialty Nursing Organizations
- Constituent Member Associations
- Federal Nursing Services
- National nurses organizations based outside the United States
- A single-focused organization devoted² to offering continuing nursing education

² The single-focused organization exists for the single purpose of providing education.

- 3.2 A provider cannot be required by an entity with a commercial interest to accept advice or services concerning teachers, authors, or other education matters, including content, from the entity as conditions of contributing funds or services.
- 3.3 All commercial support associated with a continuing nursing education activity must be given with the full knowledge and approval of the provider.

Written Agreement Documenting Terms of Support

- 3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement with the entity that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or a co-provider.
- 3.5 The written agreement must specify the entity that is the source of commercial support.
- 3.6 Both the entity and the provider must sign the written agreement regarding the support to be provided/accepted.

Expenditures for an Individual Providing Continuing Nursing Education

- 3.7 The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers, and authors.
- 3.8 The provider, the co-provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.
- 3.9 No other payment shall be given to the director of the activity, planning committee members, teachers or authors, co-provider, or any others involved with the supported activity.
- 3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for Learners

- 3.11 Social events or meals at continuing nursing education activities cannot compete with or take precedence over the educational events.
- 3.12 The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a continuing nursing education activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, co-provider, or educational partner. This element applies only to nurses whose official residence is in the United States.

Accountability

- 3.13 The provider must be able to produce accurate documentation detailing the receipt and expenditure of commercial support.

STANDARD 4. Appropriate Management of Associated Commercial Promotion

Commercial exhibits and advertisements are promotional activities and not continuing nursing education. Therefore, monies paid by commercial interests to providers for these promotional activities are not considered 'commercial support.' However, accredited providers are expected to fulfill the requirements of Standard 4 and to use sound fiscal and business practices with respect to promotional activities.

- 4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for continuing nursing education activities.
- 4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during continuing nursing education activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from continuing nursing education.

- **Print**, advertisements and promotional materials shall not be interleaved within the pages of the continuing nursing education content. Advertisements and promotional materials may face the first or last pages of printed continuing nursing education content as long as these materials are not related to the continuing nursing education content they face and are not paid for by the entities with commercial interests in the continuing nursing education activity.
- **Computer-based**, advertisements and promotional materials shall not be visible on the screen at the same time as the continuing nursing education content and shall not be interleaved between computer 'windows' or screens of the continuing nursing education content
- **Audio and video recording**, advertisements and promotional materials shall not be included within the continuing nursing education. There will be no 'commercial breaks.'
- **Live, face-to-face continuing nursing education**, advertisements and promotional materials shall not be displayed or distributed in the educational space immediately before, during, or after a continuing nursing education activity. Providers shall not allow representatives of an entity with commercial interests to engage in sales or promotional activities while in the space or place of the continuing nursing education activity.

4.3 Educational materials that are part of a continuing nursing education activity, such as slides, abstracts, and handouts, shall not contain any advertising, trade name, or a product-group message.

4.4 Print or electronic information distributed about the non-continuing nursing education elements of a continuing nursing education activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

4.5 A provider shall not use an entity with a commercial interest as the agent providing a continuing nursing education activity to learners, e.g., distribution of self-study continuing nursing education activities or arranging for electronic access to continuing nursing education activities.

STANDARD 5. Content and Format Without Commercial Bias

5.1 The content or format of a continuing nursing education activity or its related materials must promote improvements or quality in health care and not a specific proprietary business interest of an entity with a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the continuing nursing education educational material or content includes trade names, when available, trade names from several companies should be used, not just trade names from a single company.

STANDARD 6. Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over continuing nursing education content. Disclosure of information about provider and faculty relationships must be disclosed in writing to participants at a continuing nursing education activity.

6.1 The accredited provider is responsible for ensuring that learners are aware of any relevant financial relationship(s), to include the following information:

- the name of the individual,
- the name of the commercial interest(s), and
- the nature of the relationship the person has with each commercial interest.

6.2 For an individual with no relevant financial relationship(s), the learners must be informed that no relevant financial relationship(s) exist.

Commercial Support for the Continuing Nursing Education Activity

The provider's acknowledgment of commercial support as required by Standard 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product-promotional in nature.

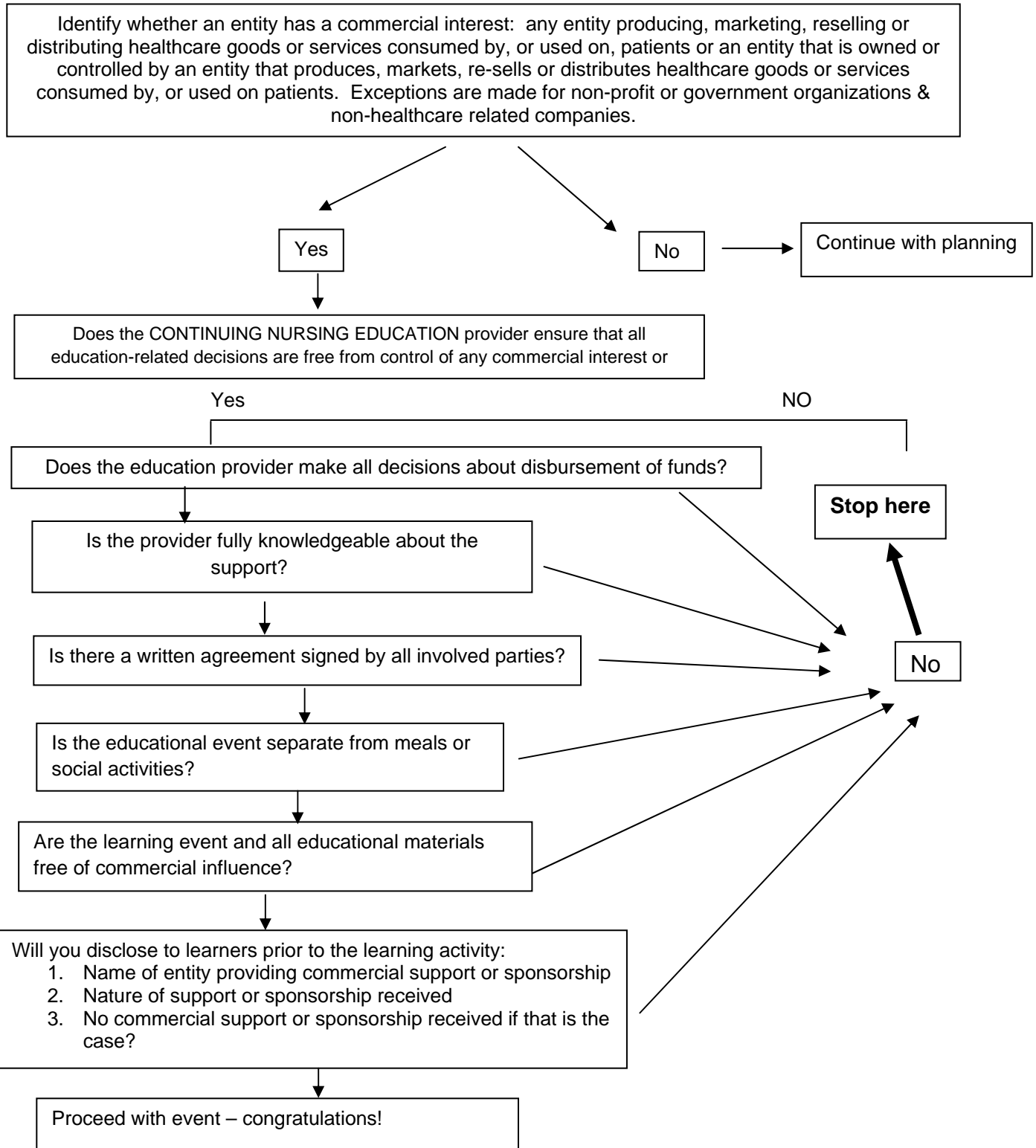
6.3 The source of all support from entities with commercial interests must be disclosed to learners. When commercial support is other than monetary support, the nature of the support must be disclosed to learners.

6.4 "Disclosure" must never include the use of a trade name or a product-group message.

Timing of Disclosure

6.5 A provider must disclose the above information to learners prior to the beginning of the educational activity.

Commercial Support / Sponsorship Decision Tree



Disclose commercial support and/or sponsorship to learner:
In writing (i.e. advertising, handout, etc.) – keep evidence of this in file for six years

(Used by permission from the Ohio Nurses Association 2009)

SAMPLE COMMERCIAL SUPPORT AGREEMENT

Date:

Parties Involved in Agreement:

Provider name and representative's name:

Co-provider(s) name (if applicable):

Entity providing commercial support's name:

The CE activity entitled _____ will be presented by (Provider name) and (Co-provider's name(s) if applicable) on _____ at _____.

(Commercial Support Entity's name) will provide (list). The (Entity) will be recognized as providing commercial support in the advertising.

The commercial support and/or entity will in no way influence or bias the content of the CE presentation. According to commercial support standards as listed in Appendix B of the 2009 Application Manual – Accreditation Program, ANCC, the following must be met:

The signatures below by representatives from each organization listed above indicate agreement with the above statements.

Provider representative _____ Date _____

Co-provider (if applicable) representative _____ Date _____

Commercial Support Entity _____ Date _____

SAMPLE SPONSOR AGREEMENT

Date:

Parties Involved in Agreement:

Provider Unit name and representative's name:

Co-provider(s) name (if applicable):

Sponsor's name:

The CE activity entitled _____ will be presented by (Provider Unit name) and (Co-provider's name(s) if applicable) on _____ at _____.

(Sponsor's name) will provide (list what providing – e.g., funding for keynote speaker, canvas bags for participants, etc.). The (Entity) will be recognized as a sponsor in the advertising. They have not been nor will be involved in the planning, implementation or evaluation of this activity. The sponsor or sponsorship items will in no way be allowed to influence or bias the content of the CE presentation.

The signatures below by representatives from each organization listed above indicate agreement with the above statements.

Provider Unit representative _____ Date _____

Co-provider (if applicable) representative _____ Date _____

Sponsor _____ Date _____

Appendix E GLOSSARY

These selected definitions are frequently used in the context of the ANCC Commission on Accreditation system of accreditation and to carry out the accreditation processes. In some instances, definitions from the *Scope and Standards of Practice for Nursing Professional Development* (ANA, 2000) are also useful to understand or explain a term.

Accreditation. A voluntary process in which an institution, organization, or agency submits to an in-depth analysis to determine its capacity to provide or approve quality continuing education over an extended period of time.

Accredited Approver. An eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to approve quality continuing education over an extended period of time.

Accredited Provider. An eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over an extended period of time.

Administrator. The person designated to have administrative responsibility for the approver and/or provider unit.

Adult Learning Principles. The basis for, or the beliefs underlying, the teaching and learning approaches to adults as learners based on recognition of the adult individual's autonomy and self-direction, life experiences, readiness to learn, and problem orientation to learning. Approaches include mutual, respectful collaboration of educators and learners in the assessment, planning, implementation, and evaluation of education activities.

Approval. A decision made by an accredited approver that the criteria for approval of continuing education have been met.

Approved Provider. Recognition by an ANCC-accredited approver of a provider's capacity to award contact hours for continuing education activities, planned, implemented, and evaluated by the provider.

Autonomy of the Provider Unit. The provider unit (not the larger organization) must be solely administratively and operationally responsible for coordinating all aspects of the continuing nursing education activities.

Beliefs. Opinions, doctrines, or principles held to be true; these may be stated as a philosophy, mission, vision, or within a strategic plan.

Biographical Data. Information required of persons involved in the peer review process or the planning and delivery of continuing education activities. The data provided should document their qualifications relevant to the continuing education process or a specific activity with respect to their education, professional achievements and credentials, work experience, honors, awards, and/or professional publications.

Commercial Interest. Any entity either producing, marketing, re-selling or distributing health care goods or services consumed by, or used on, patients OR an entity that is owned or controlled, in whole or in part, by an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies. This definition permits an accredited [approved] provider to be owned by an entity that is not a commercial interest. It also allows a provider to have a "sister company" or parent company that is a commercial interest, as long as the accredited [approved] provider has and maintains adequate corporate firewalls to prohibit any influence or control by the sister or parent company over the continuing education program of the accredited [approved] provider. In this case, ANCC would expect that the accredited [approved] provider would have an adequate corporate firewall in place to prohibit any influence or control by the "sister company" over the continuing education program.

Commercial Support. Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a continuing nursing education activity.

Commercial Supporter. An entity providing commercial support.

Commission on Accreditation (COA). Appointed by and accountable to the ANCC Board of Directors, this body is responsible for development and implementation of the ANCC program for accreditation and approval of continuing education in nursing. The Commission is composed of nine (9) members representing accredited

organizations, consumers, the ANA Congress on Nursing Practice and Economics, nursing evaluation, and adult education/society.

Conflict of Interest. Refer to Appendix C

Consistency. Holding to the same or comparable principle or practice.

Contact Hour. A unit of measurement that describes 60 minutes of an organized learning activity that is either a didactic or clinical experience.

Content. Subject matter or definitive information about an education activity that relates to the educational objectives.

Content Specialist. An individual with documented qualifications that demonstrate education, knowledge, and experience in a particular subject matter.

Continuing Competence. Demonstration of knowledge and skills in meeting professional role expectations. Also: Ongoing professional nursing competence according to level of expertise, responsibility, and domains of practice as evidenced by behavior based on beliefs, attitudes, and knowledge matched to and in the context of a set of expected outcomes as defined by nursing scope of practice, policy, code of ethics, standards, guidelines, and benchmarks that ensure safe performance of professional activities.

Continuing Nursing Education. Systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses and therefore enrich the nurses' contributions to quality health care and their pursuit of professional career goals.

Continuing Education Unit (CEU). **The ANCC Accreditation Program does not utilize this term when referring to continuing nursing education unit of measurement.** A specific, standard measure (ten (10) clock hours) of educational achievement used by many universities and professional organizations under the criteria of the International Association for Continuing Education and Training (IACET) to attest to clock hour completion of continuing education activities.

Co-providership. Planning, developing, and implementing an education activity by two (2) or more organizations or agencies. When educational activities are co-provided and one of the providing entities is ANCC-accredited (TNA approved), the ANCC-accredited (TNA approved) provider unit retains responsibility for particular aspects of the process to assure adherence to all the ANCC (TNA) criteria. If collaborating providers are all ANCC-accredited (TNA approved), one is designated to retain the provider responsibilities by mutual, written agreement. The unit designated to retain these responsibilities is referred to as the provider, and the other collaborating providers are referred to as co-providers. If neither entity is approved as a provider, one takes the lead and is referred to as the provider of the activity; the other is the co-provider.

Criteria. Relevant, measurable indicators of the standards.

Desktop Review. A review of information submitted (usually electronically or in hard copy format). The reviewer is able to accomplish the review by 'sitting at a desk.'

Distance Learning. A formal educational activity in which most of the instruction occurs when the learner and the educator are not in the same place. The instruction may take place either synchronously (at the same time) (e.g., interactive video) or asynchronously (at different times) (e.g., online/Internet or correspondence courses).

Education Activity. A planned, organized effort, either learner directed or provider directed, aimed at accomplishing educational objectives.

Educational Design. A plan for instruction documenting a needs assessment, description of the target audience, educational objectives, content outline, teaching methods, evaluation strategies, and designation of appropriate physical facilities and resources.

Educational Objective. A statement of a learner outcome(s) of an education activity that is measurable and achievable within the designated time frame.

Enduring Materials. A non-live continuing nursing education activity that "endures" over time. Examples of enduring materials include programmed texts, audio tapes, videotapes, monograph, or computer assisted learning materials which are used alone or with printed or written materials. Enduring materials can also be delivered via the Internet. The learning experience by the nurse can take place at any time in any place, rather than only at one time, one place, like a live CME activity. (Based in large part on http://www.accme.org/index.cfm/fa/faq.detail/category_id/47bf141f-9c79-4867-be8b-e08409083a47.cfm)

Evaluation. A systematic process by which a judgment is made about consequences, results, effects, or merit of a continuing education provider unit or continuing education program in order to make subsequent decision. The process of determining significance or quality by systematic appraisal and study.

Evidence. Specific indicators that document compliance with criteria and rules.

Gift 'in-kind'. Non-monetary support (e.g. marketing assistance, meeting room, event registration assistance, etc.) provided by the giver to the taker. (In the Accreditation community, the "taker" is the provider of the continuing education.)

Goal. A statement of broad direction or general intent.

In-service Educational Activities. Learning experiences provided in the work setting for the purpose of assisting staff members in performing their assigned functions in that particular agency or institution. Also: In-service education consists of planned instruction or training programs to assist the nurse to perform in the work setting. In-services are provided to maintain or increase competency in promoting compliance with institutional policies and procedures, the demonstration of new equipment, the explanation of procedures and the practice of previously learned skills.

Key Element. Essential components of each criterion.

Lead Nurse Planner. Role: The Lead Nurse Planner is responsible for ensuring that all Nurse Planners are performing in a manner consistent with the policies, procedures, position descriptions, and expectations of the accredited (approved) provider unit and with the ANCC (TNA) criteria. All nurse planners contribute oversight and must be actively involved in both the planning and the analysis of evaluation data for the educational activity.

Qualifications: The lead nurse planner of an approved provider unit must

- be a registered nurse and hold a baccalaureate or higher degree in nursing.
- have education or experience in the field of education or adult learning. This education or experience may be demonstrated in a professional portfolio. Accepted demonstration of competence is evaluated by review of the nurse planner's curriculum vitae, biographical data form, or professional portfolio. The information should demonstrate the presence of the following knowledge and skills: knowledge of the TNA Approver Unit Program and its requirements, knowledge of adult learning theory, ability to analyze/synthesize information related to meeting the criteria and key elements (as evidenced by having planned, implemented and evaluated continuing nursing education activities), understanding of the policies/procedures of the TNA Approver Unit Program, knowledge of the Scope and Standards of Practice for Nursing Professional Development.

Learner Directed Activity. A learning activity in which the learner takes the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. Learner-directed activities may be developed with or without the help of others, but only one individual engages in it.

Learner-Paced. A continuing nursing education activity where the learner determines the pace at which s/he engages in the learning activity.

Learning Goal. A statement describing why and for whom an educational program has been designed. (Synonym: Purpose)

Learning Package. Materials and description of resources and requirement of the process for completing an independent study.

Monitor. To periodically assess and evaluate continuing compliance with operational requirements and criteria.

Multi-Focused Organization. The multi-focused organization exists for more than the purpose of providing education.

Need. Discrepancy between what is desired and what exists.

Needs Assessment. Process by which a discrepancy between what is desired and what exists is identified.

Nurse Planner. Role: The Nurse Planner is actively involved in all aspects of planning, implementation and evaluation of the continuing nursing education activity. Typically, the Nurse Planner is responsible for ensuring appropriate education design principles are used and processes are consistent with the requirements of the ANCC Accreditation Program.

Qualifications: The nurse planner of an accredited provider unit must:

- be a registered nurse and hold a baccalaureate or higher degree in nursing.
- demonstrate competence in performing successfully at the expected level. Accepted demonstration of competence is evaluated by review of the nurse planner's curriculum vitae, biographical data form, or professional portfolio. The information should demonstrate the presence of the following knowledge and skills: knowledge of the TNA Approver Unit Program and its requirements, knowledge of adult learning theory, ability to analyze/synthesize information related to meeting the criteria and key elements (as evidenced by having planned, implemented and evaluated continuing nursing education activities), understanding of the policies/procedures of the TNA Approver Unit Program, and knowledge of the Scope and Standards of Practice for Nursing Professional Development.

Nursing Professional Development. The lifelong process of active participation by nurses in learning activities that assists in developing and maintaining their continuing competence, enhancing their professional practice, and supporting achievement of their career goals.

Off-Label Use. Using products for a purpose other than the purpose for which it was approved by the Food and Drug Administration (FDA).

Organization. The overall administrative and functional structure that includes the provider unit—e.g., hospital, college, association, or private business.

Organizational Chart. A diagram or other schematic used to depict informal and formal lines of communication and relationships within the overall organization as well as the approver and/or provider unit.

Orientation. The process of introducing nursing staff to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in a specific work setting. Orientation takes place both for new employees and when changes in nurses' roles, responsibilities, and practice settings occur.

Outcome. The end result of a learning activity – usually a change in knowledge, competence, practice, or patient care - measured by written evaluation or change in practice. *(The overall learning goal (purpose) of a learning activity is different from measured outcomes. An outcome may measure whether an activity's learning goal (purpose) is met but may also address other elements of learning.)*

Peer Review. Professional judgment on the quality of the continuing education offered based on designated standards and criteria for continuing education in nursing.

Philosophy. A statement of beliefs.

Pilot Study/Testing. The process of assessing the capability of an activity or product to achieve the intended purpose(s). Pilot testing of an educational activity guides the determination of the effectiveness of the teaching/learning materials and contact hour credit to be awarded.

Planning Committee. A group of knowledgeable individuals, including potential participants from or representatives of the target audience, who design continuing education.

Policy. A written statement defining "what" determines actions or decision.

Portfolio. A collection of documents, articles, and exhibits that summarizes an individual's abilities, skills, growth, achievements and specific accomplishments attained over an extended period of time.

Procedure. A written statement defining “how” a particular policy is implemented.

Professional Development. See “nursing professional development” (above)

Provider. An individual, institution, organization, or agency responsible for the development, implementation, evaluation, financing, record keeping, and quality of continuing education activities.

Provider Directed Activity. The provider controls all aspects of the learning. The provider determines the learning objectives based on needs assessment, content of the learning activity, the presentation method, number of contact hours, evaluation, and evaluation methods. Provider directed activities may be delivered in a variety of formats, including electronic, journal, lecture/seminar, etc.

Provider Unit. Within the organization, the distinct body responsible for coordinating all aspects of the nursing continuing education activities.

Purpose. A statement describing why and for whom an educational program has been designed. Note: In a CE activity, the purpose is the statement(s) of intent that describe how this activity will enrich the learner’s contribution to quality health care and his or her pursuit of professional career goals. (Activities intended to assist the participant to acquire, maintain, and/or increase the level of competence in fulfilling his or her assigned responsibilities specific to the expectations of the employer are considered in-service education or orientation and do not qualify as continuing education).

Revoke. To rescind approved/accredited status.

Sentinel Event. A sentinel event is one of high risk and high impact related to the improper or inappropriate provision of continuing nursing education in compliance with the ANCC Accreditation Program criteria. Examples include, but are not limited to, misuse of accredited (approved) status, illegal actions perpetrated or experienced by the accredited unit – or it’s approved entities.

Single-focused Organization. The single-focused organization exists for the single purpose of providing education

Sister Company. A sister company is one which is a subsidiary of an accredited (approved) organization’s/unit’s company but which maintains a governance structure and activities separate from the accredited (approved) organization/unit. The sister company does not control or direct, in whole or in part, the operations of the accredited (approved) organization/unit.

Sponsorship. Support (monetary or ‘in-kind’) furnished to the provider of the education activity. Sponsorship must be acknowledged to learners. A written agreement is completed. When an educational activity is supported by more than one entity, each entity is a co-sponsor. Sponsors and co-sponsors do NOT participate in planning, developing, and implementing the educational activity.

Staff Development. Those learning activities that facilitate the nurse’s job-related performance. The systematic process of assessment, development and evaluation that enhances the performance or professional development of healthcare providers and their continuing competence (NNSDO 1999; ANA, 2000, p. 25)

Supporting Evidence. Documentation that must be supplied by the applicant indicating that key elements are met.

Target audience. Group for which an educational activity has been designed.

Teaching Strategies. Instructional methods and techniques in accord with principles of adult learning.

Appendix F Behavioral Objectives

A. General Policies Related to Behavioral Objectives

1. Behavioral objectives are defined for each continuing education offering and used as a basis for determining content and learning activities, and evaluating effectiveness.
2. The objectives indicate the relationship to nursing and/or the bodies of knowledge that contribute to nursing practice.
3. Objectives are clearly stated, appropriate for the audience, relevant and attainable for the allotted time, observable and measurable.
4. Behavioral objectives describe what the learner will be able to do after participating in the offering. They will complete the sentence: "After this offering, the participants will be able to..."

B. Definitions related to Behavioral Objectives

1. Behavior – any relevant, visible activity displayed by the learner (action verb).
2. Objective – communication of intent.
3. Learning—a relatively permanent change in behavior.
4. Exit behavior—behavior shown at the end of the learning experience.
5. Conditions—situations, equipment, weather, etc.
6. Criterion—standard or test by which exit behavior will be evaluated.

C. Characteristics of a Behavioral Objective

1. Contains one action verb.
2. Tells about the behavior or performance of learners.
3. Concerns the ends rather than the means – the exit behavior rather than the learning process.
4. Describes the conditions under which the learner will be performing exit behavior.
5. Includes the information about the level of performance that will be considered acceptable.
6. Measurable in terms of observable behavior.

D. Suggested verbs in the cognitive domain

Knowledge	Comprehension	Application		Analysis	Synthesis		Evaluation
Count	Classify	Act	Participate	Analyze	Adapt	Model	Appraise
Define	Cite examples of	Administer	Predict	Break down	Anticipate	Modify	Argue
Describe	Conclude	Apply	Prepare	Calculate	Arrange	Negotiate	Assess
Draw	Convert	Articulate	Produce	Categorize	Assemble	Organize	Choose
Enumerate	Demonstrate use of	Assess	Provide	Characterize	Categorize	Perform	Compare/Contrast
Find	Describe	Change	Relate	Classify	Classify	Prepare	Conclude
Identify	Detect	Chart	Report	Compare	Collaborate	Produce	Criticize
Label	Differentiate	Choose	Schedule	Contrast	Continue	Progress	Critique
List	Discuss	Collect	Select	Correlate	Communicate	Propose	Decide
Match	Estimate	Compute	Show	Debate	Compare	Rearrange	Defend
Name	Explain	Construct	Solve	Deduce	Compile	Reconstruct	Evaluate
Quote	Express	Contribute	Transfer	Diagram	Compose	Reinforce	Interpret
Read	Explain	Control	Use	Differentiate	Construct	Reorganize	Judge
Recall	Generalize	Demonstrate	Utilize	Distinguish	Contrast	Revise	Justify
Recite	Give examples of	Determine		Examine	Create	Rewrite	Measure
Record	Identify	Develop		Focus	Design	Set up	Predict
Repeat	Illustrate	Dramatize		Illustrate	Develop	Structure	Prioritize
Reproduce	Interpret	Draw		Infer	Devise	Substitute	Prove
Select	Locate	Employ		Limit	Express	Validate	Rank
Sequence	Paraphrase	Establish		Outline	Facilitate		Rate
State	Predict	Extend		Point out	Formulate		Reframe
Tell	Restate	Illustrate		Prioritize	Generate		Revise
Underline	Select	Imitate		Research	Incorporate		Scope
Write	Summarize	Implement		Relate	Individualize		Select
	Tell	Interview		Separate	Integrate		Support
	Trace	Include		Solve	Initiate		Validate
	Translate	Inform		Subdivide	Intervene		
		Instruct		Test	Invent		
		Operate			Make up		
		Part					

E. Suggested verbs in the affective domain

<u>Receiving</u>	<u>Responding</u>	<u>Valuing</u>	<u>Organization</u>	<u>Characterization of values by value</u>
Acknowledge	Acts	Accepts	Argues	Acts consistently
Shares	Willingly	Acclaims	Debates	Is accountable
Shows awareness of	Listens to	Agrees	Declares	Stands for
	Practices	Cooperates	Defends with	Takes a stand
			Responds	Helps
			Selects	Respects
			Shows interest	Supports

F. Suggested verbs in the psychomotor domain

<u>Imitation</u>	<u>Manipulation</u>	<u>Precision</u>	<u>Articulation</u>	<u>Naturalization</u>
Follows example of	Carries out according to procedure	Demonstrates skill in using	Carries out	Is competent
Follows lead of		Follows procedure practices	Is skillful in using	Is skilled Carries out uses

Adopted from:

Johnson & Johnson. Assuring Learning with Self-Instructional Packages. Selfinstructional Packages, Inc. 1973.

Reilly, Dorothy E. Behavioral Objectives. Evaluation in Nursing. 2nd edition. New York: Appleton-Century-Crofts, 1980.

(Used by permission from the Ohio Nurses Association 2009)

Appendix G

Disclosures to Attendees SAMPLE

Purpose of this conference (activity)

(fill in)

Objectives of this conference (activity)

(fill in)

Requirements for Successful Completion of the Conference

To receive contact hour credit, attendees must: (Sample list follows)

- Be seated in the session room no later than five minutes after it has started
- Remain in the session until the scheduled ending time
- Complete and submit the evaluation form and the Verification of Attendance form before you leave the conference

Conflicts of Interest

The ANCC has established guidelines whereby all speakers must disclose any affiliations which may cause a conflict of interest.

A Conflict of Interest occurs when an individual has an opportunity to affect educational content about health-care products or services of a commercial interest with which she/he has a financial relationship. The following conference presenters of this CNE activity listed below have declared relevant financial relationships as follows:

<u>Name of Individual</u>	<u>Name of Commercial Interest</u>	<u>Nature of the relationship</u>
---------------------------	------------------------------------	-----------------------------------

They (he/she) have/has agreed to present all information fairly and without bias.

OR No Conflicts of Interest have been disclosed

Commercial Support

In-Kind Support: (LIST)

Educational Grants: (LIST)

Sponsorships: (List)

OR No Commercial Support has been received

Non-Endorsement of Products

Approval for this activity refers only to continuing nursing education activity and does not imply that there is real or implied endorsement of any product, service, or company referred to in this activity nor of any company subsidizing costs related to the activity.

Off-label Product Use

Attendees will be notified when a presentation relates to any product used for a purpose other than that for which it was approved by the U.S. Food and Drug Administration.

Approval Statement

This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Contact Hours to be awarded:

Approval to award contact hours expires:

**Tennessee Nurses Association
Application for Approval of Faculty Directed
Continuing Nursing Education Activity**

Demographic Data:

Applicant _____

Person completing application _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Title of CNE Activity _____

Starting date _____ Ending date _____ Registration fee _____

Location (city) _____

To register contact _____ Phone _____

Number of contact hours requested: _____

Enclosed Fee: _____

\$125 for 1-3 contact hours

Add \$25 for each additional contact hour

Yes No Include this activity on the TNA web site at www.tnaonline.org in the list of nursing continuing education events.

This is a one-time only activity.

This activity will be repeated (Two year limit)

Has this activity/application been denied by any ANCC approved process? Yes No

If yes, explain: _____

Will this activity receive commercial support? Yes No

Will this activity receive financial support from entities other than commercial interests? Yes No

Will this activity receive any in-kind support from entities other than commercial interests? Yes No

Attach appropriate documentation, where necessary.

Key Element 1: Assessment of Learner Needs/Target Audience

- A. What needs assessment method was used to plan this event? (Check all that apply)
- Written Needs Assessment
 - Learners/Management Requested Event
 - Quality Studies/Performance Improvement Activities
 - Trends in Literature, Law & Health Care
 - Other: Describe: _____
- B. Identify the target audience expected to attend:
- All RNs
 - APNs
 - RNs in Specialty Areas (Identify): _____
 - LPNs
 - Other: Describe: _____
- C. Describe the source of the supporting evidence for the needs assessment and target audience identification. (Check all that apply. You should be able to access this data if called upon.)
- Annual employee survey
 - Periodic surveys of stakeholders or learners
 - Written evaluation summary requests
 - Requests (e.g., via phone, in person, or by email)
 - Other: Describe: _____
- D. Describe how objectives, content and teaching methods reflect the needs assessment. (Check all that apply)
- Nurse Planner and planning committee reviewed needs assessment data
 - Nurse Planner and planning committee formulated the objectives based on the data
 - Faculty worked with Nurse Planner and planning committee to develop objectives, content & teaching methods
 - Other: Describe: _____

Key Element 2: Qualified Planners and Faculty: For each person listed on the planning committee, please list name, educational degrees and credentials (e.g., RN, LPN, etc.) here. Planning committee members must fulfill the three roles: 1) knowledge of CE process/ANCC criteria (Nurse Planner); 2) representative of the target audience; and 3) content expertise. There must be at least two people on the planning committee; one person can fill one or more of these roles.

- A. Planning Committee:
1. Designated Nurse Planner (responsible for adherence to ANCC/TNA criteria): _____
 2. This Nurse Planner has at least a BSN degree
 3. This Nurse Planner is current on CE criteria through:
 - Reviewed the most current TNA CE Activity Manual
 - Consultation with TNA staff
 4. Target Audience Representative (name, degrees, credentials): _____
 5. Content Expert (name, degrees, credentials): _____
 6. Others (name, degrees, credentials): _____
- Bio form* including conflict of interest/conflict resolution for each planning committee member is attached.
- B. The nurse planner and other planning committee members are involved in the process of ensuring the quality of our continuing education activities through: (check all that apply)
- Regular planning meetings
 - Email correspondence
 - Review of literature and/or evidence based practice standards
 - Collaboration with faculty/content experts
 - Review of regulatory, accreditation or other relevant requirements
 - Other: Describe: _____

- C. Faculty/presenters – in addition to listing names below and on the Educational Design form for each objective content area, attach the completed bio form for each presenter.

Presenter Name(s), degrees and credentials:

1. _____
2. _____
3. _____
4. _____

- Bio form* with conflict of interest, conflict resolution, & off-label use declaration for each presenter is attached.

D. Manner in which the needed qualifications of faculty are identified: (check all that apply)

- Content expertise
- Demonstrated comfort with teaching methodology(ies) (e.g., web-based, etc.)
- Presentation skills
- Familiarity with target audience
- Other: Describe: _____

E. Planning committee assured the qualifications of the faculty are appropriate and adequate by: (check all that apply)

- Review of resume/CV of faculty
- Recommendation by colleagues
- Review of literature written by faculty
- Observation of previous presentation by faculty
- Personal knowledge of expertise of faculty
- Other: Describe: _____

Key Element 3: Effective Design Principles

a. **Purpose/ Goal of Activity:** _____

b. **Objectives:** Explicit, measureable, and education – document in column 1 of Education Design form. Indicate what the learner will be able to do at the conclusion of the activity. An average of 1-2 objectives per hours is realistic. Please number each objective consecutively.

c. **Needs Assessment:** What **gap** in knowledge, skills, or practice indicates there is a need for this activity?

- Gap in Knowledge
- Gap in Skills
- Gap in Practice

d. **Content and time frames:** List the content for each objective in column 2. Content must be congruent with goal/purpose and objectives and must be more than a restatement of objective. List the time frame for each objective in column 3. Numbering should be consistent with the related objective.

e. **Teaching-Learning Strategies:** List the methods, strategies, materials, and resources to be used by faculty to cover each objective in column 5. They must be congruent with objectives and content.

f. This activity meets the definition of continuing education. It is not in-service, orientation, basic nursing education or person development.

g. **Learner Feedback:** Check the best description or describe how learners will be provided feedback.

- Provide certificate
- Question and answers during activity
- Return results of testing
- Follow-up communication
- Other: Describe: _____

h. Successful completion: (consistent with the goal/purpose, objectives and teaching and learning strategies)

1. Criteria for successful completion include: (check all that apply)

- Attendance at entire event or session
- Attendance for at least 80% of event
- Attendance at 1 or more sessions
- Completion/submission of evaluation form
- Achieving passing score on post-test
- Return demonstration
- Other: Describe: _____

2. Rationale for method selected to determine the criteria for successful completion: (check all that apply)

- Goal or purpose of event indicated what was needed to successfully complete the activity
- Category of evaluation selected
- Importance of content knowledge
- Importance of content application
- Required by employer or organization
- Other: Describe: _____

i. Verify Participation

- Attendance/participation will be verified at the event through sign in sheets/registration form
- Signed attestation statement by participant verifying completion of entire activity
- Other: Describe: _____

- Educational Design forms are attached

Key Element 4: Awarding Contact Hours

Include an agenda or schedule for the entire event if it is more than 2 hours. Clearly state time spent on welcome, introductions, pre/post-test, presentation, clinical experience, breaks and evaluation.

If the activity is two hours or less, a schedule is not needed. Be sure to include evaluation time the Educational Design form (objective/content outline page).

A contact hour is a 60 minute hour. Activities must be a minimum of 30 minutes (0.5 contact hour). The contact hour may be taken to the hundredths; but may not be rounded up. (e.g. 2.75 or 2.7, not 2.8)

- Agenda/schedule is included
- Not applicable—event is less than two hours

Key Element 5: Evaluation

A. Check or describe the methods of evaluation to be used: (check all that apply)

- Evaluation Form **(Required)**
- Pre and/or Post-test **(Optional)** (*attach a copy if testing is to be used*)
- Return Demonstration (*attach a copy of the tool if applicable*)
- Other: Describe: _____ (*attach copy if applicable*)

- Copy of the evaluation(s) tool to be used for this event is attached. **It must include, at a minimum, (a) achievement of each objective and (b) teaching effectiveness of each presenter.**

B. Categories of Evaluation

1. The category of evaluation to be used for this activity and completed by the end of the learning experience: (check all that apply)

- Learner satisfaction (simplest; e.g. standard evaluation form) **(Required)**
- Knowledge enhancement (e.g. testing, participation, etc.)
- Skill and attitude change (e.g. return demonstration)

2. Do you plan to include the following advanced categories of evaluation? If yes, describe how and when the data will be collected.
- Change in practice/performance (usually done 3 months after learning; e.g. self-report of change, observation of performance, audits, etc.)
 - Relationship of the practice change to quality of service (most complex, usually done 6 months after event; look at final outcomes)

Description of how and when the data will be collected: _____

C. Quality Improvement:

The Nurse Planner will review each presentation of the activity for continual relevance, need for content updates or changes, etc.

- QI Form is attached

Key Element 6: Approval Statement as noted on Advertising

- A. Include a copy of **the advertising material** including relevant pages of the web site (if applicable). Ensure that the approval statement stands alone and is worded exactly as follows:

This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

- B. Type of advertising: (*attach copy*)

- Flyer/brochure
- Memo/letter
- Meeting notice
- E-mail
- Web site Include web address: _____
- Other: Describe: _____

If promotional material is needed ***BEFORE*** final approval is given for activity, the following statement should be used when referencing contact hours. *This statement must read exactly as written below.*

This activity has been submitted to the Tennessee Nurses Association for approval to award contact hours. Tennessee Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Key Element 7: Documentation of completion

Document/certificate to include:

- Name of learner
- Name and address of provider unit
- Title and date of completion of educational activity
- Official approved provider statement (see statement listed in Key Element 6: A above)
- Number of contact hours awarded
- Approval to award contact hours expires: (insert date after approval has been received) (For repeated programs only.)

- A copy of the completed certificate to be awarded is attached

Key Element 8: Commercial Support and Sponsorship

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, or an entity that is owned or controlled by an entity that produces markets, re-sells or distributes health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies.
- Commercial Support is financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CNE activity.

- A sponsor is identified as an organization that does not meet the definition of commercial interest. Sponsorship is financial, or in-kind, contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a CNE activity.

If no commercial support or sponsorship received, check #A.

If commercial support or sponsorship is received, complete items B, C, D, and E and attach the signed agreement(s).

- A. This activity has no commercial support or sponsorship
- B. Commercial support/sponsorship has been provided by the following: (List name of organization(s) providing commercial support or sponsorship.) _____
- C. Content integrity has been/will be maintained by: (check all that apply)
- a. Our commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.
 - b. Our commercial support/sponsorship policy/procedure has been shared in writing with those providing commercial support/sponsorship.
 - c. Faculty has been informed of our policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services.
 - d. In conjunction with a – c, the session will be monitored and violators of policy will not be asked to present again.
 - e. Other: Describe: _____
- D. The following precautions have been taken to prevent bias in the educational content.
- a. Our position commercial support/sponsorship and bias has been discussed with each presenter.
 - b. Each presenter has signed a statement that says s/he will present information fairly and without bias.
 - c. In conjunction with a – b, the session will be monitored and violators of policy will not be asked to present again.
 - d. Other: Describe: _____
- E. Signed commercial support or sponsor agreement(s) are attached.

Key Element 9: Conflict of Interest

- A. Documentation of conflict of interest or disclosure of absence of conflict of interest for planners and presenters is included on attached bio forms.
- B. Procedure used to resolve conflict of interest or potential bias if applicable for this activity: (check all that apply)
- a. Not applicable since no conflict of interest
 - b. Have discussed this conflict with individual who is now aware of and agrees to our policy
 - c. Presenter has signed a statement that says s/he will present information fairly and without bias
 - d. In conjunction with B. a. and b., Nurse Planner or designee will monitor session to ensure conflict does not arise
 - e. Other: Describe: _____
- C. In reviewing the bio forms, did the Nurse Planner and/or planning committee suspect that there might be COI and/or bias for any planning committee members and/or faculty?
- Yes
 - No

If yes, what was the concern? _____

What did you do to resolve it? _____

Key Element 10: Written Disclosure Provided To Activity Participants: Learners must receive written disclosure of required items prior to beginning the learning activity. Disclosures are required to be provided for items A through D for all learning activities. Disclosures for items E and F apply only in relevant situations. Describe methods used to inform activity participants of:

- A. *Goal/purpose, objective and criteria for successful completion: (Note: Not applicable is not an acceptable response)*
- Information on advertising material

- Written information on handouts (*Attach copy*)
- Other: Describe: _____ (*Attach copy if applicable*)

B. Conflicts of interest or lack thereof for planners and presenters, including financial relationships, and resolution of such: (NOTE: Not applicable is not an acceptable response)

- Information provided on advertising
- Information provided on handouts (*Attach copy*)
- Signs placed inside or outside of presentation room (*Attach copy*)
- Other: Describe: _____ (*Attach copy*)

C. Commercial Support/sponsorship (NOTE: Not applicable is not an acceptable response)

- Information provided on advertising
- Information provided on handouts (*Attach copy*)
- Signs placed inside or outside of presentation room (*Attach copy*)
- Other: Describe: _____ (*Attach copy*)

D. Non-endorsement of products displayed in conjunction with this activity:

- No products are being displayed. (No statement needed)
- Information provided on advertising. (Statement to be used: "Approved provider status does not imply endorsement by the provider (your provider name), ANCC, or TNA of any products displayed in conjunction with an activity.")
- Information provided in handouts (*Attach copy*)
- Other: Describe: _____(*Attach copy*)

E. Discussion of off-label use:

- Faculty has attested that they will not discuss off-label usage of products. (No statement needed)
- Information provided in handouts or on slides. (*Attach copy*)
- Other: Describe: _____(*Attach copy*)

F. Expiration Date of Approval valid through (insert expiration date)

Note: The date in the statement "Approval to award contact hours valid through (insert expiration date)" is included once the applicant has received approval for this activity and is for repeated activities only. The date will be two years from the date of approval.

Key Element 11: Recordkeeping

- All correspondence, complete copy of application, all attachments and corrections, records of attendance, summative evaluation(s), and contact hours will be maintained in a retrievable file which is accessible to only authorized personnel for six years.
- Records will be filed and stored at (**list location**) _____

Key Element 12: Co-providership

If not co-providing, check A; if yes, answer B, and C and attach signed agreement.

- A. This activity will not be co-provided.
- B. Co-providership of this activity has been arranged with (List organization name): _____
- C. The signed, written co-provider agreement is attached.

Summary: Attach the following to the documentation form:

- Bio forms for planning committee members and faculty
- Agenda/schedule if event is more than 2 hours long
- Evaluation form and any other evaluation tools used (e.g. post-test)
- Evaluation Summary form (QI tool) to be completed after event
- Advertising material/flyer/e-mail announcement; internet or intranet posting
- Certificate/documentation of completion

- Signed commercial support or sponsorship agreement if applicable
- Disclosures if not included on advertising
- Signed co-provider agreement(s) if applicable

Faculty Directed (face-to-face) Evaluation Summary (QI) Form

Program Name: _____

Program Date: _____

Nurse Planner: _____

	Yes	No	Please Describe:
1. Was time effectively allocated for each portion of the activity?			
2. Were objectives met based on content presented?			
3. Did the speaker adhere to the content as outlined on the lesson plan?			
4. Was the facility conducive to learning?			
5. Were the evaluations and/or post-tests favorable?			
6. Do you recommend that changes be made in future presentations (content, AV equipment, location, etc.)? Please describe your recommended changes.			
7. Was there a violation of conflict of interest? If yes, what did you do about it? What will you do about it in the future?			
8. Was the information provided without bias? If no, what did you do about it? What will you do about it in the future?			

Signature: _____ Date: _____

By checking this box, I am providing my electronic signature verifying all of the information entered herein.

*(Adapted from the form used by the OSU Medical Center Provider Unit
Used with permission from Ohio Nurses Association 2009)*

**Tennessee Nurses Association
Independent Study Application based on 2009 Criteria**

Demographic Data:

Applicant _____

Person completing application _____ Title _____

Note: If this person is also on the planning committee, be sure to include his/her name in the Planning Committee list.

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Title of Independent Study _____

This activity will be accepted as an independent study for: 3 months 6 months 12 months
 24 months Other (describe) _____

(Remember to place the expiration date on the advertising and on the directions for the activity.)

Number of contact hours requested: _____

Enclosed Fee: _____

\$125 for 1-3 contact hours

Add \$25 for each additional contact hour

Yes No Include this activity on the TNA web site at www.tnaonline.org in the list of nursing continuing education events.

Has this activity/application been denied by another approver? Yes No

If yes, explain: _____


Will this activity receive commercial support? Yes No

Will this activity receive financial support from entities other than commercial interests? Yes No

Will this activity receive any in-kind support from entities other than commercial interests? Yes No

Is this continuing education? Does it enable the learner to acquire or improve knowledge or skills that promote professional or technical development to enhance the learner's contribution to quality health care and pursuit of professional career goals?

Yes

No If No,  Stop. An activity for nursing contact hours must be CE.

Key Element 1. Assessment of Learner Needs:

- A. What needs assessment method was used to plan this event? (Check all that apply)
- Written Needs Assessment
 - Learners/Management Requested Event
 - Quality Studies/Performance Improvement Activities
 - Trends in Literature, Law & Health Care
 - Other: Describe: _____
- B. Identify the target audience expected to attend:
- All RNs
 - APNs
 - RNs in Specialty Areas (Identify): _____
 - LPNs
 - Other: Describe: _____
- C. Describe the source of the supporting evidence for the needs assessment and target audience identification. (Check all that apply. Your organization should be able to access this data if called upon.)
- Annual employee survey
 - Periodic surveys of stakeholders or learners
 - Written evaluation summary requests
 - Requests (e.g., via phone, in person, or by email)
 - Other: Describe: _____
- D. Describe how objectives, content and teaching methods reflect the needs assessment. (Check all that apply)
- Nurse Planner and planning committee reviewed needs assessment data
 - Nurse Planner and planning committee formulated the objectives based on the data
 - Content Specialist worked with Nurse Planner and planning committee to develop objectives, content & teaching methods
 - Other: Describe: _____

Key Element 2: Qualified Planners and Faculty: For each person listed on the planning committee, please list name, educational degrees and credentials (e.g., RN, LPN, etc.) here. Planning committee members must fulfill the three roles: 1) knowledge of CE process (Nurse Planner); 2) representative of the target audience; and 3) content expertise. There must be at least two people on the planning committee; one person can fill one or more of these roles.

- A. Planning Committee:
1. Designated Nurse Planner (responsible for adherence to ANCC/TNA criteria): _____
 2. This nurse planner has at least a BSN degree.
 3. This Nurse Planner is current on CE criteria through:
 - Reviewed the most current TNA Individual CE Activity Manual
 - Individual consultation and/or educational session with Executive Director, TNA, or designee
 4. Target Audience Representative (name, degrees, credentials): _____
 5. Content Expert (name, degrees, credentials): _____
 6. Others (name, degrees, credentials): _____
- Bio form* including conflict of interest/conflict resolution for each planning committee member is attached.
- B. The nurse planner and other planning committee members are involved in the process of ensuring the quality of our continuing education activities through: (check all that apply)
- Regular planning meetings
 - Email correspondence
 - Review of literature and/or evidence based practice standards
 - Collaboration with faculty/content experts
 - Review of regulatory, accreditation or other relevant requirements
 - Other: Describe: _____

- C. Content specialist/authors and feedback personnel – in addition to listing names below, attach the completed bio form for each content specialist/author.

Content specialist/author(s), degrees and credentials:

1. _____
2. _____
3. _____

- Bio form* with conflict of interest, conflict resolution, & off-label use declaration for each content specialist/author is attached.

Feedback personnel are those individuals who will provide feedback to the learner:

Feedback personnel, degrees, and credentials:

1. _____
2. _____
3. _____
4. _____

- Bio form* with conflict of interest & conflict resolution for each feedback person is attached.

D. Manner in which the needed qualifications of faculty are identified: (check all that apply).

- Content expertise
- Demonstrated comfort with teaching methodology(ies) (e.g., web-based, etc.)
- Presentation skills
- Familiarity with target audience
- Other: Describe: _____

E. Planning committee assured the qualifications of the faculty are appropriate and adequate by: (check all that apply)

- Review of resume/CV of content specialist/authors
- Recommendation by colleagues
- Review of literature written by content specialist/authors
- Observation of previous presentation by content specialist/authors
- Personal knowledge of expertise of content specialist
- New content specialist/author being mentored by: _____
- Other: Describe: _____

Key Element 3: Effective Design Principles

- A. 1. Purpose/Goal: _____
2. Explicit, measurable educational **Objectives** – document in column 1 of Educational Design form.
- B. What is missing (**gap** in knowledge, skills, practice based on the needs assessment) that tells you there is a need for this activity?
 Gap in knowledge
 Gap in skills
 Gap in practice
- C. **Content and time frames:** List the content for each objective in column 2 of Educational Design form. Content must be congruent with goal/purpose and objectives.
- D. **Teaching-Learning Strategies:** List the methods, strategies, materials and resources to be used by faculty to cover each objective in column 3 of Educational Design form. They must be congruent with objectives and content.
- E. **Learner Feedback:** Check the best description or describe how learners will be provided feedback.
 Provide certificate
 Return results of testing
 Follow-up communication
 Other: Describe: _____

F. Learning Activity Plan/Process

1. Describe the entire independent study package which includes an outline of all activities of the learner: _____
2. List all materials to be used:
 - Article(s)
 - Audiotape
 - Videotape
 - On-line Program
 - Computer
 - Registration Form
 - Post-test
 - Evaluation Form
 - List Other if Applicable _____
3. Describe the method the learner is to use to gain access to resources or interact with the provider of the independent study: _____

G. Successful Completion: (consistent with the goal/purpose, objectives and teaching and learning strategies)

1. Criteria for successful completion include: (check all that apply)
 - Completion/submission of evaluation form
 - Achieving passing score on post-test. (Passing score is: _____%) (attach copy if applicable)
 - Other: Describe: _____(attach copy if applicable)
2. Rational for method selected to determine the criteria for successful completion: (check all that apply)
 - Goal or purpose of event indicated what was needed to successfully complete the activity
 - Category of evaluation selected
 - Importance of content knowledge
 - Importance of content application
 - Required by employer or organization
 - Other: Describe: _____

H. Verify Participation

- Participation will be verified at the event through registration form
- Signed attestation statement by participant verifying completion of entire activity
- Sign-in Log
- Other: Describe: _____

Key Element 4: Awarding Contact Hours

A. Effectiveness of Study:

1. Describe how the effectiveness of the independent study was assessed: _____
2. Describe the results of the assessment: _____
3. Describe the changes made based on the assessment prior to making the study available to learners: _____

B. Contact Hour Calculation

1. What was the method for calculating the contact hours: (Check the best description that applies)
 - Pilot Study
 - Historical Data
 - Complexity of content and data
 - Other: Describe: _____
2. Show evidence of how contact hours were calculated ("show" the math). _____

Key Element 5: Evaluation

A. Check or describe the methods of evaluation to be used: (check all that apply)

- Evaluation Form (**Required – Evaluates** 1) each objective; and, 2) length of time to complete the study) (attach copy)
- Pre and/or Post-test (**Optional**) (attach a copy if testing is to be used)
- Other: Describe: _____ (attach copy if applicable)

B. Categories of Evaluation

1. The category of evaluation to be used for this activity and completed by the end of the learning experience: (check all that apply)
 - Learner satisfaction (simplest; e.g. standard evaluation form) **(Required)**
 - Knowledge enhancement (e.g. testing)
 - Skill and attitude change (e.g. return demonstration)

2. Do you plan to include the following advanced categories of evaluation? If yes, describe how and when the data will be collected.
 - Change in practice/performance (usually done 3 months after learning; e.g. self-report of change, observation of performance, audits, etc.)
 - Relationship of the practice change to quality of service (most complex, usually done 6 months after event; look at final outcomes)

Description of how and when the data will be collected: _____

C. Quality Improvement:

The Nurse Planner will review each presentation of the activity for continual relevance, need for content updates or changes, etc.

- Form is attached

Key Element 6: Approval Statement as noted on Advertising:

- A. Include a copy of ***the advertising material*** including relevant pages of the web site (if applicable). Ensure that the approval statement stands alone and is worded as noted below.

This continuing nursing education activity was approved by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

- B. Type of advertising: (*attach copy*)

- Flyer/brochure
- Memo/letter
- Meeting notice
- E-mail
- Web site Web address: _____
- Other: Describe: _____

Key Element 7: Documentation of completion. Include a copy of the completed certificate to be awarded Document/certificate to include:

- Name of learner
- Name and address of provider unit
- Title and date of completion of educational activity
- Official approved provider statement (see statement listed in Key Element 6: A above)
- Number of contact hours awarded
- Expiration date of independent study

Key Element 8: Commercial Support and Sponsorship

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients, or an entity that is owned or controlled by an entity that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-health care related companies.
- Commercial Support is financial, or in-kind, contributions given by a commercial interest, which are used to pay all or part of the costs of a CNE activity.
- A sponsor is identified as an organization that does not meet the definition of commercial interest. Sponsorship is financial, or in-kind, contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a CNE activity.

If no commercial support or sponsorship received, check A.

If commercial support or sponsorship is received, complete items B, C, D, and E and attach the signed agreement(s).

- A. This activity has no commercial support or sponsorship
- B. Commercial support/sponsorship has been provided by the following: (List name of organization(s) providing commercial support or sponsorship.) _____
- C. Content integrity has been/will be maintained by: (check all that apply)
- a. Our commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.
 - b. Our commercial support/sponsorship policy/procedure has been shared in writing with those providing commercial support/sponsorship.
 - c. Faculty has been informed of our policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services.
 - d. In conjunction with a – c, the session will be monitored and violators of policy will not be asked to present again.
 - e. Other: Describe: _____
- D. The following precautions have been taken to prevent bias in the educational content.
- a. Our position commercial support/sponsorship and bias has been discussed with each presenter.
 - b. Each presenter has signed a statement that says s/he will present information fairly and without bias.
 - c. In conjunction with a – b, the session will be monitored and violators of policy will not be asked to present again.
 - d. Other: Describe: _____
- E. Signed commercial support or sponsor agreement(s) are attached.

Key Element 9: Conflict of Interest

- A. Documentation of conflict of interest or disclosure of absence of conflict of interest for planners and content specialists/authors is included on attached bio forms.
- B. Procedure used to resolve conflict of interest or potential bias if applicable for this activity: (check all that apply)
- a. Have discussed this conflict with individual who is now aware of and agrees to our policy.
 - b. Content specialist/author has signed a statement that says s/he will present information fairly and without bias.
 - c. In conjunction with B: a. & b., Nurse Planner or planning committee will review the independent study to ensure conflict does not arise.
 - d. Not applicable since no conflict of interest.
 - e. Other: Describe: _____
- C. In reviewing the bio forms did the Nurse Planner and/or planning committee suspect that there might be COI and/or bias for any planning committee members and/or faculty?
- Yes
 - No

If yes, what was the concern? _____

What did you do to resolve it? _____

Key Element 10: Written Disclosure Provided To Activity Participants: Learners must receive written disclosure of required items prior to beginning the learning activity. Disclosures are required to be provided for items A through C & F for all learning activities. Disclosures for items D and E apply only in relevant situations. Describe methods used to inform activity participants of:

- A. *Goal/purpose, objective and criteria for successful completion: (Note: Not applicable is not an acceptable response)*
- Information on advertising material
 - Written information on handouts for activity/directions. (Attach copy)
 - Other: Describe: _____ (Attach copy if applicable)

- B. *Conflicts of interest or lack thereof for planners and presenters, including financial relationships, and resolution of such: (NOTE: Not applicable is not an acceptable response)*
- Information provided on advertising
 - Information provide on handouts or in directions *(Attach copy)*
 - Other: Describe: _____ *(Attach copy)*
- C. *Commercial Support/sponsorship: (NOTE: Not applicable is not an acceptable response)*
- Information provided on advertising
 - Information provided on handouts *(Attach copy)*
 - Other: Describe: _____ *(Attach copy)*
- D. *Non-endorsement of products displayed in conjunction with this activity:*
- No products are being displayed. (No statement needed)
 - Information provided on advertising. (Statement to be used: "Approval of this activity refers only to continuing nursing education activities and does not imply that there is real or implied endorsement of any product, service, or company referred to in this activity nor of any company subsidizing costs related to the activity. "
 - Information provided in handouts *(Attach copy)*
 - Other: Describe: _____*(Attach copy)*
- E. *Discussion of off-label use:*
- Content specialists/authors have attested that they will not discuss off-label usage of products. (No statement needed)
 - Information provided in handouts or on the slides. *(Attach copy)*
 - Other: Describe: _____*(Attach copy)*
- F. *Expiration date for awarding contact hours for enduring materials:*
- Information provided on advertising **(Required)** *(Attach copy)*
 - Information provided on handouts or in directions **(Required)** *(Attach copy)*
 - Other: Describe: _____ *(Attach copy)*

Key Element 11: Recordkeeping

- All correspondence, complete copy of application, all attachments and corrections, records of attendance, summative evaluation(s) and contact hours will be maintained in a retrievable file which is accessible to only authorized personnel for six years.
- Records will be filed and stored at (list location):
Other: Describe:

Key Element 12: Co-providership

If not co-providing, check A; if yes, answer B, C and D and attach signed agreement.

- A. This activity will not be co-provided.
- B. Co-providership of this activity has been arranged with (List organization name): _____
- C. As the approved provider, we will maintain responsibility for determination of educational objectives and content, selection of content specialists and activity presenters, awarding of contact hours, record keeping procedures, evaluation methods and categories, and management of any commercial support or sponsorship.
- D. *The written, signed co-provider agreement is attached.*

Summary: Attach the following to the documentation form:

- Bio forms for planning committee members and faculty
- Evaluation form and any other evaluation tools used (e.g. post-test)
- Evaluation Summary form (QI tool) to be completed after event
- Advertising material/flyer/e-mail announcement; internet or intranet posting
- Certificate/documentation of completion
- Signed commercial support or sponsorship agreement if applicable

- Disclosures if not included on advertising
- Signed co-provider agreement(s) if applicable

EDUCATIONAL DESIGN FORM – INDEPENDENT STUDY

Objectives	Content (Topics)	Teaching Methods & Categories of Evaluation
List learner's objectives in behavioral terms	Provide an outline of the content for each objective. It must be more than a restatement of the objective	Describe the teaching methods, strategies, materials & resources for each objective.
		Check category of evaluation to be used: <input type="checkbox"/> Learner satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
		Check category of evaluation to be used: <input type="checkbox"/> Learner satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
		Check category of evaluation to be used: <input type="checkbox"/> Learner satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change
		Check category of evaluation to be used: <input type="checkbox"/> Learner satisfaction <input type="checkbox"/> Knowledge enhancement <input type="checkbox"/> Skill & attitude change

Independent Study Evaluation Summary (QI) Form

Program Name: _____

Time period being evaluated: _____

Nurse Planner: _____

Source of Information: Review of Post-test Results (if applicable) _____ Review of Evaluations _____

	Yes	No	Please describe:
1. Was the expected time to complete this activity consistent with learners' responses?			
2. Were objectives met based on content presented?			
3. Were the evaluations favorable?			
4. Were the post-tests favorable? (if applicable)			
5. Do you recommend that changes be made in future presentations (content, post-test, etc.)?			
6. Did all participants meet criteria for successful completion and receive certificates? If no, please list participants who did not meet criteria for successful completion and therefore did not receive nursing contact hours.			
7. How many participants needed to take the independent study post-test more than once?			

Signature: _____ Date: _____

By checking this line, I am providing my electronic signature verifying all of the information entered herein.

*(Adapted from the form used by the OSU Medical Center Provider Unit
Used with permission from Ohio Nurses Association 2009)*

2009 Biographical Data & Conflict of Interest Form

- Nurse Planner: Represents: ANCC Criteria Target Audience Content Expertise
 Planning Committee: Represents: Target Audience Content Expertise
 Presenter

Date: _____ Name & Credentials: _____
If RN, nursing degree(s): AD Diploma BSN Master's Doctorate
Home Address OR Business Address: _____
Day Telephone: _____ Email Address: _____
Present Position (Title) & Employer: _____

Planners: (fill out as appropriate as indicated above)

I represent the target audience by: (Describe): _____

I have content expertise in this topic by: (Describe): _____

Presenters: I have content expertise in this topic by: (Describe): _____

Planner, Faculty and Content Specialist Conflict of Interest Statement

If you are in a position to control the content of this educational activity (planner, faculty presenter, or content specialist), then you must disclose whether or not you have a conflict of interest. Conflict of interest disclosure identifies the presence **or** absence of *any* potentially biasing relationship of a financial, professional or personal nature. A perceived conflict of interest would occur, for example, if you have or a member of your family has, within the past 12 months, received a salary, royalty, speaking honorarium, research appointment, board of directors remuneration, or consulting fee from an organization whose product or service is being discussed in the learning activity or if you or a family member own stock in such a company. Conflict of interest would also occur if you have any potential to benefit personally or professionally from the presentation (work for a proprietary company presenting the learning activity, have written a book about the topic, provide consulting services related to the topic, etc.)

All information disclosed must be shared with the audience on the program handouts, advertising and/or audiovisual presentation.

A. Conflict of Interest

Is there a perceived financial, professional or personal conflict of interest? (self or family) Yes No

If yes, list company(ies) with relationship:

<u>Relationship</u>	<u>Name of Commercial Company(ies)</u>
Research Support	_____
Speakers' Bureau	_____
Consultant	_____
Shareholder	_____
Author	_____
Other	_____

B. Resolution of Conflict:

Procedures used to resolve conflict of interest or potential bias if applicable for this activity: (check all that apply).

1. I have discussed this conflict with the Nurse Planner and agree to abide by provider's policy.
 2. I have signed a statement that says I will present information fairly and without bias.
 3. In conjunction with 1 & 2, I understand that the Nurse Planner or designee will monitor session to ensure conflict does not arise.
 4. Not applicable since no conflict of interest
 5. Other: Describe:

C. Discussion of off-labeled uses: Yes No

If yes, you must disclose this information during your presentation. How will you do this? (check all that apply)

- Verbal statement during the presentation.
- Information provided on handouts.
- Information provide in audiovisuals (slides, overhead, PowerPoint, etc.)
- Other: Describe:

Signature: _____ Date: _____

Signature is optional – electronic signature is acceptable.

Note to nurse planner: If signature is not obtained, describe how this data was collected: _____