

WNA Manual for Approved Provider Units Part 2 - Developing Educational Activities Using the ANCC Criteria

Contents

INTRODUCTION	2
Educational Design Criteria – Development Process and Documentation Overview	4
<i>Joint Providership</i>	4
EDUCATIONAL DESIGN PROCESS - OVERVIEW	5
EDUCATIONAL DESIGN PROCESS	6
<i>Planning Committee</i>	6
<i>Professional Practice Gap</i>	7
<i>Underlying Educational Needs</i>	11
Target Audience	12
<i>Learning Outcome(s)</i>	12
<i>Content for Educational Activity</i>	14
<i>Active Learner Engagement</i>	15
<i>Commercial Support</i>	17
Ensuring Content Integrity of an Educational Activity in the Presence of Commercial Support:	17
<i>Criteria for Awarding Contact Hours</i>	21
<i>Certificate or Documentation of Completion</i>	21
<i>Required Information Provided to the Learner</i>	24
<i>Required information for learners</i>	24
<i>Approved Provider Statement</i>	25
<i>Evaluation</i>	27
ENSURING INDEPENDENCE AND CONTENT INTEGRITY	30
<i>Independence from Commercial Interest Organizations</i>	30
<i>Conflict of Interest</i>	30
<i>Commercial Interest</i>	30
<i>Supplemental Information: DRAFT WNA Flowchart to identify conflicts of interest</i>	39
<i>Supplemental Information: ANCC DIRECTOR’S REPORT – CONFLICT OF INTEREST</i>	40
<i>Supplemental Information: ANCC Content Integrity Standards</i>	41
ADDITIONAL REFERENCES FOR APPROVED PROVIDERS	41

WNA Manual for Approved Provider Units – Part 2 - Developing Educational Activities Using the ANCC Criteria

Based on the 2015 ANCC Criteria as adopted by Wisconsin Nurses Association
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The order of the information in this WNA APPROVED PROVIDER MANUAL may vary from the order of information in the ANCC MANUAL. This WNA APPROVED PROVIDER MANUAL does not include all information contained in the ANCC MANUAL, such as background information and information pertaining only to accredited providers.

Samples of WNA Forms are used throughout this manual. Please note that forms undergo revision periodically. Major changes to forms will result in an update to this manual. Minor changes will not be made in this manual. Questions may be directed to WNA.

INTRODUCTION

CNE is designed to improve the professional practice of nursing and to positively impact patient, system, and/or population outcomes. **Continuing Nursing Education (CNE)** is defined as “learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RNs’ pursuit of their professional career goals.”

Interprofessional continuing education (IPCE) is defined as that which occurs “when members of two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes” (www.jointaccreditation.org).

Within an accreditation framework, the following principles of high-quality educational design are employed:

- Addresses a professional practice gap (change in standard of care, problem in practice, or opportunity for improvement);
- Incorporates the active involvement of a Nurse Planner in the planning process;
- Analyzes educational needs (knowledge, skills, and/or practices) of registered nurses and/ or health care team members that underlie the problem or opportunity (why the problem or opportunity exists);
- Identifies one or more learning outcomes to be achieved by learners participating in the activity;
- Uses strategies that engage the learner in the educational activity and are congruent with the educational needs and desired learning outcomes;

- Chooses content based on evidence-based practice or best available evidence;
- Evaluates achievement of learning outcomes; and
- Plans independently from the influence of commercial interest organizations.

EDUCATIONAL ACTIVITY CHARACTERISTICS

Types of Activities

Three primary types of educational activities may be delivered live or via an enduring format:

1. **Provider-directed, provider-paced:** The provider controls all aspects of the learning activity. The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. (Examples include live activities and live webinars.)
2. **Provider-directed, learner-paced:** The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. The learner determines the pace at which he/she engages in the learning activity. (Examples include print articles, online courses, e-books, and self-learning modules/independent studies.)
3. **Learner-directed, learner-paced:** With guidance from a Nurse Planner, an individual learner takes the initiative in identifying his or her learning needs, formulating learning outcomes, identifying resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which he or she engages in the learning activity.

Considerations for Live and Enduring Formats

Live educational activities, whether in-person or web-based, are provider-directed, provider-paced activities. There is no expiration date for a live activity; however, the provider is expected to evaluate repeated activities as needed to determine that the practice gap still exists, that the underlying educational needs are still relevant for the target audience, and that content is still based on current evidence. Live activities, or portions of live activities, may be repurposed for enduring materials. If repurposed, an expiration date is assigned to the enduring activity.

Enduring activities are provider-directed, learner-paced activities. Enduring materials have an expiration date after which no contact hours may be awarded. The expiration date of enduring material should be based on the content of the material. Providers must review content of enduring materials at least once every three years, or more frequently if indicated by new developments in the field specific to the enduring material.

Review of enduring material content should be conducted for:

- Accuracy of content,
- Current application to practice, and
- Evidence-based practice.

Upon completion of the enduring material review, a new expiration date should be established.

Please see NARS information on the WNA website for new, specific descriptions used to identify types of courses for annual reporting.

Educational Design Criteria – Development Process and Documentation Overview

Joint Providership

Accredited Providers may jointly provide educational activities with other organizations. The jointly providing organization cannot be a commercial interest.

The Accredited Provider is referred to as the provider of the educational activity; any other provider is referred to as a joint provider. In the event that two or more organizations are accredited, one will assume responsibility for adherence to the ANCC criteria and is the provider; the others are referred to as the joint providers.

Materials associated with the educational activity, such as marketing materials, advertising, agendas, and certificates of completion, must clearly indicate the Accredited Provider that is awarding contact hours and is responsible for adherence to the ANCC criteria.

Jointly-providing educational activities– KEY POINTS:

1. “Joint providership” was formerly known as “co-sponsorship” and then “co-providership.”
2. Two organizations work together to plan, implement, and evaluate an educational activity.
3. APU is the “Provider,” others are “joint providers.”
4. The APU NP must be actively involved in planning and is responsible for adherence to ANCC criteria.
5. The APU awards the contact hours.
6. A joint provider must not be a commercial interest organization.
7. Pre-activity information (e.g., promotional materials) must reflect the APU awarding contact hours.
8. Learners must be informed of joint providership prior to the activity.
9. Written agreement is no longer required by the criteria but operationally is a good thing to put in place.
10. The Approved Provider Unit (APU) must ensure that the APU maintains control of:
 - *Determining educational objectives and content
 - *Selecting planners, presenters, faculty, authors and/or content reviewers
 - *Awarding of contact hours
 - *Recordkeeping procedures
 - *Evaluation methods
 - *Management of commercial support

IMPLICATIONS FOR EDUCATIONAL ACTIVITY RECORD FORM [EARF]

- Pre-activity information to participants (e.g., promotional materials) must contain a joint providership statement; for example, “APU X is the provider of nursing contact hours in a joint provider collaboration with Organization Z.”
- Provider must be clearly and prominently identified on promotional material.

JOINT-PROVIDERSHIP

NOTE: Commercial Interest organizations may not be joint-providers.

A. Was this activity jointly-provided?

NO

YES – answer questions below:

List the joint-provider organization(s): Center for Nursing Education Excellence

The CNE Nurse Planner for this activity must ensure that the Provider organization maintains control of educational development and is responsible for adherence to ANCC criteria.

Yes, the Provider organization maintains control of educational development and is responsible for adherence to ANCC criteria. Joint provider agreement completed.

Documents associated with this activity (e.g., marketing materials, advertising, agendas, certificates) clearly indicate the Provider organization awarding contact hours and the Provider’s responsibility for adherence to ANCC criteria. A joint provider statement is used on promotional material.

NOTE: If logos of joint-providers are used, Provider logo must be prominently displayed on all documents.

Yes, the Provider organization name is clearly indicated and a joint-providership statement is used

Joint Provider
Section from
EARF →

EDUCATIONAL DESIGN PROCESS - OVERVIEW

Related to YOUR SPECIFIC target audience:

- a. Identify if education is the right intervention (may happen at several different points in the process).
- b. Identify a problem in practice or opportunity for improvement.
- c. Develop a planning committee (may happen at several different points in the process).
- d. Analyze a practice gap: What are nurses doing or not doing that is leading to a problem?
- e. Confirm you have evidence of a problem for your specific target audience.
- f. Drill down into the problem and determine if the underlying need is a lack of knowledge, skill, and/or practice.
- g. Identify the target audience for the activity.
- h. Determine desired outcome(s).
- i. Ensure content is based on best available evidence.
- j. Use appropriate learner engagement strategies.
- k. Ensure no conflicts of interest (identify, evaluate, resolve, disclose).
- l. Acknowledge commercial support, if applicable.
- m. Provide required information to learners before the session (promotional materials / disclosures).
- n. Award contact hours / validate completion with “certificate.”
- o. Evaluate.
- p. Adhere to joint providership requirements if applicable through the process.

Consistency in approaches:

	Gap	Learning Outcome	Learning Strategies	Evaluation strategy
Knowledge	Doesn't know something	Increase knowledge by...	- Lecture with “check in points” - Webinars	- Self-report intent to use knowledge in practice - Post test
Skill	Doesn't know how / can't do something	Increase skill by...	- Demonstration of skill - Exercises (e.g., writing action plans) - Analyze case study	- Return demonstration - Written procedure
Practice	Doesn't do something in practice	Increase use in practice by...	- Analyze case study - Analysis of practice - Problem-based learning - Addressing how to implement strategies for practice change	- Self-report of actual use of knowledge in practice - Observation - Report from 3 rd party or data

EDUCATIONAL DESIGN PROCESS

Identify if education is the right intervention. (This may happen at one of several different points in the process.)

Determining if education is the appropriate intervention – KEY POINTS:

1. During the CNE process, the NP for the activity needs to identify if education is the desired intervention for a problem in practice or opportunity for improvement. This is often the first step in the planning process. The PNP is often involved.
 - A. PNP/NP needs to decide if there is a problem in practice / opportunity for improvement.
 - B. PNP/NPs need to decide if education is the desired intervention or if a systems issue, personnel issue, or compliance issue exists.
 - C. If the gap is related to knowledge, skill or practice of RNs, then CNE is appropriate intervention. If gap exists for other reasons, other, non-educational strategies may need to be considered.
 - D. Education may be part of a larger set of interventions.
2. Questions to ask the person who brings you an idea for education, to help identify a problem / opportunity for improvement:
 - What is happening that has created the need for this request?
 - Why do you think this is happening?
 - What would you like to see different?
 - What kind of education can help achieve this change?
 - What evidence will show you that things are better?

Identify a problem.

Identifying a practice gap, opportunity for improvement – KEY POINTS:

1. CNE must be based on a professional practice gap. To start, identify a problem in practice / opportunity for improvement.
 - A. The problem in practice is... OR: The opportunity for improvement is...
 - i. What you can “see” as a result of the problem in practice, the need for improvement, or need for new knowledge.
 - ii. Can be stated as a result (e.g., 30% of patients / students / members not getting flu vaccine at your place of work)) or as a nursing behavior (e.g., nurses are not administering flu vaccines to 30% of patients / students / members).

Planning Committee

Once a professional practice gap is identified, the Nurse Planner can begin to select individuals to assist with planning the educational activity by forming a Planning Committee, or the Nurse Planner may participate as a member of an interprofessional planning team.

The Planning Committee must include at least two people: the Nurse Planner and a content expert. The Nurse Planner may function as both the Nurse Planner and the content expert; however, two people must be involved with planning each educational activity. Other individuals may be selected, as appropriate, to help plan the activity.

The Nurse Planner ensures that the educational activity is developed in compliance with ANCC accreditation criteria.

Forming a planning Committee - KEY POINTS:

1. Two person minimum on planning committee = One nurse planner and one content expert
 - A. Nurse planner can also be the content expert but a minimum of two people are still required to plan the activity.
 - B. Only ONE nurse planner can be designated – responsible for planning process using ANCC/WNA criteria.
 - C. Qualified nurse planner must have a baccalaureate degree or higher in nursing (BAN or BSN) and unencumbered nursing license.
2. Planner “Bio” information
 - A. NP is operationally responsible for verifying qualifications of planners (as well as speakers / authors / content reviewers / other faculty) but there is no longer a criterion related to expertise of those involved in the activity.
3. Content expert vs. content reviewer
 - A. Content expert = Subject Matter Expert
 - B. Content Reviewer = person outside of the planning committee, selected by planning CTE; reviews content prior to activity for quality of content (best available evidence, scientific validity). May review for bias or any other concerns.

IMPLICATIONS FOR EDUCATIONAL ACTIVITY RECORD FORM [EARF]
<ul style="list-style-type: none">• Providers no longer need to use Biographical Data Forms at the activity level.
IMPLICATIONS FOR APPROVED PROVIDER UNIT [APU]
<ul style="list-style-type: none">• Still need to have an APU mechanism to document that nurse planners are qualified. This happens at the Provider Unit level and not the activity level.

Professional Practice Gap

The process of planning begins with identifying when CNE or IPCE might be a desired intervention to address a change that has been made to a standard of care, a problem that exists in practice, or an opportunity for improvement. Once an educational intervention is determined to be appropriate, a Nurse Planner is engaged to begin the planning process.

The Nurse Planner starts by analyzing data that validate the need for the educational activity. This analysis forms the basis of a professional practice gap, or the difference between the current state of practice and the desired state of practice. It is important to note that a professional practice gap may exist for registered nurses or health care teams, regardless of the practice setting. Professional practice gaps are not limited to clinical practice and may also exist in areas of professional work such as administration, education, and research.

Planning continues with further analysis of the professional practice gap. The Nurse Planner (and Planning Committee) evaluates the root causes of the gap, or why the gap exists. If the gap is related to a lack of knowledge, skills, and/or practices of registered nurses, an educational intervention is appropriate. The gap may exist for other reasons, however, and alternative, non-educational strategies may need to be considered.

Analyzing the practice gap, (problem in practice/ opportunity for improvement) – KEY POINTS:

1. Gap analysis is the method of identifying the difference between current knowledge, skill, or practice and desired best practice.
2. Analyze the gap (determine what is causing the problem):
 - A. What is leading to the problem in practice or opportunity for improvement?
 - B. What are nurses doing or not doing that is leading to a problem?
3. Ask yourself: What is the current state compared to the desired state?
 - A. What is the current state (what does the situation look like right now?)
 - B. What is the desired state (what would it look like if the problem was solved)?
4. Confirm you have evidence of a problem: The PNP/NP needs to analyze available data to validate the need for an educational activity.
 - A. What evidence do you have that there is a problem? (e.g., data, stakeholder input, literature review, etc.)
 - B. Types of data to analyze practice gaps / show evidence:
 - i. Surveys
 - ii. Input
 - iii. Evaluation results
 - iv. Outcome studies / QI projects
 - v. Trends in literature
 - vi. Other
5. **Ask yourself: Does that evidence relate to your target audience? How do you know?**

IMPLICATIONS FOR EDUCATIONAL ACTIVITY RECORD FORM [EARF]

- | |
|---|
| <ul style="list-style-type: none">• EARF walks through process of educational activity development• Consider the strength of your data that shows a problem in practice<ul style="list-style-type: none">○ Consider a literature review to strengthen anecdotal data• Work with your quality improvement staff, research staff, ask your students (survey) to get data to support that a problem (gap) exists• Show how evidence relates to your learners! |
|---|

Gap Analysis Section from EARF

EDUCATIONAL DEVELOPMENT

NOTE: CNE must address a need for improvement in knowledge, skill, or practice and/or addresses a problem in practice.

A. Identify the target audience for this activity: (check all that apply)

- RNs
- Advanced Practice RNs
- RNs in Specialty Areas (Identify Specialty): _____
- Interprofessional (Describe): _____
- Other (Describe): _____

B. Summarize the professional practice gap (i.e., change in practice, problem in practice, or need for improvement) that your education is designed to address:

Nurses are not using the CIWA-AR tool in the same way to assess and medicate patients with alcohol withdrawal and they report feeling a lack of confidence about how to use the tool. As a result, patients are being over-medicated, resulting in respiratory complications.

C. Describe the current state – what is the current practice of the target audience related to the problem?

Our health system has a higher than average of number of patients admitted who subsequently go through alcohol withdrawal. Our patient population type has a higher incidence of alcohol abuse than the population-at-large, with patients being admitted for alcohol withdrawal, and admitted for other health problems and then going through withdrawal due to abstinence from alcohol.
Our health system uses the CIWA-AR tool to assess the level of a patient's alcohol withdrawal. In the last 3 – 5 years, there have been an increasing number of close calls, with patients getting over-sedated as a result of using the CIWA-AR tool and associated order set.
It has also been found that nurses are not using the tool in the same way on all the hospital units. In addition, nurses find it confusing that there are different orders depending on if the patient is on the mental health unit or med/surg unit.

D. Describe the desired state – what SHOULD nurses be doing in practice?

Nurses should be using the CIWA-AR tool with reliable results, where-by nurses independently assessing the same patient would obtain a similar score when using the same tool.
Nurses should use the tool with an increased level of confidence about their nursing judgement associated with the tool.
Nurses should then use the results of the CIWA-AR tool to implement appropriate interventions.

E. Evidence of data to validate the professional practice gap: (check all methods/types of data that apply)

- Survey of stakeholders, target audience members, subject matter experts
- Input from stakeholders such as learners, managers, or subject matter experts
- Reviewing outcomes of quality studies and/or performance improvement activities
- Reviewing evaluations of previous educational activities
- Reviewing trends in literature, law and/or health care
- Other (Describe): Health System data on alcohol withdrawal complications

 **ATTACH A COPY OF THE SUPPORTING EVIDENCE INDICATED ABOVE (in E.).**

F. Summarize – what did the data show to indicate there is a problem in practice or opportunity for improvement?

77% of nurses indicated a lack of confidence with the CIWA-AR tool.
63% were not confident the scoring results led to the correct recommended interventions
66 – 72% of case study responses were incorrect (see supporting evidence)



SAMPLE of SUPPORTING EVIDENCE from EARF:

Care of the Patient during Alcohol Withdrawal
Supporting Evidence

1. Survey

In January, 2016, a survey of nurses on all units of our health system was conducted. 55% of nurses responded to the survey. The survey asked questions regarding nurses' perceptions of the CIWA-AR tool and confidence level in using the tool. The survey also had case-study questions related to the use of the tool. Key questions:

“How confident are you in using the CIWA-AR tool to assess and implement interventions for alcohol withdrawal?”

Very confident – 7%

Somewhat confident – 16%

Somewhat unconfident – 52%

Very unconfident – 25%

“How confident are you that the CIWA-AR tool score accurately indicates the appropriate intervention strategies for your patients experiencing alcohol withdrawal?”

Very confident – 15%

Somewhat confident – 22%

Somewhat unconfident – 43%

Very unconfident – 20%

With case study describing observations, identify the score of 1 – 7.

66% - incorrectly identified interventions

34% - accurately identified interventions

With a score of 40 on the CIWA-AR tool, what interventions would you implement?

72% - incorrectly identified interventions

28% - accurately identified interventions

2. Health system data

health system data on alcohol withdrawal complications shows 60% of patients developing symptoms requiring medical management. 12% of patients develop complications resulting from the management of symptoms, with the most frequent being over-sedation and respiratory distress.

Underlying Educational Needs – drill down into the cause of the problem – ask “WHY?”

When the professional practice gap has been identified, the Nurse Planner and Planning Committee conduct a needs assessment to determine the underlying educational needs of registered nurses, or members of the health care team, that contribute to the gap.

The Nurse Planner and Planning Committee evaluate what registered nurses or members of the health care team do not know (knowledge deficit), do not know how to do (skill deficit), or are not able to do in practice (practice deficit).

A backward-planning process as described by Moore, Green, and Gallis (2009) is a useful method for determining the educational needs and targeting the educational activity appropriately to address the gap.

Determining if the underlying need is a lack of knowledge, skill, and/or practice– KEY POINTS:

1. Drill down into the problem and determine if the underlying need is a lack of knowledge, skill, and/or practice.
2. Causes of gaps:
 - A. Nurse doesn't "know" something
 - i. Lack of new nursing information or information from an existing body of nursing knowledge
 - ii. A new regulation, but go the next step of – what is the gap that led to the need for the new regulation?
 - B. Nurse lacks the skill to do something
 - C. Nurse is not doing something in practice
3. This stage of planning is critical to adequately address the problem in practice because if the underlying need isn't identified, you don't know what the content of your education should be.
4. "Needs assessment":
 - A. Context and definition has evolved: A needs assessment is the process of evaluating underlying needs in knowledge, skill or practice related to an identified professional practice gap.
 - B. Needs assessment is "The process by which a discrepancy between what is desired and what exists is identified" – why the gap exists, in terms of need for change in learner knowledge, skill or practice."
 - C. Frequent reference now to, "Underlying Educational Needs," meaning after a gap is identified, the NP and planning CTE conduct a "needs assessment" to determine the underlying educational needs (knowledge, skill and/or practice) of the target audience that contribute to the gap.

IMPLICATIONS FOR EDUCATIONAL ACTIVITY RECORD FORM [EARF]

- | |
|--|
| <ul style="list-style-type: none">• Ask, "how do we know there is a problem" and "how do we really know what the problem is?" |
|--|

Target Audience

Once the educational need has been identified, the Nurse Planner and Planning Committee can determine the target audience for the educational activity. The target audience is defined as the specific registered nurse learners or health care team members the educational activity is intended to impact.

Identifying the target audience - KEY POINTS:

1. Who is involved in creating the problem in practice or need for improvement
2. Who needs the new knowledge and why?

Learning Outcome(s)

The Nurse Planner and Planning Committee then develop the desired learning outcome for participants in the target audience.

A learning outcome is written as a statement that reflects what the learner will be able to do as a result of participating in the educational activity. The learning outcome must be observable and measurable.

The outcome addresses the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap, and achieving the learning outcome results in narrowing or closing the gap. A learning outcome may be assessed over the short term or long term. There may be more than one learning outcome for an educational activity.

Developing Learning Outcomes - KEY POINTS:

1. Nursing no longer uses learning objectives to design education. You can have objectives – they are the “stair steps” that get you to the outcome.
2. Determine desired outcome(s) for the activity.
 - A. Learning outcomes are an explicit description of what a learner should know, be able to apply and/or be able to do as a result of participating in **this** educational activity
 - i. Learning outcomes address the knowledge, skill or practice needs that contribute to the professional practice gap - Start with the end in mind
3. Consider if the gap is in knowledge, skill, or practice, and match the outcome to the educational need. (See examples below.)
 - A. What do you want learners to accomplish?
 - B. Is the underlying learning need related to K, S or P?
4. Learning outcomes must be measurable and measured.
5. They may be assessed over the short or long term.
6. If a learning outcome is achieved, the gap will be reduced. The measurement data will show that the gap is or is not reduced.
7. There is no magic number of learning outcomes required. There may be more than one learning outcome for an educational activity.
8. May be designed to impact nursing professional development, patient outcomes, or both. Learning outcomes are designed to impact patient outcomes, if you have patient data.
9. Writing learning outcomes:

Learning Outcome

Learning Objective	Learning Outcome
<ul style="list-style-type: none"> List 5 side effects of anti-hypertensive agents Discuss risks associated with untreated hypertension State normal range for blood pressure 	<p>Knowledge: Demonstrate knowledge of evidence-based treatment for hypertensive patients by passing post-test with score of $\geq 80\%$</p> <p>Competence/Skill: Correctly identify required actions to manage patients in hypertensive crisis by analyzing a case study.</p> <p>Performance: Utilize an evidence-based protocol when caring for hypertensive patients</p>

Learning Outcome

Learning Objective	Learning Outcome
<ul style="list-style-type: none"> Describe characteristics of effective communication styles List 5 methods of creating a safe environment for holding a confidential conversation Define SBAR Apply the principles of SBAR when communicating critical information 	<p>Knowledge: At conclusion of the educational activity, participants will self-report knowledge gain of effective communication styles using Likert scale</p> <p>Competence/Skill: At conclusion of the educational activity, participants will self-report intent to change practice by applying evidence-based communication strategies</p> <p>Performance: At 6 month post-program evaluation, participants will self-report actual change in practice</p> <p>Patient Outcomes: At 9 month post-program evaluation, participants will self-report impact on patient outcomes as a result of change in communication strategies</p>

Source: ANCC, 2016

IMPLICATIONS FOR EDUCATIONAL ACTIVITY RECORD FORM [EARF]

- Keep learning outcomes realistic for the activity – what can you really accomplish with one activity?
- Learning Outcomes related to improving patient outcomes need patient data for comparison
- Must be observable, measurable, and measured!

Underlying Educational Needs & Learning Outcomes Sections from EARF
(you don't need to list K, S, P and O; the example just illustrated one of each):

G. Is the educational need that underlies the professional practice gap in knowledge, skill and/or practice?

X	Knowledge (learner doesn't know something)
X	Skill (learner doesn't know how to do something)
X	Practice (learner is not able to show or do something in practice)

H. What is/are the learning outcome(s) for this activity – what should learners be able to demonstrate following THIS activity?

K - Demonstrate knowledge of how to use the CIWA-AR tool to accurately score S/S of alcohol withdrawal by passing post-test with score of $\geq 80\%$ following an on-line learning activity. S – As part of a live learning activity, nurses will reliably score alcohol withdrawal S/S during a simulation exercise. P – At six months, as a result of improvement in nurses' accurate scoring and intervention, nurses will report on a repeat survey a higher level of confidence in the use of the CIWA-AR tool in practice. O – Long term, we hope to impact patient outcomes (reduce the number of complications), although we do not expect this to occur without additional education and follow up.
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Content for Educational Activity

Content for the educational activity may be chosen by the Nurse Planner and Planning Committee, or it may be selected by others participating in the educational activity, such as individual speakers or authors.

It is the responsibility of the Nurse Planner and Planning Committee to ensure that content is based on the most current evidence, which may include but is not limited to evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content experts' opinion.

If there is concern that content selected is not based on best available evidence or may be biased within the educational activity, the Nurse Planner and Planning Committee may choose to engage a content reviewer. The purpose of a content reviewer is to provide independent and expert evaluation of content to ensure best available evidence is presented, the content is balanced, and the content is not promotional or biased.

Content that has previously been developed may also be identified as appropriate to include within the educational activity. If previously developed content is incorporated, the Nurse Planner is responsible for ensuring the content meets the criteria for best available evidence and is appropriate in relation to the identified practice gap, and that permission to use the content has been obtained as applicable.

Ensuring content on best-available evidence - KEY POINTS:

1. Select speakers / authors who are content experts.
 - A. An "author" in this context is a person who develops / writes an enduring material activity.
2. Communication from planners to speakers/authors should include:
 - Sharing outcomes
 - Requesting expected content
 - Recommending learning strategies

3. The NP validates the speaker content (verifies it's based on best-available evidence) – may use content reviewer.
4. Content: Evidence-based / based on best-available evidence – Evidence Hierarchy:



2016 Google Images – Nursetopia.net

5. **Peer-reviewed** journals, textbooks, web articles ensures content has been critically evaluated by experts or contains high quality evidence
 - A. Examples of resources for evidence r/t diseases / other content =AHRQ, NQF, CDC
 - B. Example of evidence-based clinical guidelines - www.guidelines.gov .
6. Choose content from recently published resources (suggested guideline - within the past 5 – 7 years. “Classic sources” = Maslow, Donabedian, etc.
7. The opinion of one speaker is NOT best evidence.
8. Previously developed content – ANCC has specific guidelines – contact WNA NPRL

IMPLICATIONS FOR EDUCATIONAL ACTIVITY RECORD FORM [EARF]

- Citations are generally not the same as the references you list if you do a literature review
- Use 5 -7 year rule – if not, think about, why not?
- No specific citation format (e.g., APA, MLA) but can another person use citation to find the information?
- If citing “Expert Opinion – must cite more than one expert - consider person other than speaker / author – the point is unbiased opinion

Active Learner Engagement

As part of the design process, the Nurse Planner and Planning Committee develop ways in which to actively engage learners in the educational activity. Strategies to engage learners may include but are not limited to integrating opportunities for dialogue or question/answer, including time for self-check or reflection; analyzing case studies; and providing opportunities for problem-based learning. Active learner engagement may function as an opportunity for formative assessment during the educational activity by providing the presenter with immediate learner feedback.

Using learner engagement strategies - KEY POINTS:

1. Learner engagement strategies should be congruent with desired learning outcomes:
 - Knowledge gap -> lecture / Q&A / self-checks / reflection / discussion
 - Skill gap -> demonstration /
 - Practice gap -> problem based learning / case scenario analysis
2. Gap, underlying need, learning outcomes, learner engagement strategies, and evaluation methods should be congruent and all these depend on if a gap is in knowledge, skill or practice.

IMPLICATIONS FOR EDUCATIONAL ACTIVITY RECORD FORM [EARF]

- Choose learning strategies that will address the gap – knowledge, skill, or practice.

Content and Active Learner Engagement Sections from EARF:

I. What content will you develop to help learners achieve the learning outcome(s)?

TIP: What will the activity look like? What content will be included?

For example: The session will be a one-hour webinar on the 2014 CDC guidelines for administration of the pneumococcal vaccine. It will include information about the administration schedule, physiological effects, side effects, and contraindications. Attention will be paid to the importance of incorporating this information in patient teaching for persons over the age of 65.

The content for the live activity will include information on the science of alcohol addiction. It will highlight intervention strategies and how to implement those strategies with confidence. Participants will practice with the CIWA-AR tool, including the opportunity to score the participant's performance on the tool. A survey will be conducted in six months to further assess learning and confidence in using the tool.

J. On what evidence will you base your content?

EVIDENCE-BASED REFERENCES USED TO DEVELOP THIS ACTIVITY	LIST CITATIONS HERE: Include publication date.
Information available from the following website: (web site must use current available evidence within past 5 - 7 years; may be published or unpublished content; examples – AHRQ, CDC, NIH)	https://www.cdc.gov/alcohol/fact-sheets/alcohol-screening.html (2018)
Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years.):	<i>Ryan, K. (2017). Using Screening Tools Effectively. Journal of Education. 16 (3).</i>
Clinical guidelines (example - www.guidelines.gov):	https://psychiatryonline.org/doi/pdf/10.1176/appi.books.978161
Expert resource (individual, organization, educational institution) (book, article, web site) – if listing people, must list more than one:	
Textbook reference:	
Other:	

K. What learning engagement strategies will you use to help learners achieve the learning outcome(s)?

TIP: For example: discussion; question/answer; participant reflection; polls; case studies; scenarios; problem-based learning (group work to solve real problems)

Lecture w/Q&A; group discussion of intervention strategies; including case study, practice with CIWA-AR tool

L. Is/are your learning outcome(s) related to:

- Nursing Professional Development
- Patient Outcomes (you must have data on patient outcomes to choose this)
- Both
- Other:

Commercial Support

Commercial interest organizations may provide monetary funding or other support (Commercial Support) for continuing nursing educational activities in accordance with the fundamental principles that

1. Commercial Support must not influence the planning, development, content, implementation, or evaluation of an educational activity.
2. Receipt of Commercial Support must be disclosed to learners.

Commercial Support may be used to pay for all or part of an educational activity and for expenses directly related to the educational activity, including but not limited to travel, honoraria, food, support for learner attendance, and location expenses. Commercial Support may be used to support more than one educational activity at the same time or multiple activities over a period of time.

Commercial Support is:

- . Financial Support—money supplied by a commercial interest organization to be used by a provider for expenses related to the educational activity. Financial support may be provided as an unrestricted grant, educational grant, donation, or scholarship; and
- . In-kind Support—materials, space, or other nonmonetary resources or services used by a provider to conduct an educational activity, which may include but are not limited to human resources, marketing services, physical space, equipment such as audiovisual components, and teaching tools (for example, anatomic models).

Ensuring Content Integrity of an Educational Activity in the Presence of Commercial Support:

Commercial interest organizations providing Commercial Support for continuing educational activities may not influence or participate in the planning, implementation, or evaluation of an educational activity. All of the following requirements to ensure content integrity must be satisfied by the provider when Commercial Support is accepted:

1. The commercial interest organization and Accredited Provider must have a written agreement setting forth the terms of the relationship and the support that will be provided. The written agreement will also reflect the requirements set forth in items 2–4 below.
2. All payments for expenses related to the educational activity must be made by the provider. The provider must keep a record of all payments made using Commercial Support funding. Commercial Support funds may be used only to support expenses directly related to the educational activity.
3. The provider is responsible for maintaining an accounting of expenses related to Commercial Support.
4. A commercial interest organization may not jointly provide educational activities.

Managing Commercial Support - Key Points:

1. Follow all steps above.
2. Consult ANCC Standards for Commercial Support at the end of this manual.

IMPLICATIONS FOR EDUCATIONAL ACTIVITY RECORD FORM [EARF]

- See ANCC Standards for Commercial Support
- NO commercial support logos on educational materials
- Written agreement required with electronic or handwritten signature – no typed signatures
- Written agreement signed and in activity record before activity –
- Disclosure of commercial support must be made in participant materials prior to activity
- Careful not to promote Commercial Supporters (or exhibitors, or sponsors)
- If CME is provided for the same activity, WNA will accept CME Commercial Support agreements
- “Sponsorship agreement” no longer needed

What about vendors?

1. Exhibit income no longer considered commercial support
2. Keep exhibitors in a separate area from education – not in “obligate pathway”

What about “sponsors?”

1. Sponsorship no longer subject to commercial support “rules”

Commercial Support Section from EARF:

COMMERCIAL SUPPORT

A. Is there commercial support for this activity?

- NO – Continue to “Awarding Contact Hours” section below
- YES – Complete the table below AND



ATTACH THE REQUIRED COMMERCIAL SUPPORT AGREEMENT FOR EVERY COMMERCIAL INTEREST ORGANIZATION PROVIDING IN-KIND OR FINANCIAL SUPPORT FOR THIS ACTIVITY*.

LIST THE NAME OF EACH COMMERCIAL INTEREST ORGANIZATION SUPPORTING THE EDUCATIONAL ACTIVITY	TYPE OF SUPPORT	
	FUNDING AMOUNT	VALUE OF IN-KIND DONATION
ABC Pharmacy	1500.00	

(To add more rows, put cursor in last line, last cell and hit “Tab” key on the keyboard)

* Agreements must be complete (all signatures present) and must be dated prior to the activity date. The recommended Commercial Support Agreement is found on the WNA website. Agreements approved for CME use are acceptable if CME is being offered for the same activity.

B. In the presence of commercial support, identify any strategies that are being used to ensure content integrity: (check all that apply)

- The Commercial Supporter(s) did not participate in planning this activity in any way
- The support agreement terms and conditions were discussed and clarified prior to signing
- Presence of commercial support and need to avoid bias was discussed with each presenter/author
- Advertising/company logos will be removed from any educational content (slides, handouts, etc.)
- Educational materials will not be packaged in items bearing logos of a commercial interest
- In-kind donations do not bear the trade name, logo or other insignia of a commercial interest
- Donated items bear company logo; learners will be informed of other companies’ similar products
- Commercial Supporter(s) will not be referenced during the activity except for required disclosure
- Other (Describe): _____



APPROVED PROVIDER COMMERCIAL SUPPORT AGREEMENT

A commercial interest, as defined by ANCC and WNA CEAP, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

Commercial support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.

Note: Organizations providing commercial support may not provide or joint provide an educational activity.

Title of Educational Activity: Caring for the Patient During Alcohol Withdrawal	
Activity Location (if live): Madison, WI	Activity Date (if live): September 30, 2016 Enduring Material: August 1, 2016
Name of Commercial Interest Organization: ABC Pharmacy	
Name of Approved Provider: Sample Hospital	
Total amount of Commercial Support: \$1500	
Area(s) of activity Commercial Interest organization would like to support:	
<input checked="" type="checkbox"/> Unrestricted	
<input type="checkbox"/> Restricted*	
<ul style="list-style-type: none"> <input type="radio"/> Speaker honoraria <input type="radio"/> Speaker expenses <input type="radio"/> Meal <input type="radio"/> Other (please list): 	

** Commercial interest may request that funds be used to support a specific part of an educational activity. The Approved Provider may choose to accept the restriction or not accept the commercial support. The Approved Provider maintains responsibility for all decisions related to the activity as described below.*

Terms and Conditions	
1.	All organizations must comply with the <i>ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities</i> which is available on the WNA CEAP web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of a Commercial Interest organization providing financial or in-kind support.
3.	The Approved Provider is responsible for all decisions related to the educational activity. The Commercial Interest organization providing financial or in-kind support may <u>not</u> participate in any component of the planning process of an educational activity, including: <ul style="list-style-type: none"> ▪ Assessment of learning needs ▪ Selection or development of content ▪ Selection of planners, presenters, faculty, authors and/or content reviewers ▪ Selection of teaching/learning strategies ▪ Evaluation methods

4.	The Approved Provider will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria.
5.	All commercial support associated with this activity will be given with the full knowledge and consent of the Approved Provider. No other payments shall be given to any individuals involved with the supported educational activity.
6.	Commercial support will be disclosed to the participants of the educational activity.
7.	Commercial Interest Organizations may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity.

Statement of Understanding

An "X" in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Commercial Support Agreement above.

Commercial Interest Name:	ABC Pharmacy	
Address:	999 Center Street Chicago, IL 60699	
Name of Representative:	Tomas Frank, Director of Finance	
Email Address:	tfrank@ABC.com	
Phone Number:	312-777-88888	
Fax Number:	312-777-5555	
Signature (Required)*:	<i>Tomas Frank</i>	Date: 3-31-16
Completed By: (Name and Credentials)	Tomas Frank	

*Must be hand-written or electronic, not typed

Approved Provider Name:	Sample Hospital	
Address:	777 5 th Street Madison, WI 53754	
Name of Representative:	Rachel Smith, RN, BSN, MEd, Primary Nurse Planner	
Email Address:	Rachel.smith@sample.org	
Phone Number:	608-555-1209	
Fax Number:	608-555-1357	
Signature (Required)*:	<i>Rachel Smith, RN, BSN, MEd</i>	Date: 4-10-16
Completed By: (Name and Credentials)	Rachel Smith, RN, BSN, MEd	

*Must be hand-written or electronic, not typed

Criteria for Awarding Contact Hours

During the planning process, the Nurse Planner and Planning Committee determine the criteria that learners must meet to earn contact hours. Criteria should be based on the desired learning outcomes. Criteria may include but are not limited to participation in the activity, attendance for a specified period of time (e.g., 100% of activity, or missing no more than ten minutes of activity), successful completion of a post-test (e.g., attendee must score X% or higher), completion of an evaluation form, or successful completion of a return demonstration.

Awarding Contact Hours

Contact hours are determined in a logical and defensible manner. Contact hours are awarded to participants for those portions of the educational activity devoted to the learning experience and time spent evaluating the activity. One contact hour = sixty minutes. If rounding is desired in the calculation of contact hours, the provider must round down to the nearest 1/10th or 1/100th (e.g., 2.758 should be 2.75 or 2.7, not 2.8). Educational activities may also be conducted “asynchronously” and contact hours awarded at the conclusion of the activities.

Time frames must match and support the contact hour calculation for live activities. Evidence may include but is not limited to agenda for the activity, outline of content to be delivered in the activity, and/or other marketing materials. Time for breaks and meals should be clearly delineated and not included in total contact hours awarded. For enduring materials (print, electronic, web-based, etc.), the method for calculating the contact hours must be identified. The method may include but is not limited to a pilot study, historical data, or complexity of content.

Contact hours may not be awarded retroactively except in the case of a pilot study. Participants in a pilot study assist in determining the length of time required for completing an educational activity so the number of contact hours to award can be calculated. Those participants may be awarded contact hours once the number is determined.

WNA: As of 7-31-18, an activity must be a minimum of 30 minutes in order to provide contact hours. Please contact WNA for questions.

ANCC now uses the terminology, “Nursing Credits for the maximum number of hours that one participant can earn, and “Total Hours of Instruction” for the number of hours that comprise every session of the activity.

Certificate or Documentation of Completion

A certificate or documentation of completion is awarded to a participant who successfully completes the requirements for the individual education activity.

The certificate or document must include

- Title and date of the educational activity;
- Name and address of the provider of the educational activity (web address acceptable);
- Number of contact hours awarded;
- Accreditation statement; and
- Participant name.

Awarding Contact Hours - Key Points:

1. Think about WHY you are choosing the “successful completion” criteria you are choosing,
2. Credit for partial attendance depends on if outcomes can be achieved with partial attendance (and if the content “stands alone.”
3. Follow steps in the WNA form.

IMPLICATIONS FOR EDUCATIONAL ACTIVITY RECORD FORM [EARF]

- Criteria for earning contact hours should be based on successful completion requirements (e.g., entire activity, missing no more than 10 minutes, taking a post-test and achieving a pre-determined score, completion of an evaluation form, or completion of a successful return demonstration.
- Successful completion should be based on achievement of outcomes – can outcomes be achieved with partial attendance?
- Include time devoted to learner experience and evaluation
- Must be logical / defensible
- Round down to nearest 1/10th or 1/100th
- Time for breaks and meals should be clearly delineated and not included in contact hour calculation

For Enduring Materials:

- The method to calculate must be identified and may include but is not limited to: pilot study, historical data, complexity of content, MERGENER’S FORMULA
- Cannot be awarded retrospectively except for pilot study

Awarding Contact Hours Section from EARF:

AWARDING CONTACT HOURS

Indicate your criteria for awarding contact hours for successful completion for this activity: (check all that apply to this live, enduring material, or blended learning activity)

- Attendance at entire activity
- Attendance for a specified period of time (e.g., miss no more than 10 minutes, etc.)
- Credit awarded commensurate with participation (credit for partial attendance)
- Attendance at one or more sessions of a multi-session activity
- Completion of assignments, pre-work, etc.
- Electronic measurement system (e.g., LMS record of time spent on activity)
- Completion/submission of evaluation form
- Successful completion of a post-test (attendee must score % or higher)
- Successful completion of a return demonstration
- Other (Describe): _____

A. CONTACT HOUR (“NURSING CREDITS”) CALCULATION – MAXIMUM NUMBER OF CONTACT HOURS ONE PARTICIPANT CAN EARN

TIP: Do not count welcome, housekeeping, breaks, or lunch. Do count any initial overview of content and evaluation time.

FOR A LIVE activity, indicate method for calculating the maximum number of contact hours one participant can earn (number of “nursing credits”):

Total minutes for the maximum number of sessions that one participant can attend: _____

Divided by 60 = contact hours available to each participant: _____

This number goes on the certificate and on Page 1 of this Activity Record Form.

OR

FOR AN ENDURING MATERIAL, indicate method for calculating the maximum number of contact hours one participant can earn (number of “nursing credits”):

- Pilot study
- Historical data
- Complexity of content
- Other: (describe) _____

Number of contact hours to be awarded:* _____

**This number goes on the certificate and on Page 1 of this Activity Record Form.*

B. “TOTAL HOURS OF INSTRUCTION” CALCULATION:

Total minutes for all sessions, including all breakout/ concurrent sessions, if applicable: _____

Divided by 60 = TOTAL HOURS OF instruction for this presentation:* _____

**This number goes on Page 1 of this Activity Record Form.*

C.  ATTACH AN AGENDA FOR THE ENTIRE ACTIVITY (ALL SESSIONS) TO THIS ACTIVITY RECORD FORM (including concurrent sessions) if the activity is 3 or more hours in length.

If awarding contact hours for partial attendance, clearly indicate which sessions are being offered for nursing contact hours and which are not.

D.  ATTACH A CERTIFICATE OR OTHER DOCUMENT INDICATING SUCCESSFUL COMPLETION OF THE LEARNER TO THIS ACTIVITY RECORD FORM.

Certificate includes: title and date of activity; name and address (web address acceptable) of Provider; number of contact hours awarded; participant name (or space for); and approval statement.

E.  ATTACH A COPY OF POST-TEST TO THIS ACTIVITY RECORD FORM (IF APPLICABLE).

Sample Agenda



Care of the Patient During Alcohol Withdrawal

Welcome and Introductions	Bea Remington	10:00 – 10:10 a.m.
Alcohol Screening Science	Dr. Ellis Reed	10:10 – 10:45 a.m.
Implementing Interventions	Bea Remington	10:45 – 11:15 a.m.
Screening Practice	Dr. Reed and Ms. Remington	11:15 – 11:55 a.m.
Next steps	Bea Remington	11:55 – 12:10 p.m.



Certificate of Completion – Continuing Professional Education

“Care of the Patient During Alcohol Withdrawal”

Completion Date: September 30, 2016

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

James Johnstone, RN

Has successfully completed this continuing nursing education activity.

2.0 contact hours are awarded.

Sample Hospital
777 South Street
Madison, WI 53714

Required Information Provided to the Learner

Learners must receive required information prior to the start of an educational activity. In live activities, required information must be provided to the learner prior to initiation of the educational content.

In enduring materials (print, electronic, or web-based activities), required information must be visible to the learner prior to the start of the educational content. Required information may not occur or be located at the end of an educational activity.

The following information may be provided any time before the activity, in a variety of formats. The method by which it is presented (brochure, disclosures, etc.) is not prescriptive as long as all the information in the table is provided to the learner before the activity.

Required information for learners includes the following:

Name of Provider

Official WNA CEAP approval statement

“Successful completion requirements” - Learners are informed of the criteria that will be used to award contact hours.

Presence or absence of conflicts of interest for all individuals in a position to control content.

- For individuals who have a relevant relationship, the following required information must be provided to learners Name of individual; Name of commercial interest; and Nature of the relationship the individual has with the commercial interest.
- **If no relevant relationship exists, the activity provider must inform learners that no conflict of interest exists for any individual in a position to control the content of the educational activity.**

CONTINUED NEXT PAGE

Additional required information, IF applicable:

- Commercial Support: Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity;
- Joint providership: Learners are informed of who the provider (the IEA APPLICANT) of the educational activity is and all other organizations that participated in joint planning of the activity.
- Expiration of enduring materials: Educational activities provided through an enduring format (e.g., print, electronic, web-based) are required to include an expiration date documenting the time period during which contact hours will be awarded.

Approved Provider Statement

...Providers are required to provide the official accreditation statement to learners prior to the start of each educational activity and on each certificate of completion. The official ... Provider statement must be displayed clearly to the learner and worded correctly according to the most current accreditation manual. When referring to contact hours, the phrase “accredited contact hour” should never be used. Contact hours are “awarded.”

“(APPROVED PROVIDER UNIT NAME) is an approved provider of continuing nursing education by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”

Providing required information to learners – KEY POINTS:

1. Information is provided prior to the learning activity.
2. Information can be provided in any modality (in promotional material, in disclosures) as long as it is communicated prior to the activity.

Required Information to Learners Section from EARF:

REQUIRED INFORMATION PROVIDED TO LEARNERS

NOTE: Required information must be provided to learners BEFORE the learning activity.

A. The following information must be listed on the Promotional Material or on the Pre-session Disclosures (PPT Slide, Handout, Poster [visible and readable]).

- Name of Provider organization awarding contact hours
- Approval statement of Provider awarding contact hours (must be on at least one promotional document provided to learners)
- Criteria for awarding contact hours (successful completion requirements)
- Presence or absence of conflicts of interest for everyone in a position to control activity content (planners, presenters, authors, content reviewers, other faculty)
- If applicable, joint-provider statement
- If applicable, commercial support information (names of commercial supporters – NO LOGOS)
- For enduring materials ONLY, the date that contact hours will no longer be offered for the activity (“Expiration Date”)

B.  ATTACH PROMOTIONAL MATERIALS and/or PRE-SESSION DISCLOSURES for the learning activity (brochure, website info, social media, e-blast, etc.) to demonstrate that all applicable information above was communicated to the learners prior to the learning activity.

Other optional elements than can be provided before the activity for participants to assess if the learning activity will meet their needs:

- Target audience
- Learning outcomes
- Presenter names and credentials

Sample Required Information to Learners – Pre-Session Disclosures



<p>Caring for the Patient During Alcohol Withdrawal</p>   <p>Ellis Reed, RN, MSN, PhD Bea Remington, MS, MPH</p>	<p>DISCLOSURES</p> <p>No presenter or planner has conflicts of interest except for Dr. Ellis Reed, who is a Board Member of Cam-Bandt Pharmacy.</p> <p>Successful Completion Requirements – to earn nursing contact hours for this live activity, participants must: Attend 100% of the live activity and complete a written evaluation.</p>
<p>DISCLOSURES</p> <p>Commercial Support for this Activity has been received from ABC Pharmacy.</p> <p>(NO Commercial Support LOGOS!)</p> 	<p>DISCLOSURES</p> <p>Sample Hospital is the provider of nursing contact hours in a joint provider agreement with the Center for Nursing Education Excellence.</p> <p>This continuing nursing education activity was approved by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.</p>

For enduring materials, also disclose “Nursing contact hours are available for this enduring material until (Date, Year).”

Sample Required Information to Learners – Promotional Material



Sample Hospital and the Center for Nursing Excellence



Care for the Patient During Alcohol Withdrawal

March 1, 2018 10:00 a.m. – 12:10 p.m.

Ellis Reed, RN, MSN, PhD
Bea Remington, MS, MPH

Sample Hospital is the provider of nursing contact hours in a joint provider agreement with the Center for Nursing Education Excellence.

Commercial Support for this Activity has been received from ABC Pharmacy.

No presenter or planner has conflicts of interest except for Dr. Ellis Reed, who is a Board Member of Cam-Bandt Pharmacy.

Successful Completion Requirements – to earn nursing contact hours for this live activity, participants must: Attend 100% of the live activity and complete a written evaluation.

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

Evaluation

The Nurse Planner and Planning Committee determine the method that will be used to evaluate the educational activity. The evaluation components and method of evaluation should be relative to the desired learning outcomes of the educational activity. Evaluation may be formative and integrated within the educational activity. Evaluation is also summative at the conclusion of the educational activity. Evaluation methods include assessment of change in knowledge, skills, and/or practices of the target audience. Change in knowledge, skills, and/or practices may or may not occur based on a variety of factors, but evaluation should assess for such change. Evaluation may also include collecting data that reflect barriers to learner change.

Evaluations may include but are not limited to both short- and long-term methods, as illustrated here:

SHORT-TERM	LONG-TERM
Intent to change practice Active participation in learning activity Post-test Return demonstration Case study analysis Role-play	Self-reported change in practice Change in quality outcome measure Return on investment (ROI) Observation of performance

Following conclusion of the educational activity, the Nurse Planner and/or Planning Committee review summative evaluation data to assess the impact of the educational activity and determine how results may be used to guide future educational activities as applicable.

Evaluating learning activities - Key Points:

1. Evaluation assesses a change in knowledge, skills, and/or practice of the target audience.
 - A. This is THE element that needs to be evaluated for all activities.
 - B. You can evaluate other elements as applicable to your educational activity.
2. Type of evaluation should be congruent with desired learning outcomes and learner engagement strategies.
 - A. An evaluation “form” is not required.
 - B. See table in “Overview of Planning Process” for examples of appropriate methods.
3. Short term evaluation is required. Long-term evaluation is highly encouraged.
 - A. Use long term evaluation strategies for activities designed to effect practice and those in alignment with organizational strategic objectives.

IMPLICATIONS FOR EDUCATIONAL ACTIVITY RECORD FORM [EARF]
<ul style="list-style-type: none"> • The only “requirement” for evaluation is assessing if knowledge, skill or practice has changed following the activity. • Assess what is meaningful to ongoing improvement. Suggestions: presenter expertise, usefulness of content, bias, disclosures. • Must demonstrate and document evaluation methods and results. • Must document NP/ planning CTE review of evaluation results to guide future activities – must include summative evaluation documentation in EARF

Evaluation Section from EARF:

EVALUATION STRATEGIES

How will you evaluate the learning activity (to show evidence that change in knowledge, skills, and/or practice of the target audience was assessed as a result of participation in the learning activity)?

A. Short term evaluation - REQUIRED: (check all that apply)

- Learner indicates s/he intends to change their professional practice*
- Learner demonstrates active participation in the learning activity
- Grading of completed assignments, pre-work, etc.
- Electronic measurement system (e.g., LMS record of time spent on activity)
- Completion/submission of evaluation form
- Successful completion of a post-test
- Successful completion of a post-test with a minimum score (i.e., attendee must score % or higher)
- Successful completion of a return demonstration
- Case study analysis
- Role play
- Other (Describe): _____

* Required short-term evaluation element

ATTACH A SUMMARY OF EVALUATION RESULTS FOR THE ENTIRE ACTIVITY (ALL SESSIONS) TO THIS ACTIVITY RECORD FORM.

Review the summary results and use your analysis to make improvements to future learning activities.

B. Long term evaluation - REQUIRED FOR ACTIVITIES DESIGNED TO AFFECT PRACTICE AND ACTIVITIES RELATED TO ORGANIZATIONAL OBJECTIVES OR INITIATIVES: (check all that apply)

- Self-reported change in professional practice
- Report by others of learner change in practice
- Observation
- Review of post-session learner assignments
- Evidence of Return on Investment (ROI)
- Other (Describe): _____
- N/A (activity is not designed to change practice or related to organizational objectives or initiatives)
- N/A for this activity (explain why): _____

Evaluation / Evaluation Summary SAMPLE for EARF (see next page):

- The IEA Applicant must assess through a method of evaluation if a change in knowledge, skills, or practice occurred as a result of the activity.
- There are no specific questions required – think about what makes sense for YOUR activity.
- An evaluation FORM is not required; an evaluation METHOD is required.

Questions in grey on the evaluation summary sample below are questions that may pertain to your activity and be may valuable to assess on your evaluation. They are not required.

Questions in black are ways you could assess if a change in knowledge occurred after the activity.



SAMPLE EVALUATION – LIVE SESSION



Sample Hospital and Center for Nursing Education Excellence



1. I would rate the overall quality of this learning session as: Poor Fair Good Very Good Excellent

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
2. The content was useful to my practice.	SD	D (2)	U (3)	A (20)	SA (15)
3. I had a high level of engagement in the learning activity.	SD	D (2)	U (2)	A (31)	SA (5)
4. Presenters were effective: Karen Jones	SD	D	U (5)	A (20)	SA (15)
5. Presenters were effective: Kim Madison	SD	D (1)	U (4)	A (25)	SA (10)
6. Presenters were effective: Dr. Tina Turner	SD	D	U	A (20)	SA (20)
7. My ability to score accurately using the CIWA-AR tool improved as a result of this live simulation activity.	SD	D	U (5)	A (15)	SA (20)

8. Will you use information from this learning session make any changes in your professional practice?

(36) Yes _(4)_ No

9a. If you will be able to make changes to your practice as a result of this activity, please give an example:
(List of narrative responses here)

9b. If you will not be able to make changes to your practice as a result of this activity, please indicate any barriers to doing so:
(List of narrative responses here)

10. Disclosures were made before the activity about how to earn contact hours, conflicts of interest, and commercial support.

__36__ Yes __(1)__ No __(3)__ Not sure

11. Did you perceive any bias toward any specific products or services? If yes, please explain:

(3) Yes _(37)_ No
Narrative – one of three answered: "Focus only on one specific tool"

12. What future educational topics would help you or your colleagues improve any aspect of your professional practice or address a problem in practice?
(List of narrative responses here)

ENSURING INDEPENDENCE AND CONTENT INTEGRITY

Independence from Commercial Interest Organizations

The educational planning process outlined in this chapter is designed to provide independent continuing education firmly rooted in the identification of professional practice gaps and learning needs of registered nurses and/or members of the health care team. In order to fully ensure independence of these CNE/IPCE activities and meet accreditation criteria, actions that ensure there is no commercial influence in the planning and execution of these activities are an important component of the overall process. The next section focuses on conflict of interest, commercial support, and content integrity in the presence of commercial support.

The following is an abbreviated outline of the requirements for ensuring independence and content integrity when planning educational activities. See ANCC's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities.

Conflict of Interest

A conflict of interest exists when an individual is in a position to control or influence the content of an educational activity and has a financial relationship with a **commercial interest**, the products or services of which are pertinent to the content of the educational activity.

Commercial Interest

Any entity producing, marketing, reselling, 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, resells, or distributes health care goods or services consumed by or used on patients. Or an entity that advocates for use of the products or services of commercial interest organizations. Exceptions are made for nonprofit or government organizations and non-health care-related companies.

The Nurse Planner is responsible for identifying and resolving conflicts of interest during the planning and implementation phases of an educational activity. The Nurse Planner may engage the individual with the identified conflict of interest to participate in the resolution process through actions such as having the individual sign a speaker agreement outlining expected practice or submitting/ revising presentation materials, but the Nurse Planner must be actively engaged in the resolution process and is ultimately accountable for compliance.

The Nurse Planner is also responsible for informing learners of the presence or absence of conflicts of interest for all individuals in a position to control content of the educational activity. If the Nurse Planner has a conflict of interest, he or she should recuse himself or herself from the role of Nurse Planner for the educational activity.

It is critical that all individuals in a position to control content of an educational activity are provided with the definition of a commercial interest organization prior to disclosing relevant relationships.

Identification and Evaluation

If the educational activity could in any way be related to the products or services of a commercial interest (and most activities are), the Nurse Planner is responsible for ensuring that all individuals who have the ability to control or influence the content of an educational activity **disclose** all relevant relationships with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relationships with commercial interest organizations are considered

relevant if they existed within the past twelve months. Relationships of the individual's spouse/partner may be considered relevant and must be reported, evaluated, and resolved.

- **Employees** of commercial interest organizations **are not permitted** to serve as planners, speakers, presenters, authors, and/or content reviewers if the content of the educational activity is related to the products or services of the commercial interest organization.
- **Employees** of commercial interest organizations **are permitted** to serve as planners, speakers, presenters, authors, and/or content reviewers if the content of the educational activity is NOT related to the products of the commercial interest organization.
- Individuals who have **nonemployee relationships** with commercial interest organizations **are permitted** to serve as planners, speakers, presenters, authors, and/or content reviewers as long as the provider has implemented a mechanism to identify, resolve, and disclose the relationship as outlined in these standards.

Resolution

When an individual has a relevant relationship with a commercial interest organization, the Nurse Planner must implement a process to resolve the conflict of interest. Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest **prior to** presenting/providing the educational activity to learners. Such actions must be documented in the activity file, and documentation must demonstrate (1) the identified conflict and (2) how the conflict was resolved.

Resolution processes may include but are not limited to:

- Barring the individual with conflicts of interest from participating in all parts of the educational activity;
- Revising the role of the individual with conflicts of interest so that the relationship is no longer relevant to the educational activity;
- Not awarding continuing education contact hours for a portion or all of the educational activity;
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation;
- Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity;
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation; and
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

Addressing conflicts of interest - Key Points:

1. Conflicts of interest must be identified, evaluated, resolved, and disclosed.

2. Key questions:
 - Is this person in a position to control content?
 - Does this person have a relationship with a commercial interest that leads to a possible financial benefit?
 - Are the products or services of the commercial interest related to the content of the educational activity?

3. A conflict of interest is not the same as “**bias.**” There is no criterion related to bias. Operationally the NP should minimize bias.

Examples of potential for bias: consultants, authors, etc.

IMPLICATIONS FOR EDUCATIONAL ACTIVITY RECORD FORM [EARF]
<ul style="list-style-type: none"> • All who control content need COI form • You can’t start planning / documenting an activity just before it happens – one of very first steps – get COI forms asap FROM THE PLANNERS, SPEAKERS, AUTHORS, FACULTY, ETC. – they MUST sign their own – you can’t do it for them. • NP needs to <u>evaluate</u> conflicts of interest statements made by planners, speakers, etc.: is the organization named really a commercial interest? • Red flag: employees of a commercial interest • Resolution is active – speakers understand or will learn process and importance

Content Integrity and Conflict of Interest Sections from EARF:

CONTENT INTEGRITY	
Indicate how the planning committee will ensure content integrity: (check all that apply to <u>this</u> activity)	
<input type="checkbox"/>	All presenters/authors have agreed to the ‘Maintaining Content Integrity’ statement on the <i>COI Form</i>
<input type="checkbox"/>	Participants will be asked about the presence of bias in the educational activity on the evaluation
<input type="checkbox"/>	Presentations will be monitored for bias – violators will not be asked to present again
<input type="checkbox"/>	Educational materials were/will be reviewed by a content reviewer
<input type="checkbox"/>	Marketing/advertising will not be included within educational content (slides, handouts, etc.) including no commercial support logos in any educational material
<input type="checkbox"/>	Contact information related to learners will not be shared without written permission from the learner
<input type="checkbox"/>	Commercial interest organizations will not be allowed to recruit from the audience for any reason
<input type="checkbox"/>	Vendor activity will be kept separate from education (separate physical space and not during educational time)
<input type="checkbox"/>	“Giveaways” will be kept separate from educational materials/delivery
<input type="checkbox"/>	Other (Describe): _____ □

PLANNERS, PRESENTERS, CONTENT REVIEWERS, AND OTHERS

A. Complete the table below for all individuals on the PLANNING COMMITTEE, any CONTENT REVIEWERS, and any other persons in control of content who are NOT presenters or Enduring Material CNE authors.

TIPS: On the **planning committee** for a continuing nursing education activity,

- there must be a minimum of two activity planners;
- there must be a qualified Nurse Planner actively involved and responsible for using the 2015 ANCC/WNA criteria to plan, implement, and evaluate the activity; and
- there must be one person identified as a content expert (subject matter expert).

A **Content Reviewer** is someone **OUTSIDE** the planning committee called in by the Nurse Planner to assess content for accuracy, scientific integrity, and/or bias.

An outside Content Reviewer is NOT required. A qualified planner can fill this role under the direction of the nurse planner.

The Nurse Planner is responsible for reviewing COI information to determine if a conflict of interest exists.*

*The nurse planner does not review his/her own COI information. Another member of the planning team familiar with the criteria does this, or the Primary Nurse Planner or another Nurse Planner may do this.

Name of Individual	Credentials	Individual's Role				"X" if this person is a content expert (subject matter expert)	"X" if the Nurse Planner has determined that this person has a conflict of interest
		CNE NURSE PLANNER (list only one)	PLANNER	CONTENT REVIEWER	OTHER FACULTY		
Lucy Andersen	RN, BSN, MSN	X				X	
John Smith	BA		X				
Jill Ginsberg	RN		X			X	

B. Complete the table below for all presenters and/or all Enduring Material activity authors.

If there are more than ten presenters/authors, you may submit a list that you've already developed with the same information, to avoid duplication. Your list should: clearly indicate if those listed are presenters or Enduring Material authors; list name and credentials for each person; and indicate if any individual has a conflict of interest.

The Nurse Planner is responsible for reviewing COI information to determine if a COI exists.

Name of Individual	Credentials	Individual's Role		"X" if the NP has determined that this person has a conflict of interest
		TIP: An "author" is someone who helps develop the content for an Enduring Material.		
		PRESENTER	ENDURING MATERIAL AUTHOR	
Ellis Reed	RN, MSN, PhD	X		X
Bea Remington	MS, MPH	X		

(To add rows, put cursor in last line, last cell and hit "Tab" key on the keyboard)

- C. Answer the question below to determine whether Conflict of Interest assessment and disclosure is required for individuals in control of content (planners, presenters, authors of enduring materials, content reviewers, and/or others) for this activity:

Is there any possibility that any of the activity content could be related in any way to the products/services of an ANCC-defined commercial interest?

NO, there is NO possibility that the content for this activity is related to a product/service of an ANCC-defined commercial interest. NO Conflict of Interest Disclosure is required. **STOP HERE.**

OR

YES, there is a possibility that the activity content could in some way be related to products/services of an ANCC-defined commercial interest.

If yes, **attach a WNA CEAP Conflict of Interest Disclosure Form (or a similar disclosure form; for example, a CME disclosure form)** for each individual in control of content (planners, presenters, authors of enduring materials, content reviewers, and/or others) for this activity.**

TIP: Each individual in control of content needs to provide his/her own disclosure (e.g., complete their own COI form).

- D. If you use the WNA CEAP Conflict of Interest Disclosure Form or a similar form, **STOP HERE.**

****If you DO NOT use the WNA CEAP Conflict of Interest Disclosure Form or a similar form, answer the questions below :**

1. *Explain how disclosure information was gathered from all persons in control of content (planners, presenters, authors of enduring materials, content reviewers, and/or others) including how you informed those in control of content of the definition of a commercial interest, the definition of a relevant financial relationship, how those in control of content provided their disclosure information to you, and what information they provided.*

2. **Attach ONE email exchange with a presenter (or for an Enduring Material, an author of the activity content) for this CNE activity. Include your questions and his/her response back to you.**

OR

Attach documentation of disclosure via phone (include the date), including the telephone script and the response from ONE presenter (or Enduring Material author).

OR

Attach a sample of a different method of disclosure verification.

3. *For anyone in control of content who has disclosed a relevant relationship with a commercial interest, provide the information in the table below, or provide a similar document you've already developed that indicates: the name of the person, the organization with which a relevant financial relationship exists for that person, the nature of the relationship, and how each conflict of interest was resolved.*

Name of Individual	Affiliated with what Commercial Interest Organization(s)?	Nature of the Affiliation(s)	Select from the options below the method(s) used to resolve conflicts of interest for each person identified as having a relevant relationship with a commercial interest.
EXAMPLE: Tracey Y. La Gata	Olive Street Durable Medical Equipment	Employee**	C
EXAMPLE: Dr. Rachel N. Dess	Zoey-Winston Pharmaceuticals	Consultant	D
<i>Dr. Ellis Reed</i>	<i>Cam-Bandt Pharmacy</i>	<i>Board Member</i>	<i>D</i>

(To add rows, put cursor in last line, last cell and hit "Tab" key on the keyboard)

**** NOTE: EMPLOYEES** of commercial interest organizations **MAY NOT** serve as planners/speakers/authors/content reviewers/faculty **IF** the presentation **content is relevant to the products and services of the commercial interest organization.**

METHODS USED TO RESOLVE CONFLICT OF INTEREST OR POTENTIAL BIAS (IF APPLICABLE) FOR THIS ACTIVITY:	
A.	Removed individual with conflict of interest from participating in all parts of the educational activity
B.	Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity
C.	Not awarding contact hours for a portion of OR the entire educational activity
D.	Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation
E.	Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity
F.	Other (please describe in the table above)

See a sample of a Completed WNA Conflict of Interest Form below.

For other methods of documentation – contact WNA to discuss before using a different method.

**2015 CRITERIA - ALL INDIVIDUALS IN CONTROL OF
CONTENT
CONFLICT OF INTEREST FORM**

Provider Organization: Sample Hospital
 Educational Activity: Care of the Patient During Alcohol Withdrawal
 Date(s): Enduring – August 1 – September 29, 2016 / Live – September 30, 2016

<input type="checkbox"/>	Presenter/Author	<input checked="" type="checkbox"/>	Planning Committee Member
<input checked="" type="checkbox"/>	Content Expert (Subject Matter Expert)	<input checked="" type="checkbox"/>	The Nurse Planner responsible for this activity
<input type="checkbox"/>	Content Reviewer	<input type="checkbox"/>	Primary Nurse Planner (WNA Approved Provider Units)
<input type="checkbox"/>	Other faculty in control of content (describe): _____		

Demographic Data

Name and Credentials: Lucy Anderson, RN,MSN
 Organization/Employer: Sample Hospital
 Current Position/Title: AODA Center Nurse Specialist
 Mailing Address: 777 5th Street Madison, WI 53754
 Phone: 608-555-1209
 Email: Lucy.anderson@sample.org

Conflict of Interest Information

Employees or representatives of a commercial interest may not serve as a planner of an educational activity, although they may be eligible to serve as faculty as long as any potential conflict of interest is resolved.

Commercial Interest, as defined by ANCC, is any entity producing, marketing, re-selling, or distributing healthcare 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 healthcare goods or services consumed by, or used on, patients. Nonprofit or government organizations, non-healthcare-related companies, healthcare facilities, and group medical practices are not considered commercial interests. See additional definition at (website reference).

1. Are you employed by or do you represent any commercial interest organization?

NO
 YES* – Company name: _____

* The CNE Nurse Planner for this Educational Activity will contact you regarding any disclosed relationships.

The potential for Conflict of Interest (COI) exists when an individual has the ability to control or influence the content of an educational activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity. Actions must be taken prior to the start of the educational activity to resolve any potential or actual COI for anyone who may control educational content, including but not limited to planners, presenters, authors, content reviewers and/or other faculty.

All individuals who have the ability to control or influence the content of an educational activity must disclose all relevant relationships with any commercial interest. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must

be shared with participants prior to the start of the educational activity. Any relevant relationships with a commercial interest on the part of one's self or a spouse/partner must be disclosed.

The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, s/he should recuse himself /herself from the role as Nurse Planner for the educational activity.

This Section MUST Be Completed by the Nurse Planner Responsible for This Activity* Procedures used to resolve conflict of interest for this activity: ("X" all that apply)	
X	Not Applicable - No relationship(s) with a commercial interest were disclosed
	Not Applicable - Relationship(s) disclosed were found not to be 'relevant relationship(s)' <i>Explain further in the "Notes" Section below.</i>
	Removed individual with conflict of interest from participating in all parts of the educational activity.
	Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity (e.g., no involvement with related content, restricting recommendations) <i>Explain further in the "Notes" Section below.</i>
	Not awarding contact hours for a portion or all of the educational activity.
	Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
	Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
	Undertaking review of the educational activity by a <u>content reviewer</u> to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
	Other procedure to resolve conflict of interest (describe in detail here):
	Notes:

IF APPLICABLE: Any additional concern(s) for potential for bias that were not self-reported on this form <u>AND</u> the resolution (describe in detail here):

Signature of Nurse Planner Responsible for This Activity*

* If this is the conflict of interest form completed by and for the Nurse Planner responsible for the activity, then an individual other than the Nurse Planner must review this form for potential conflicts of interest and sign below. The Nurse Planner reviews and signs all conflict of interest forms except for his/her own.)

Completion of the line below serves as the electronic signature of the Nurse Planner (or other individual as described above) that has reviewed the content of this Conflict of Interest Form and determined appropriate resolution of any conflicts of interest.

John Smith, RN, BSN 4-4-16

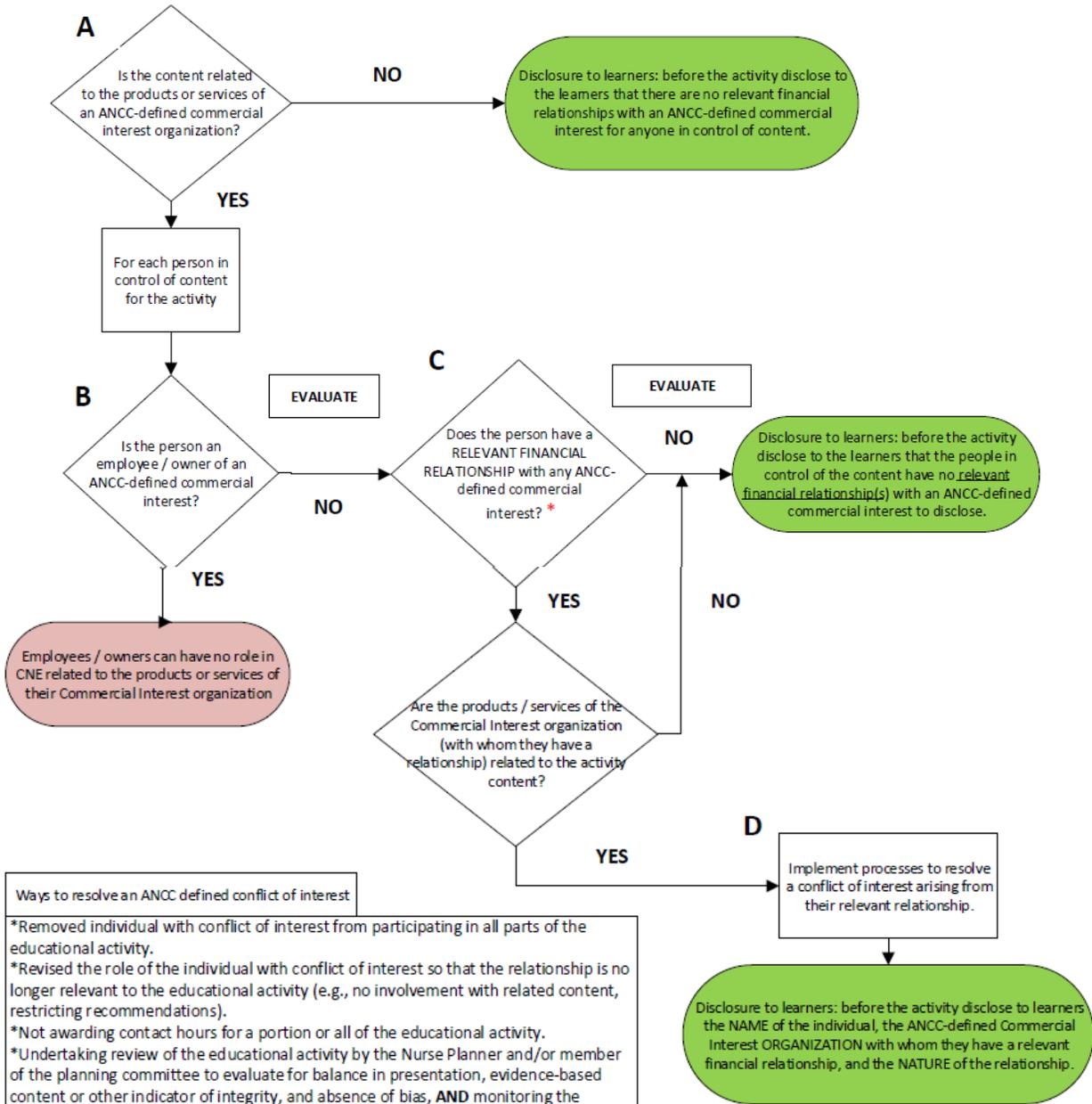
**Signature: Name and Credentials (Required) Date

**Signature may be hand-written, electronic, or typed. WNA reserves the right to validate all signatures.

..

Supplemental Information: DRAFT WNA Flowchart to identify conflicts of interest

Identifying, Evaluating, Resolving, and Disclosing Conflicts of Interest in CNE
 DRAFT 5-8-18
 Based on Feb., 2017 ACCME Flowchart for Identification and Resolution of Personal Conflicts of Interest.
 Modifications have been made to the ACCME original. Original found at www.accme.org/coiflowchart



Ways to resolve an ANCC defined conflict of interest

- *Removed individual with conflict of interest from participating in all parts of the educational activity.
- *Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity (e.g., no involvement with related content, restricting recommendations).
- *Not awarding contact hours for a portion or all of the educational activity.
- *Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- *Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- *Undertaking review of the educational activity by a content reviewer to evaluate for balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

* Relevant financial relationship:
 * Relationship (Self, Spouse/partner) with ANCC-defined CI
 * Any amount
 * In past 12 months
 * Products / services relevant to activity

Supplemental Information: ANCC DIRECTOR'S REPORT – CONFLICT OF INTEREST

Content Integrity and Conflict of Interest:

Providers of continuing nursing education are required to identify and resolve all conflicts of interest for all individuals in a position to control content. In addition, they are required to maintain content integrity, ensuring that education is free from promotion or bias.

Frequently, providers have questions related to employees of commercial interest organizations and whether they are permitted to participate in educational activities awarding ANCC contact hours. The ANCC Content Integrity Standards clearly define the parameters related to employees of commercial interest organizations.

Employees of commercial interest organizations are not permitted to serve in any capacity for educational activities including but not limited to: as planners, speakers, presenters, authors and/or content reviewers if the content of the educational activity is related to the products or services of the commercial interest organization.

Employees of commercial interest organizations are permitted to participate in educational activities if the content of the activity is not related to the products or services of the commercial interest organization.

Providers occasionally question whether employees of commercial interest organizations may participate as content expert presenters particularly if the content of the educational activity is focused on a specific device that a healthcare organization has purchased, or if the content is related to a specific and unique drug manufactured by the commercial interest. The short answer is no. Although employees of commercial interest organizations are often very knowledgeable about the products and services, it is a violation of ANCC criteria for them to participate in any part of the educational activity.

It is permissible for an employee of a commercial interest organization such as a device vendor to teach a Nurse Planner or Expert Nurse about a device, and then the Nurse Planner or Expert Nurse plan an educational activity regarding the device or equipment. The vendor may not, however, help plan or participate in the activity.

*Reprinted from the January 2016 ANCC Director's Update

Supplemental Information: ANCC Content Integrity Standards

American Nurses Credentialing Center’s Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities contains important information that addresses applicant questions about content integrity, commercial support, conflicts of interest, and related information.

The most current ANCC Content Integrity Standards can be found at this link:

<https://www.nursingworld.org/~48cec7/globalassets/docs/ancc/accred-cecontentintegrity.pdf>

ADDITIONAL REFERENCES FOR APPROVED PROVIDERS

ANCC Criteria in WNA Approved Provider Narrative Application

WNA Reference Tool for Completing WNA Approved Provider Application

Developing Approved Provider Unit Outcomes

APU Evaluation Plan Template

NARS Manual, FAQs, and other NARS resources

<https://www.wisconsinnurses.org/education/approved-provider/>

QUESTIONS:

Mary Kay Scheller RN, BSN, MS, CHCP
Nurse Peer Review Leader
Chair, Continuing Education Approval Program Committee
Wisconsin Nurses Association
WNA-NPRL@metastar.com
608-441-8245

THANK YOU!