

2021 Interim WNA Manual for Individual Educational Activity (IEA) Applicants Developing Educational Activities Using the ANCC / WNA Criteria

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2021 Interim WNA Manual for Individual Educational Activity (IEA) Applicants – Developing Educational Activities Using the ANCC / WNA Criteria

Based on the 2015 ANCC Criteria as adopted by Wisconsin Nurses Association
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INTRODUCTION

This interim manual will be updated when WNA’s transition to the new Standards for Integrity and Independence is complete. During the transition, please use the instructions in this interim manual.

First time applicants – You must contact the WNA Accredited Approver Program Director before completing the application: wnanprl@wisconsinnurses.org.

All applicants – see the WNA website or contact megan@wisconsinnurses.org for deadlines and fees.

Legal Preamble

Some information in this manual is used with permission and taken directly from the American Nurses Credentialing Center 2015 ANCC PRIMARY ACCREDITATION PROVIDER APPLICATION MANUAL, Copyright © 2015 by American Nurses Credentialing Center, Silver Spring, Maryland, 2015 edition. *A subsidiary of the American Nurses Association.* (Hereafter, “ANCC MANUAL.”) This WNA IEA MANUAL does not include all information contained in the ANCC MANUAL, such as background information and information pertaining only to accredited providers.

Approval Timeframes

WNA approves individual educational activities for two years. Approval is never given retrospectively. Past activities are **not** eligible for contact hours.

Eligibility

Please see the WNA website for full Eligibility Requirements. In brief, you may apply to WNA for nursing contact hour approval if the following are in place:

- A qualified nurse planner (NP) is directly involved in the planning of the educational activity. The NP **MUST** be an **RN with a BAN or BSN degree or higher in nursing.**
- A content expert is on the planning committee.
- Two or more people are on your planning committee.
- You are not a “commercial interest organization” (aka, “ineligible organization”).
- Your educational activity meets the definition of Nursing Continuing Professional Development.

Special note for on-demand learning - “Enduring Material”

“Enduring materials” are learning activities that are not live, such as a posted webinar or written self-study. They are “on-demand” or “learner paced.”

If you are creating an enduring material from a live activity that has been approved by WNA or you are submitting enduring material activity and matching live activity at the same time, for example, posting a live webinar to a website to view for contact hours, there is a special set of application forms to use. Please contact WNA for assistance.

The expiration date of enduring material must be provided to the learners. The enduring material is approved for two years, at which time the content must be reviewed by the applicant for relevance and an application for another two year approval cycle must be submitted to WNA.

The expiration date is the date after which contact hours may no longer be offered. No certificates may be issued after the expiration date. Participants must complete the learning activity by that date.

Educational Activity Development Process and Application Overview

Planning Committee Requirements – “Nurse Planner” and Content Expert

To develop a Nursing Continuing Professional Development (“NCPD”) activity, you **must have an RN with a BAN or BSN degree or higher on the planning team.** This must be an educational background, not an equivalent certification. That person is the “Nurse Planner” for the activity. One other person needs to be on the planning team with the nurse planner. At least one member of a planning team needs to be a “content expert” (subject matter expert).

WNA will communicate about the activity with the nurse planner, as the nurse planner is responsible for planning the activity using the ANCC / WNA criteria and is accountable to WNA for all aspects of the learning activity.

Joint Providership

IEA Applicants **may jointly provide educational activities with other organizations. The jointly providing organization cannot be a “commercial interest entity.”**

The IEA Applicant **is referred to as the provider of the educational activity; any other provider is referred to as a joint provider.**

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

“Joint Providership” is the term used for planning educational activities collaboratively with other organizations as a partner in the development of the activity. There are special rules for joint providership. Most importantly, the IEA Applicant must have a nurse planner activity involved in the activity planning.

Jointly-providing educational activities– KEY POINTS:

1. Two organizations work together to plan, implement, and evaluate an educational activity.
2. The IEA APPLICANT is the “Provider,” others are “joint providers.”
3. The IEA APPLICANT Nurse Planner (NP) must be actively involved in planning and is responsible for adherence to ANCC criteria.
4. The IEA APPLICANT awards the contact hours.
5. A joint provider must not be a “commercial interest organization.”
6. Pre-activity information (e.g., promotional materials) must reflect the IEA APPLICANT awarding contact hours.
7. Learners must be informed of joint providership prior to the activity.
8. Written agreement is no longer required by the criteria but operationally is a good thing to put in place.
9. The IEA APPLICANT must ensure that the IEA APPLICANT organization 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 COMPLETING THE ACTIVITY APPLICATION
<ul style="list-style-type: none"> • Pre-activity information to participants (e.g., promotional materials) must contain a joint providership statement; for example, “IEA APPLICANT 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.

EDUCATIONAL DESIGN PROCESS – OVERVIEW

How to Plan a Nursing Continuing Professional Development Activity

Related to YOUR SPECIFIC target audience:

- a. Identify if education is the right intervention.
- b. Identify a problem in practice or opportunity for improvement.
- c. Develop a planning committee.
- 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.

EDUCATIONAL DESIGN PROCESS

Identify if education is the right intervention.

Determining if education is the appropriate intervention – KEY POINTS:

1. During the NCPD process, the NP for the activity needs to identify if education is the desired intervention for a problem in practice or opportunity for improvement.
 - A. NP needs to decide if there is a problem in practice / opportunity for improvement.
 - B. NP needs to decide if education is the desired intervention.
 - C. If the gap is related to knowledge, skill or practice of RNs, then NCPD is appropriate intervention.
 - 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. NCPD 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....

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 / speakers / authors / content reviewers / other faculty) but you don’t need to include this information in the application anymore. (No more “Biographical Data Forms”).
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 COMPLETING THE ACTIVITY APPLICATION
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| <ul style="list-style-type: none">• Biographical Data Forms are not required but may be requested.• A content expert and content reviewer are very different roles. See above for the differences. |
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Professional Practice Gap

The process of planning begins with identifying when NCPD ... 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 term used for 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 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 COMPLETING THE ACTIVITY APPLICATION

- The IEA Application walks you through process of educational activity development.
- How strong is your data that shows a problem in practice? Consider a literature review (two or three articles) 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 the evidence relates to your own learners.
- **Don’t plan an activity just because you’ve done it every year in the past. Think about why you are planning it. What are you trying to accomplish?**
- **Don’t plan an activity because you “know a good speaker.” The activity has to meet a documented learner need.**

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).

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 of the term, "needs assessment" 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 COMPLETING THE ACTIVITY APPLICATION

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| <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?"• A "needs assessment" is figuring out if learners lack knowledge, skill, application to practice, or more than one of these. |
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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 (NOTE: X's were added by WNA, 2018 to show we no longer focus on objectives).

IMPLICATIONS FOR COMPLETING THE ACTIVITY APPLICATION

- 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!**

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 content expert on the planning team validates the speaker content (verifies it's based on best-available evidence) or you may invite a content reviewer from outside the planning team for this if needed.
4. Content should be evidence-based / based on best-available evidence. (For more information, you can look up, "Evidence Hierarchy.")
5. **Peer-reviewed** journals, textbooks, web articles ensure 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 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.

IMPLICATIONS FOR ACTIVITY APPLICATION

- Citations are generally not the same as the references you list if you do a literature review
- Use 5 -7 year rule for references.
- No specific citation format (e.g., APA, MLA) but think about: can another person use citation to find the information?
- **If citing “Expert Opinion – you 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 / case scenarios
 - 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 COMPLETING THE ACTIVITY APPLICATION

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

Commercial Support

Commercial interest organizations may provide monetary funding or other support (Commercial Support) for Nursing Continuing Professional Developmental 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 an Applicant 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 an Applicant 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 Applicant when Commercial Support is accepted:

1. The commercial interest organization and IEA Applicant 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 IEA Applicant. The applicant 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 IEA Applicant 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 ACTIVITY APPLICATION
<ul style="list-style-type: none">• See ANCC Standards for Commercial Support• NO commercial support logos on <u>educational materials</u>• 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 (receiving funding or in-kind support from **non**-commercial entities) is no longer subject to commercial support “rules.”

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 applicant 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 contact hours a participant can earn, and “Total Hours of Instruction” for the number of hours that comprise 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) – this is the IEA Applicant organization;
- 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.” Can a participant miss parts of the activity or sessions of the activity and still achieve the outcomes? If so, partial attendance might be okay.
3. Follow steps in the WNA form.

IMPLICATIONS FOR COMPLETING THE ACTIVITY APPLICATION
<ul style="list-style-type: none"> • 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 learning experience and evaluation • Time for breaks and meals should be clearly delineated and not included in contact hour calculation • Must be logical / defensible • Round down to nearest 1/10th or 1/100th <p>For Enduring Materials:</p> <ul style="list-style-type: none"> • 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

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 table below indicates where the information is most often found; however, this 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:

Usually in Promotional Materials	Usually in immediate pre-session Disclosures
<p>Name of IEA Applicant</p> <p>“Submitted” statement if activity is not yet approved, or official approval statement provided by WNA to the IEA applicant upon approval. (See page 16-17.)</p> <p>IF Joint providership: Learners are informed of who the provider (the IEA APPLICANT) of the educational</p>	<p>“Successful completion requirements” - Learners are informed of the criteria that will be used to award contact hours.</p> <p>Presence or absence of conflicts of interest for all individuals in a position to control content.*</p> <ul style="list-style-type: none"> • For individuals who have a relevant relationship, the following required information must be provided to learners

<p>activity is and all other organizations that participated in joint planning of the activity.</p>	<p>Name of individual; Name of commercial interest; and Nature of the relationship the individual has with the commercial interest.</p> <ul style="list-style-type: none"> • 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. <p>Additional required information, IF applicable:</p> <ul style="list-style-type: none"> • Commercial Support: Learners must be informed if a commercial interest has provided financial or in-kind support for the educational 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. The expiration date is the completion date after which no certificates will be issued, and no contact hours will be awarded.
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*Presence or absence of COI disclosure is not required for non-clinical topics. Contact WNA before proceeding if you think you have a non-clinical topic.

Approval Statement and Submitted Statement if not yet approved by WNA

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

NOTE: there is a statement to use on promotional materials before the activity is approved and one to use on certificates (including the sample certificate included in your application) and promotional materials after the activity is approved by WNA.

SUBMITTED BUT NOT YET APPROVED STATEMENT FOR PROMOTIONAL INFORMATION BEFORE WNA APPROVAL:

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

APPROVAL STATEMENT - USE THIS STATEMENT ON CERTIFICATES (INCLUDING THE CERTIFICATE SAMPLE SUBMITTED WITH YOUR APPLICATION) AND ON PROMOTIONAL MATERIAL AFTER THE ACTIVITY IS APPROVED BY WNA FOR NURSING CONTACT HOURS:

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

Except for the use of these statements, do not refer to ANCC or WNA in your materials. Do not use the term “accreditation” or “accredited” in your materials. Do not use any ANCC logo or WNA logo in your materials.

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.

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

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. An evaluation “form” is not required.
 3. A method of short term evaluation is required.

IMPLICATIONS FOR ACTIVITY APPLICATION
<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. • NP/ planning CTE needs to review evaluation results to guide future activities.

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 NCPD/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 Nursing Continuing Professional Developmental 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 applicant 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 COMPLETING THE ACTIVITY APPLICATION
<ul style="list-style-type: none"> • All who control content need to complete a 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

FOR QUESTIONS: Contact WNAprl@wisconsinurses.org.

THANK YOU!