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**Approved Provider Education Planning & Documentation Form -Template 2.1 (v. 12-26-23)**

Section 1 – Activity Overview – Page 1

Section 2 – Educational Design Process - Page 2

Section 3 – Managing Relevant Financial Relationships – Start this process as planning begins – Page 6

***Document on this form during the planning process and attach the following documents:***

|  |  |
| --- | --- |
|  | IF ACTIVITY IS 2 HOURS OR MORE IN LENGTH: Agenda |
|  | Certificate (documentation of successful completion) |
|  | IF APPLICABLE: Completed, signed Commercial Support Agreement(s) |
|  | Documentation showing all required information was provided to learners before the educational activity (e.g., promotional material or pre-session disclosures) |
|  | Data from post-session activity evaluation (including a copy of the written evaluation if one is used.) |
|  | IF CONTENT IS “CLINICAL” AND ANY FINANCIAL RELATIONSHIPS ARE DISCLOSED, attach the “Nurse Planner Mitigation Worksheet, Section B – Documentation” or similar document summarizing any disclosed financial relationships, assessment of those relationships, and if applicable, mitigation strategies). |
|  | IF CONTENT IS “CLINICAL,” keep disclosures from all individuals in control of content in the educational activity file. You do not need to submit these with your Self-Study Application, but WNA may require the Provider to produce any/all individual disclosures upon request. |
|  | Other attachments included (list): |

|  |  |
| --- | --- |
| **Name of Nurse Planner Responsible for Activity:** |  |

|  |  |
| --- | --- |
| **ACTIVITY DESCRIPTION** | |
| **Title of Activity:** |  |
| **Start Date:** |  |
| **End Date:** |  |

*The “end” date is the date by which a participant must complete the activity to earn contact hours. No certificates are issued after this date.*

**What activity format(s) are you planning? Check all that apply to your learning activity:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Live in-person [C] | Location: |  |
|  | Live Webinar [ILC] |  |  |
|  | Recorded sessions to be presented to an audience at a specific time [LC] |  |  |
|  | Regularly Scheduled Series (e.g., Tumor Board, M&M) [RSS] | Location: |  |
|  | Journal Club (Read and Discuss Peer Reviewed Articles) [JC] | Location: |  |
|  | \*Recorded Webinar Posted for On-demand Viewing (“Enduring Material”) [IEM] **URL:** |  |  |
|  | Internet Self-Study (“Enduring Material”) [IEM]  **URL:** |  |  |
|  | Printed or other media (e.g., CD, DVD) Self-study (“Enduring Material”) [EM] |  |  |
|  | Combination of live instruction and written or online work (“Blended” activity) [L] **URL:** | Location: |  |
|  | Other: | Location: |  |
| For Blended Activity or Other format, describe in detail: | | | |

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| *\*****IMPORTANT NOTE:*** *If you create a live activity and then record it for use as an Enduring Material, you may use the WNA Addendum for the Enduring Material documentation or clearly identify the differences between the Enduring Material and the Live activity within this documentation form.*  *See Addendum for differences to consider.*  *The current Addendum location is either:* [*https://www.wisconsinnurses.org/optional-approved-provider-forms/*](https://www.wisconsinnurses.org/optional-approved-provider-forms/) *OR* [*https://www.wisconsinnurses.org/required-forms-for-your-ncpd-activity-records/*](https://www.wisconsinnurses.org/required-forms-for-your-ncpd-activity-records/)*.* |

**Educational Activity Planning & Development**

1. **PROFESSIONAL PRACTICE GAP**

**In a sentence or two, summarize the professional practice gap your education is designed to address:**

|  |
| --- |
| 1. |

|  |  |
| --- | --- |
| **IMPORTANT TIPS** | * *State in the gap what it is that nurses currently don’t know/can’t show/don’t do that leads to a problem, need for improvement, or need for new information.* * *Your activity is designed to reduce the difference between what nurses don’t know/show/do and what they need to know/show/do for the gap to be closed.* * *Your overall activity outcome(s) will align directly with the specific gap you’ve identified.* * *If you are having trouble defining the gap, start your gap statement with, “The problem (or need for improvement, or need for new information) we are addressing with this educational activity is: \_\_\_\_\_\_\_.”* |
| **EXAMPLE GAP STATEMENTS** | * *“The need for new information we are addressing with this education is: Nurses do not know the new evidence-based standards for administration of insulin for hospitalized patients with Type 1 diabetes.”* * *“There is a gap in ambulatory care nurses’ use of SBIRT. This is because nurses do not know how to use the SBIRT model in practice.”* |

1. **EVIDENCE THAT VALIDATES THE PRACTICE GAP**

**Evidence is used to validate the professional practice gap. Describe why the practice gap identified above exists. Include the following in your response:**

1. **What data do you have to show that a practice gap exists?**
2. **Summarize what your analysis of the data tells you about why the educational opportunity exists.**

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| --- |
| * + 1. Be sure to address A and B in your response: |

|  |  |
| --- | --- |
| **IMPORTANT TIPS** | * *Stating there is a “need” or “request,” or indicating the education is “mandatory,” are not adequate responses. What is the underlying reason for the request or mandate?* * *Types of evidence to validate a gap include:*  1. *Survey data from learners, subject matter experts (SMEs), target audience members, or other stakeholders* 2. *Input from learners, managers, or other SMEs about what the gap is and why it exists* 3. *Evidence from quality studies or performance improvement opportunities, or quality improvement data* 4. *Literature review to identify trends and information about the topic area* 5. *Observation*  * *Note – if you are using national data or literature as evidence of the gap, state how this is tied to your learners.* |

**3. Education need that underlies the professional practice gap**

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

|  |  |
| --- | --- |
|  | Knowledge (learner doesn’t know something) |
|  | Skill (learner doesn’t know or can’t show how to do something) |
|  | Practice (learner doesn’t do or doesn’t know how to do something in their professional practice) |

|  |  |
| --- | --- |
| **TIPS** | * *Your answer should align with the gap you identified in question 1.* * *If you check “Practice,” be sure you can measure the outcome in the practice setting (e.g., observation, participant self-report, etc.) after a period of time.* |

**4. DESCRIPTION OF TARGET AUDIENCE (check all that apply):**

**Who needs the education related to the gap?**

|  |  |
| --- | --- |
|  | RNs *(must include)* |
|  | Advanced Practice RNs |
|  | RNs in Specialty Areas (Identify Specialty): |
|  | Interprofessional (describe): |
|  | LPNs |
|  | Other (describe): |

**5. Desired Learning Outcome(S)**

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| --- |
| 5. List the overall learning outcome(s) in the same format as in the examples below: |

|  |  |
| --- | --- |
| **IMPORTANT TIPS** | * ***If you selected two or three types of underlying needs in question 3, you must have outcome(s) to measure each type of underlying need.*** * *What is the measurable goal or outcome that this activity set out to achieve? What will be measured when the learner completes the activity?* * *The learning outcome(s) must be specific to your activity and based on your identified gap. Achievement of the specific activity outcome(s) must be evaluated.* * *The learning outcome must tie to the professional practice gap and the underlying educational need. If the underlying need is knowledge, the outcome should be related to measuring a change in the learner’s knowledge, etc.* * *The measurable learning outcome(s) is not a list of objectives. See WNA website Resources page for the differences between objectives and outcomes.* * *If planning a conference with multiple sessions, an outcome is not needed for every education session; rather, your outcome(s) should be written for the conference as a whole.* |
| **EXAMPLE OUTCOMES** | *Knowledge Outcome - “80% of participants will indicate on the post session evaluation that they gained knowledge they can put into practice related to teaching students for whom English is a second language.” A response of a 4 or 5 on a 5 point Likert scale will indicate the outcome has been met.*  *Skill Outcome – “75% of participants will correctly demonstrate how to write a quality improvement plan using at least three principles presented in the education session.”*  *Practice Outcome - “65% of participants will self-report two months after the learning activity that they have been able to use knowledge gained about SBIRT in their practice.” A “yes” response to a question on a follow up survey will indicate the outcome has been met.* |

**6. Description of Evaluation Method**

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| --- |
| 6A. How is the evaluation data being obtained?  6B. What data is being collected?  6C. How will the data be analyzed (and by whom) to assess if outcomes were met and to guide future improvements? |

|  |  |
| --- | --- |
| **IMPORTANT TIPS** | * ***State how you will measure each activity outcome.*** *You might use the same or different methods for each outcome if you have more than one overall outcome.* * *Your answer should describe how the evaluation data is obtained, what data is being collected, and how the data will be analyzed.* * *For activities designed to change practice, the outcome(s) must be measured after the learner returns to the practice setting.* * *You need to collect evidence to show if a change in knowledge, skill, or practice occurred as a result of your learning activity.* * *In doing this, you are measuring your expected learner outcome(s), which align with your gap, evidence, and need. You do not need a written evaluation form to do this.* |
| **EXAMPLE EVALUATION METHODS** | *Knowledge – Question and answer; Discussion; Formative evaluation throughout the session (e.g., audience response system, polling); Written post-session evaluation; Post-test; Completion of assignments; Ask learner if they intend to change their professional practice.*  *Skill – Demonstration; Return demonstration; Hands on learning; Creating a product related to the learning; Role Play, Critical thinking exercises.*  *Practice - Participants’ self-reported change in professional practice after the opportunity to go back to the practice setting for a period of time; Report by others of learner change in practice; Observation of practice; Review of post-session learner assignments; Evidence of Return on Investment (ROI).* |

**7. Description of Evidence Based Content with SUPPORTING REFERENCES or RESOURCES**

1. **What content will help learners achieve the learning outcome(s)?**

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| --- |
| 7A. |

|  |  |
| --- | --- |
| **TIPS** | * *Describe: What will the activity look like? What content will be included? You can provide a narrative, a content outline, or other content information already developed, if applicable.* * *For conferences, include session descriptions.* |
| **EXAMPLE DESCRIPTIONS** | *“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.”* |

1. **On what best available evidence will you base your content?**

|  |
| --- |
| 7B. |

|  |  |
| --- | --- |
| **IMPORTANT TIPS** | * *There is no specific format (APA, MLA, etc.) required. Include at least: Year published, primary author (et. al.), publication title, article or chapter title, page numbers.* ***For websites, list the specific URL for pages used, not just the general website URL.*** *Include year of publication for web references, if available from the web page.* * *References should be recent, best-evidence or be considered “Classic” references (e.g., Maslow, Kübler-Ross, Erickson, Kirkpatrick). Industry standard is for references and resources that have been developed and/or published within the last 5-7 years.* * *If planning a conference with multiple sessions, list key references that directly contribute to the achievement of the educational outcome(s) or provide an abstract on how the overall content facilitates the learner’s achievement of the conference outcome(s). You do not need to list every citation.* * *You can provide this information in the table below or in an outline, agenda, presenter abstract, or other format already developed, if applicable.* * *References should support the outcome(s) of the activity.* * *References may include, e.g., peer reviewed articles or web site information, clinical guidelines, textbooks, and expert resources.* |

**C. Please review ACCME** [**Standard 1 - Content Validity**](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-1-ensure-content-valid) **to ensure this Standard is upheld in the planning, implementation, and evaluation of this educational activity.**

**8. Learner Engagement Strategies**

**What learning strategies will you use to help your learners achieve the outcome(s)?**

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| --- |
| 8. |

|  |  |
| --- | --- |
| **IMPORTANT**  **TIPS** | * *Learner engagement strategies must be congruent with activity format and the underlying educational needs identified above (knowledge, skill, and/or practice).* * ***Do not*** *list, “PowerPoint” or “presentation” as learner engagement strategies.* * ***If recording a live activity for an enduring material, be sure to consider how live and enduring activity learner engagement strategies will be different.*** |
| **EXAMPLES** | *Knowledge: Question/answer; Discussion; Participant reflection; Polling during the learning activity.*  *Skills: Demonstration; Return demonstration; Hands on learning; Creating a product related to the learning; Role Play, Critical thinking exercises*  *Practice: Group work; Problem-based learning (group work to solve real problems); Reflection; Observation; Case study analysis; Role play.* |

**9. Number of contact hours awarded AND calculation method**

1. **For activities *2 hours or more in length*:**

|  |
| --- |
| ATTACH AN AGENDA FOR THE ENTIRE ACTIVITY (including any concurrent sessions).   * *See WNA website for Sample Agenda.* |

1. **For activities *less than two hours in length*:**

Show your math below for how contact hours were calculated including START/STOP times, segment or session titles, and number of minutes:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | 1. **For Enduring Material Activities Only*:*** | |
|  |  | Mergener Formula for written materials (<http://touchcalc.com/calculators/mergener>) |
|  |  | Pilot of several *learners* completing the enduring material activity and averaging the completion times |
|  |  | This Enduring Material is a recording, and the length of the recording was used. |
|  |  | Other (describe in detail): |

|  |  |
| --- | --- |
| **Number of contact hours one participant can earn** [Nursing Credits]**:** |  |

|  |  |
| --- | --- |
| **Total number of contact hours, including all concurrent breakout sessions** [Hours of instruction]**:** [hours of instruction  *Add up the time for all presentations for which you are providing contact hours. Include concurrent sessions.* |  |

|  |  |
| --- | --- |
| **IMPORTANT TIPS** | * ***See page 18 of the ANCC Writing Guide on the*** [***WNA Resources webpage***](https://www.wisconsinnurses.org/education/ceap/resources/)***.*** * ***To calculate:*** * *For live activities, add up the educational time in minutes and divide by 60. Count educational content and evaluation time. Do not count lunch, breaks, exhibit time, or welcome.* * *For “enduring material activities” (aka, “learner paced” or “self-study”), indicate how you calculated contact hours in “C” below.* * *Contact hours may be rounded. See WNA Resources page reference.* * *Include pharmacotherapeutic time/content if applicable.* * *Be sure it’s clear what content is being offered for contact hours and what content is not.* |

**10. Criteria for awarding contact hours**

|  |  |
| --- | --- |
| **Indicate what participants need to do to be awarded contact hours for successful completion of this activity. Check all that apply:** | |
|  | Attendance at an entire live activity |
|  | Completion of an online activity |
|  | Attendance for a specified period of time (e.g., miss no more than 10 minutes, etc.) |
|  | \*Attendance at one or more sessions of a multi-session activity (“Partial Credit”) |
|  | Completion of assignments, pre-work, etc. |
|  | Completion/submission of an evaluation form |
|  | Successful completion of a post-test (attendee must score \_\_\_\_ % or higher) |
|  | Successful completion of a return demonstration |
|  | Other (describe): |

|  |  |
| --- | --- |
| **IMPORTANT TIPS** | * *Clearly indicate what is expected of the learners in order to earn their contact hours.* * *The criteria should relate to the outcome and be enforceable for the activity.* * *The criteria for awarding contact hours in the planning document needs to match the disclosure to learners related to awarding contact hours.* * ***If you offer contact hours to learners who don’t attend the entire educational activity, this is “partial credit.” If you are offering “partial credit” to attendees for attending some sessions but not all, you must track the specific number of hours awarded for each attendee. Be prepared to explain how you do this.*** |

**11. Documentation of completion and/or certificate**

|  |  |  |
| --- | --- | --- |
| **ATTACH A CERTIFICATE OR OTHER DOCUMENT INDICATING SUCCESSFUL COMPLETION OF THE LEARNER.**   |  |  | | --- | --- | | **TIPS** | *Certificate includes title and completion date of activity; name and address (web address acceptable) of Provider; number of contact hours awarded; participant name (or space for); and your WNA Provider Approval statement.* | |

**12. Names and credentials of all individuals in a position to control content**

|  |  |
| --- | --- |
| **IMPORTANT**  **TIPS** | * *On the* ***planning committee*** *there must be at least two people total involved in planning the activity, a qualified Nurse Planner and a content expert.* * *The Nurse Planner may act as both nurse planner and content expert, if qualified, but at least two planners total are required.* * ***The Nurse Planner cannot have any relevant financial relationships****.*   *A* ***Content Reviewer:***   * *Is someone* ***outside of the planning committee*** *called in by the Nurse Planner to assess educational content for scientific validity and/or bias.* * *A Content Reviewer is NOT required.* * *Members of the planning team may be reviewers of presentation content, but they are not called “content reviewers.”* |

**PROVIDE INFORMATION ABOUT ALL INDIVIDUALS IN CONTROL OF CONTENT. YOU MAY USE THE TABLES BELOW OR SUBMIT A DIFFERENT CLEARLY LABELED LIST THAT INCLUDES THE INFORMATION REQUESTED IN EACH TABLE.**

1. **List the name and credentials / degrees of the nurse planner and all other planners.**

**Check the boxes in the table below to indicate which planners are subject matter experts (“content experts”).**

|  |  |  |
| --- | --- | --- |
| Nurse Planner: name, credentials / degrees\* | Role | Are they a content expert? |
|  | Nurse Planner | Yes  No |

|  |  |  |
| --- | --- | --- |
| Planners: names, credentials / degrees | Role | Are they a content expert? |
|  | Planner | Yes  No |
|  | Planner | Yes  No |
|  | Planner | Yes  No |

*Add more rows if necessary or submit an existing list with all information from the table.*

1. **List the name and credentials / degrees of all presenters or self-study content developers.**

* **All presenters should be chosen for their subject matter expertise.**

|  |  |
| --- | --- |
| Live Presenter or Enduring Material Content Developers:  names, credentials / degrees | Role  (Presenter or Content Developer) |
|  |  |
|  |  |
|  |  |

*Add more rows if necessary or submit an existing list of names and credentials; clearly indicate roles.*

1. **List the name and credentials / degrees of all other faculty including external content reviewers.**

**Please indicate role(s) in the table below (i.e., peer reviewer, external content reviewer, other faculty, etc.).**

|  |  |
| --- | --- |
| Other Faculty: names, credentials / degrees | Role |
|  |  |
|  |  |
|  |  |

*Add more rows if necessary or submit an existing list of names and credentials; clearly indicate roles.*

**13. IDENTIFYING, MITIGATING, and DISCLOSING of RELEVANT FINANCIAL RELATIONSHIPS**

1. **Is your educational topic “clinical” in nature?**

*(Be sure to read the tips below before deciding.)*

|  |  |  |
| --- | --- | --- |
|  | Yes | **If yes, see B. below and begin the processes described in** [**ACCME Standard 3**](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-3-identify-mitigate-and-disclose-relevant-financial-relationships)**.** |
|  | No | If no, you are indicating that the Nurse Planner has made the deliberate decision that it is not necessary to identify and mitigate financial relationships due to the activity content. |
|  | Not Sure | If not sure, discuss with Provider Unit Primary Nurse Planner. Contact WNA if needed. |

|  |  |
| --- | --- |
| **IMPORTANT**  **TIPS** | * *Examples of non-clinical topics: leadership; communication skills; other “soft” skills.* * ***To be “non-clinical” the content of the education would need to afford no opportunities for individuals in control of content to insert commercial bias related to the products, services, or business lines of ineligible companies.*** * *See* [*Resources page of the WNA website*](https://www.wisconsinnurses.org/education/ceap/resources/) *for additional guidance.* |

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| --- |
| **B. If Yes:** (your topic affords more than a 0% chance for individuals in control of content to insert commercial bias related to the products, services, or business lines of an ineligible company [“clinical” in nature]), **then your next step is to identify, mitigate, and disclose to learners relevant financial relationships or the lack of.** |

**Overall Process Instructions to identify, mitigate, and disclose relevant financial relationships:**

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| --- |
| * *Refer to and review 1) the Standards for Integrity and Independence at* [*www.accme.org/standards*](http://www.accme.org/standards) *and the documents related to the Standards for Integrity and Independence on the* [*Resources page of the WNA website*](https://www.wisconsinnurses.org/education/ceap/resources/)*.* * ***For any activities “clinical” in nature****, the Nurse Planner is responsible for ensuring all relevant financial relationships are mitigated for everyone in control of content before assuming their role(s) in the activity. The Nurse Planner will:*   *1.* ***Collect information*** *from each person in control of content about their financial relationships with ineligible companies.*  *2.* ***Analyze the information*** *each person in control of content has provided about their financial relationships with ineligible companies and* ***decide which are relevant.***   * ***The Nurse Planner cannot have a relevant financial relationship.***   *3. Exclude employees of ineligible companies and* ***mitigate*** *other relevant financial relationships.*  *4.* ***Document*** *the mitigation strategies you used.*  *5.* ***Disclose*** *to learners the presence or absence of relevant financial relationships.*   * ***WNA Documents can help you with this process****.* * *Please review Part A of the Nurse Planner Mitigation Worksheet found on the* [*Resources page of the WNA website*](https://www.wisconsinnurses.org/education/ceap/resources/) *for step-by-step instructions.* * *See Expanded List of Mitigation Strategies on the same WNA Resources webpage.* |

**Identify relationships: Collect Information.**

**Obtain disclosure of financial relationships with ineligible companies from all in control of content.**

|  |
| --- |
| * ***Send each person in control of content a WNA Disclosure Form or similar document to complete and return to you.*** * *You may use another accepted method of information collection and include it in the activity file.* * *The Nurse Planner and any others involved in continuous activity planning may complete an annual Disclosure process and then periodically provide updates about changes to their financial relationships.* * ***Maintain all original disclosure collection documentation in the activity file.*** |

1. **Did you use a WNA Disclosure Collection Form to collect disclosure information from everyone in a position to control educational content?**

|  |  |
| --- | --- |
|  | **Yes (Each person in control of content completed a WNA Disclosure Collection Form that was reviewed by the Nurse Planner.)** |
|  | **No, a different method was used to collect financial relationship information for all in control of content.** |

1. **If a different method was used, describe the method you used to collect and review financial relationship disclosure information from everyone in a position to control content.**

|  |
| --- |
|  |

1. **If a different method was used to collect financial relationship disclosure information from everyone in a position to control content, attach a template of the documentation method (form, email, script, etc.) **

**14. Evidence of mitigation of relevant financial relationships**

**A. Were any financial relationships disclosed by anyone in control of content?**

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No financial relationship(s) were disclosed by anyone in control of educational content.** |

|  |
| --- |
| **B. If yes:**  **1. Complete and attach the** [**WNA Nurse Planner Mitigation Worksheet**](https://www.wisconsinnurses.org/wp-content/uploads/2022/01/3.-4.-Toolkit-Required-NP-Mitigation-Form-p.-3-4.docx) **or similar document summarizing:**   * **Relationship(s) disclosed.** * **The Nurse Planner’s determination of relevance for any financial relationships listed in disclosure collection information forms.** * **Mitigation strategies used.**   **2. Mitigate relevant financial relationships. This is an active process by the Nurse Planner.** |

|  |  |
| --- | --- |
| **TIPS** | * ***If any financial relationships are reported by a Nurse Planner (NP), assess if they are relevant.*** * ***If relevant, replace that Nurse Planner with a different Nurse Planner before planning occurs.*** * ***The Nurse Planner cannot have any relevant financial relationships.*** |

**15. COMMERCIAL SUPPORT**

|  |  |
| --- | --- |
| **TIPS** | * *Commercial support is defined as financial or in-kind support from ineligible companies.* * *This does not include exhibitor fees.* * *Refer to page 21 of the ANCC Writing Guide for detailed information.* |

|  |
| --- |
| **Is there commercial support for this activity?** |

|  |  |
| --- | --- |
|  | Yes - Provide the information requested below. |
|  | No - Continue to Section 16. |

**IF YES,**

1. **Complete the table below or provide a list of ineligible companies providing financial or in-kind support, clearly labeled as such, with the information in this table:**

|  |  |  |
| --- | --- | --- |
| **LIST THE NAME OF EACH INELIGIBLE COMPANY SUPPORTING THE EDUCATIONAL ACTIVITY** | **TYPE OF SUPPORT** | |
| **FUNDING AMOUNT** | **VALUE OF IN-KIND DONATION** |
|  |  |  |
|  |  |  |
|  |  |  |

Add rows as necessary.

|  |  |
| --- | --- |
| **IF YES,** | **ATTACH THE REQUIRED COMMERCIAL SUPPORT AGREEMENT FOR EACH INELIGIBLE COMPANY PROVIDING IN-KIND OR FINANCIAL SUPPORT FOR THIS ACTIVITY.** |

|  |  |
| --- | --- |
| **TIPS** | * *Agreements must be complete (all signatures present) and must be dated prior to the activity date.* * *The WNA Commercial Support Agreement is found on the* [*WNA website*](https://www.wisconsinnurses.org/required-forms-for-your-ncpd-activity-records/)*. Other Agreements are acceptable if they contain the required elements listed in the ANCC Writing Guide.* |

**IF YES,**

**C. Please review ACCME** [**Standard 2**](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-2-prevent-commercial-bias-and-marketing-accredited-continuing) **and** [**Standard 4**](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-4-manage-commercial-support-appropriately) **to ensure these Standards are upheld in the planning, implementation, and evaluation of this educational activity.**

**16 – 21. REQUIRED INFORMATION PROVIDED TO LEARNERS BEFORE THE ACTIVITY**

|  |  |
| --- | --- |
| **TIPS** | * ***Required information must be provided to learners BEFORE the learning activity.*** * *See ANCC Writing Guide (pages 22 – 24) for detailed information.* * ***See*** [*Resources page of the WNA website*](https://www.wisconsinnurses.org/education/ceap/resources/) *for an example disclosure to learners PPT slide.* |

**The following information must be provided to learners before activity content is delivered:**

* *Information can be listed on Promotional Material (brochure, website, media blast) or Pre-Session Disclosures (PPT Slide, Handout, Poster, email, etc.).*

1. Approval statement of Provider awarding contact hours (must be on at least one promotional document provided to learners) including name of Provider.
2. Criteria for awarding contact hours (“successful completion requirements”)
3. If content is “clinical” in nature: Presence or absence of relevant financial relationships for everyone in a position to control educational content (nurse planner, planners, presenters, content developers, reviewers of content, other faculty). *See information on financial relationship identification, mitigation, and disclosure on the WNA Resources website page.*
4. If applicable: commercial support information (names of commercial supporters – NO LOGOS)
5. For enduring materials ONLY: the date by which a participant must complete the activity to earn contact hours (“Expiration Date”).
6. If applicable: joint-provider statement

|  |  |
| --- | --- |
|  | **ATTACH DOCUMENTATION to demonstrate that all applicable information above was communicated to the learners prior to the educational activity.** |

**21B. Joint Providership**

|  |
| --- |
| **Is this activity “jointly-provided?”**  (Other organizations are planning or implementing the learning activity with you.) |

|  |  |  |
| --- | --- | --- |
|  | NO |  |
|  | YES | If yes, complete the section below. |

**IF YES,**

**Provide a list of all organizations planning or implementing the learning activity with your organization. You may list them here or include an existing list clearly labeled as such.**

|  |
| --- |
|  |

**Process Instructions:**

|  |
| --- |
| * ***IF YES*** *– The Provider must* ***clearly indicate the Provider organization awarding contact hours*** *and the Provider’s responsibility for adherence to ANCC criteria.*    + ***A “joint-provider” statement provided to learners before the activity will accomplish this****. This statement indicates which organization is providing the contact hours and that two or more groups were involved in planning. For example,*  ***Your Approved Provider statement + “jointly provided with (LIST Name(s) of Joint-Provider Organization(s).”*** * ***IF YES*** *– The Nurse Planner for this activity must ensure that the Provider organization maintains control of educational development and is responsible for adherence to ANCC criteria.* |

**22. ADDITIONAL CONTENT INTEGRITY STANDARDS RELATED TO MARKETING BY INELIGIBLE COMPANIES**

**22A. Does this learning event include vendors/exhibitors (live or virtual)?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**22B. Does this learning event include other activities conducted by ineligible companies in the same educational space (same room for live activities; same meeting and platform for virtual activities)?**

* *Examples include presentations, or other gatherings influenced by ineligible companies or those with unmitigated financial relationships.*

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**22C. Does this learning event include any advertising?**

* *Examples include information presented during print, online, or digital continuing education activities and non-educational participant materials.*

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**IF YES TO ANY OF THE ABOVE IN #22: Please review** [**ACCME Standard 5**](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce/standard-5-manage-ancillary-activities-offered-conjunction-accredited)  **to ensure this Standard is upheld in the planning, implementation, and evaluation of this educational activity.**

**23. Summative Evaluation**

**ANCC requires an analysis and summary of the evaluation data. This includes two components:**

* **The evaluation data summary.**
* **A written analysis by the Nurse Planner** that includes at a minimum:
  + A summary of the evaluation data.
  + Whether the activity was effective in closing or narrowing the gap (were the educational activity outcome(s) achieved).
  + An analysis of what was learned from the evaluation data and what can be applied to future activities for improvement.

|  |  |
| --- | --- |
|  | **ATTACH Evaluation Summary Data and include the Nurse Planner written analysis below.** |

|  |
| --- |
| 23A. |

|  |  |
| --- | --- |
| **TIPS** | * *This summative evaluation section does not simply include the data collected from the evaluations. There should be a clear analysis of the data from the NP and planning committee documented in 23A above.* * *There is no prescribed method for providing the summative evaluation information. Common delivery methods include a narrative format, SBAR format, SOAP note, or table with analysis information.* * *If no future improvements be made to education, include this in the NP summary and state that no feedback for improvement was noted.* |

**23B. Was / were the activity outcome(s) achieved?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Partially; Explain: |

**24. OPTIONAL – Any other information:**