

Insert Approved Provider Name Here
Planning Form for Educational Activities
Approved Providers only
2015 Criteria

This form is a tool designed to assist with planning educational activities and should not be used to submit activities for approval. Documentation is to be completed as part of the planning process, not retrospectively.

Activity Data:

Activity: _____ Date Form Completed: _____

Activity Type:

_____ Provider-directed, provider-paced: Live (in person or webinar)

- Date of live activity: _____

_____ Provider-directed, learner-paced: Enduring material

- Start date of enduring material: _____
- Expiration/end date of enduring material: _____

Administratively Responsible Person for this application

Name: Deborah White-Boone MSHA, BSN, RN

Telephone number: 215-503-0998 E mail address: Deborah.white-boone@jefferson.edu

Planner contact information for this activity.

Name & Credentials: _____

Telephone: _____ E mail address: _____

The **Nurse Planner** must be a currently licensed registered nurse with a baccalaureate degree or higher in nursing, **and** be actively involved in planning, implementing and evaluating this continuing education activity.

continuing education? Does the content of the educational activity enable the learner to acquire or improve knowledge or skills beyond basic knowledge and enhance professional development or performance of the nurse? Is the content of the educational activity generalizable regardless of the employer?

_____ Yes _____ No If **no**, the activity is **not** eligible for contact hours.

Assessment of Learner Needs:

Identify the target audience:

_____ All RNs

_____ Advance Practice RNs

_____ RNs in Specialty Areas (Identify Specialty) : _____

_____ LPNs

_____ Interprofessional (Describe): _____

_____ Other - (Describe): _____

Type of needs assessment method used to plan this event? (Check all that apply)

_____ Surveying stakeholders, target audience members, subject matter experts or similar

_____ Requesting input from stakeholders such as learners, managers, or subject matter experts

_____ Reviewing quality studies and/or performance improvement data to identify opportunities for improvement

_____ Reviewing evaluations of previous educational activities

_____ Reviewing trends in literature, law and health care

_____ Other - Describe: _____

Indicate source of supporting evidence for needs assessment data.

Check all that apply. Approved Provider must be able to access this data upon request.)

Insert Approved Provider Name Here

Planning Form for Educational Activities

Approved Providers only

2015 Criteria

Note: This form is a tool designed to assist with planning educational activities and should not be used to submit activities for approval. Documentation is to be completed as part of the planning process, not retrospectively.

Demographic Data:

Title of Activity: _____ Date Form Completed: _____

Activity Type:

_____ Provider-directed, provider-paced: Live (in person or webinar)

- Date of live activity: _____

_____ Provider-directed, learner-paced: Enduring material

- Start date of enduring material: _____
- Expiration/end date of enduring material: _____

Administratively Responsible Person for this application

Name: Deborah White-Boone MSHA, BSN, RN

Telephone number: 215-503-0998 E mail address: Deborah.white-boone@jefferson.edu

Nurse Planner contact information for this activity.

Name & Credentials: _____

Telephone: _____ E mail address: _____

The **Nurse Planner** must be a currently licensed registered nurse with a baccalaureate degree or higher in nursing, **and** be actively involved in planning, implementing and evaluating this continuing education activity.

Is this continuing education? Does the content of the educational activity enable the learner to acquire or improve knowledge or skills beyond basic knowledge and enhance professional development or performance of the nurse? Is the content of the educational activity generalizable regardless of the employer?

_____ Yes _____ No If **no**, the activity is **not** eligible for contact hours.

Assessment of Learner Needs:

A. Identify the target audience:

- _____ All RNs
- _____ Advance Practice RNs
- _____ RNs in Specialty Areas (Identify Specialty) : _____
- _____ LPNs
- _____ Interprofessional (Describe): _____
- _____ Other - (Describe): _____

B. Type of needs assessment method used to plan this event? (Check all that apply)

- _____ Surveying stakeholders, target audience members, subject matter experts or similar
- _____ Requesting input from stakeholders such as learners, managers, or subject matter experts
- _____ Reviewing quality studies and/or performance improvement a to identify opportunities for improvement
- _____ Reviewing evaluations of previous educational activities
- _____ Reviewing trends in literature, law and health care
- _____ Other - Describe: _____

C. Indicate source of supporting evidence for needs assessment data.

(Check all that apply. Approved Provider must be able to access this data upon request.)

- _____ Annual employee survey

- Literature Review
- Outcome Data
- Periodic surveys of stakeholders or learners
- Quality Data
- Requests (e.g., via phone, in person or by email)
- Written evaluation summary requests
- Other - Describe: _____

Needs assessment data is attached or available upon request.
(e.g., survey data, reference in literature, QI data, etc.)

D. Identify the appropriate gap for the intended target audience that this educational activity will address based on needs assessment data:

- Gap in Knowledge (knows)
- Gap in Skills (knows how)
- Gap in Practice (shows/does)
- Other - Describe: _____

Qualified Planners and Faculty/Presenters/Authors/Content Reviewers:

Please complete the table below for each person on the planning committee and include name, educational degree(s), credentials, and role on the planning committee. Planning committees must have a minimum of a Nurse Planner and one other planner to plan each educational activity. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered. The Nurse Planner and Content Expert must be identified.

A. Planning Committee:

| Committee Member Name | Credentials | Degrees | Role on Committee |
|-----------------------|-------------|---------|-------------------|
| | | | Select one. |
| | | | Select one. |
| | | | Select one. |
| | | | Select one. |

Biographical/COI Form for each planning committee member is attached or stored at (list location):
833 Chestnut Suite 920

Identification, evaluation and resolution of conflict of interest for planning committee members:

1. Conflict of interest evaluation for the Nurse Planner of this educational activity.

- a. Nurse Planner's name: _____
- b. Does the Nurse Planner have a relationship with a commercial interest organization that is relevant to the content of this educational activity:
 Yes* No

* if yes, Nurse Planner must be recused from this educational activity

- c. Individual responsible for reviewing conflict of interest information for Nurse Planner (Nurse Planner may not evaluate his/her own conflict of interest information):
Deborah White-Boone MSHA, BSN, RN

2. The Nurse Planner is responsible for evaluating whether any planning committee member has a relationship with a commercial interest organization. For **each** planning committee member, the Nurse Planner must document the following (document on each planner's conflict of interest form):

- No relevant relationship with a commercial interest exists. No resolution required.
- Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined **not** to be pertinent to the content of the educational activity. No resolution required. (Documentation should reflect rationale for content not pertinent).
- Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. **Resolution is required.**

3. In reviewing the bio forms, did the Nurse Planner and/or planning committee suspect that there might be COI and/or potential for bias for any planning committee members that was not self-reported on the form?

_____ Yes _____ No

If yes, what was the concern? _____
 What was done to resolve it? _____

4. Procedures used to resolve conflict of interest or potential bias, if applicable for this activity (document resolution process on each planner's conflict of interest form as applicable):
- Not applicable since no conflict of interest.
 - Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
 - Not awarding contact hours for a portion or all of the educational activity.
 - 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.
 - 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.
5. Identify Content Reviewer if used as part of the resolution process on each planner's conflict of interest form. Conflict of interest must also be evaluated for the Content Reviewer.

B. Faculty/Presenters/Authors

Faculty/Presenters/Authors should have documented qualifications that demonstrate their education and/or experience in the content area they are presenting. Expertise in subject matter can be evaluated based on education, professional achievements and credentials, work experience, honors, awards, professional publications, etc. The qualifications should address how the individual is knowledgeable about the topic and how expertise has been gained. Faculty/Presenters/Authors do not have to be nurses, but should address nursing care and nursing implications, as applicable.

| Faculty/Presenter/Author Name | Credentials | Degrees |
|-------------------------------|-------------|---------|
| | | |
| | | |
| | | |

Biographical/COI Form for each Faculty/Presenter/Author is attached or stored at (list location):
833 Chestnut Suite 920

Identification, evaluation and resolution of conflict of interest for Faculty/Presenters/Authors:

1. The Nurse Planner is responsible for evaluating whether any Faculty/Presenter/Author has a relationship with a commercial interest organization. For **each** Faculty/Presenter/Author, the Nurse Planner must document the following (document on each Faculty/Presenter/Author's conflict of interest form):
 - No relevant relationship with a commercial interest exists. No resolution required.
 - Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined **not** to be pertinent to the content of the educational activity. No resolution required. (Documentation should reflect rationale for content not pertinent).
 - Relevant relationship with a commercial interest exists. The relevant relationship with the commercial interest is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. **Resolution is required.**

2. In reviewing the bio forms, did the Nurse Planner and/or planning committee suspect that there might be COI and/or potential for bias for any Faculty/Presenter/Author that was not self-reported on the form?

_____ Yes _____ No

If yes, what was the concern? _____
What was done to resolve it? _____

3. Procedures used to resolve conflict of interest or potential bias, if applicable for this activity (document resolution process on each Faculty/Presenter/Author's conflict of interest form as applicable):
 - Not applicable since no conflict of interest.
 - Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
 - Not awarding contact hours for a portion or all of the educational activity.
 - 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.
 - 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.
4. Identify Content Reviewer if used as part of the resolution process on each Faculty/Presenter/Author's conflict of interest form. Conflict of interest must also be evaluated for the Content Reviewer.

Effective Design Principles

A. Use the **Educational Planning Table(s)** to document items below (A-E) for each activity offered.

B. **Identified Gaps:** What is missing (List any **gap** in knowledge, skills and/or practice based on the needs assessment) that identifies the need for this activity?

_____ Gap in Knowledge (knows)
_____ Gap in Skills (knows how)
_____ Gap in Practice (shows/does)
_____ Other - Describe:

C. **Learning Outcome:** State what the learner will be able to do as a result of participating in the educational activity.

D. Content Description and Supporting Evidence/Resources.

Content Description: _____

Content for this educational activity was chosen from:

_____ Information available from the following organization/web site (organization must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health): _____

_____ Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years): _____

_____ Clinical guidelines (example - www.guidelines.gov): _____

_____ Expert resource (individual, organization, educational institution) (book, article, web site): _____

_____ Textbook reference: _____

_____ Other: _____

E. **Instructional Strategies:** List the methods and instructional strategies to be used by Faculty/Presenters/Authors to cover each objective on the Educational Planning Table. Teaching learning strategies must be congruent with objectives and content. Refer to Educational Planning Table.

F. **Successful Completion:** (consistent with learning outcome and content description)

1. Criteria for successful completion for live and enduring material/web-based activities include:

(Check all that apply)

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

2. Rationale for method selected above to determine successful completion: (Check all that apply)

- Method of evaluation selected
- Importance of content knowledge
- Importance of content application
- Required by employer or organization
- _____ Other - Describe: _____

3. Partial Credit Awarded for Participation?

- _____ Contact hours awarded based on # of minutes attended
- _____ Contact hours awarded for 1/2 day (1/2 of total eligible contact hours)
- _____ Contact hours awarded based on # of sessions attended
- No partial credit is awarded

G. Awarding Contact Hours

A contact hour is a 60 minute hour. The contact hour may be taken to the hundredths; but may not be rounded up. (e.g. 2.758 should be 2.75 or 2.7, not 2.8)

1. **Live Events:** Calculate the number of contact hours based on the learning activity, clearly stating the time spent on welcome, introductions, pre/post tests, presentation, clinical experience, breaks and evaluation. Contact hours are calculated based on the components of the activity that are eligible for awarding CE credit.

2. **Enduring materials (print, CD, web-based, etc.):** Contact Hour Calculation:

What was the method for calculating the contact hours? (Select one)

- Pilot Study
- Historical Data
- Complexity of content and data
- Other - Describe: _____

Show evidence (math calculation) of how contact hours were determined:

H. **Verify Participation**

- Attendance/participation will be verified through sign in sheets/registration form.
- Signed attestation statement by participant verifying completion of entire or part of the activity.
- Collection of participation verification via computer log
- Other - Describe: _____

Evaluation

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

- Evaluation Form
- Pre and/or Post-test (Attach a copy if testing is to be used)
- Return Demonstration
- Case Study Analysis
- Role Play
- Longitudinal study with self-reported change in practice (long term method)
- Data Collection related to quality outcome measure (long term method)
- Observation of performance in practice (long term method)
- Question and answers during activity.
- Self-check questions.
- Engaging learners in dialogue
- Other - Describe: _____ (Attach a copy)

B. Upon completion of the activity, a summative evaluation is generated.

C. The Nurse Planner and/or planning committee reviewed the summative evaluation to assess the activity's effectiveness and to identify how results may be used to guide future educational activities.

Accreditation/Approval Statement

All communications, marketing materials, certificates, and other documents that refer to awarding contact hours or continuing education credit for an individual educational activity must include the approval statement of the accredited organization.

The accreditation/approval statement must be displayed clearly to the learner and must be worded correctly according to the most current Accreditation Manual. An organization is *accredited or approved*; contact hours are *awarded*.

A. Type of advertising to be used:

- Flyer/brochure
- Memo/Letter
- Meeting Notice
- E-mail
- Web site
- Social Media
- Other - Describe _____

_____ Copy of advertising materials must be included in the activity file.

Approved Provider statement:

Thomas Jefferson University Hospital is an approved provider of continuing nursing education by PA State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Commercial Support

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

If no commercial support received, select A.

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

A. _____ This activity has no commercial support.

B. Commercial support has been provided by the following:

| Name of Organization | Funding or In-Kind Donation | Type of Organization (commercial interest or non-commercial interest) |
|----------------------|-----------------------------|---|
| | | |
| | | |
| | | |
| | | |

C. Content integrity has been/will be maintained by: (Check all that apply)

- _____ The commercial support policy/procedure has been discussed with those providing commercial support.
- _____ The commercial support policy/procedure has been shared in writing with those providing commercial support.
- _____ Faculty/Presenters/Authors have been informed of the policy/procedure re: commercial support and agree to not promote the products or entity providing the financial or in-kind services.
- _____ In conjunction with above, the session will be monitored and violators of policy will not be asked to present again.
- _____ Other - Describe: _____

D. The following precautions have been taken to prevent bias in the educational content: (Check all that apply).

- _____ Commercial support and bias has been discussed with each presenter.
- _____ Each Faculty/Presenter/Author has signed a statement that says s/he will present information fairly and without bias.
- _____ In conjunction with the above, the session will be monitored and violators of policy will not be asked to present again.
- _____ Other - Describe: _____

E. _____ Signed commercial support agreement attached.

- Statement that the provider of commercial support may not participate in any component of the planning process of an educational activity, including:
 - Assessment of learning needs

- Determination of objectives
- Selection or development of content
- Selection of presenters or faculty
- Selection of teaching/learning strategies
- Evaluation
- Statement of understanding that the commercial support will be disclosed to the participants of the educational activity
- Statement of understanding that the provider of commercial support must agree to abide by the provider's policies/procedures
- Amount of commercial support and description of in-kind donation
- Name and signature of the individual who is legally authorized to enter into contracts on behalf of the provider of commercial support
- Name and signature of the individual who is legally authorized to enter into contracts on behalf of the provider of the educational activity
- Date the agreement was signed

Disclosures Provided to Participants

Learners must receive disclosure of required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring materials (print, electronic, or Web-based activities), disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may not occur or be located at the end of an educational activity. If a disclosure is provided verbally, an audience member must document both the type of disclosure and the inclusion of all required disclosure elements.

A. Disclosures always required:

1. Successful Completion: Purpose and/or objectives and criteria for successful completion (**Note**: Not applicable or n/a is not an acceptable response)

Information on advertising material.

_____ Written information on handouts for activities/directions (Attach copy).

_____ Verbal statement and someone in the audience will witness and document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)

Other - Describe: Refer to Disclosure PowerPoint (Attach copy)

2. Absence or Presence of Conflict of Interest for planners and faculty/presenters/authors/content reviewers: (Check all that apply)

_____ Planners disclose **no** conflict of interest relative to this educational activity

_____ Faculty/Presenters/Authors/Content Reviewers disclose **no** conflict of interest relative to this educational activity

** **Lack** of conflict of interest disclosed to learners by:

Information provided in advertising.

_____ Information provided on handouts. (Attach copy)

_____ Information provided in print at the start of the non-live activity (Attach copy)

_____ Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)

Other - Describe: Refer to Disclosure PowerPoint (Attach copy)

_____ Planners disclose a conflict of interest relative to this educational activity [List name(s): _____]

_____ Faculty/Presenters/Authors/Content Reviewers disclose a conflict of interest relative to this educational activity [List name(s): _____]

** **Presence** of conflict of interest disclosed to learners by:

Information provided in advertising.

_____ Information provided on handouts. (Attach copy)

- Information provided in print at the start of the non-live activity (Attach copy)
- Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
- Other - Describe: Refer to Disclosure PowerPoint (Attach copy)

B. Disclosures required, if applicable:

3. **Commercial support:**

- Not applicable
- Information provided in advertising.
- Information provided in handouts. (Attach copy)
- Information provided in print at the start of the non-live activity (Attach copy)
- Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
- Other - Describe: _____ (Attach copy)

4. **Joint Providership:**

- Not applicable
- Information provided in advertising.
- Information provided in handouts. (Attach copy)
- Information provided in print at the start of the non-live activity (Attach copy)
- Verbal statement and someone in the audience will document the verbal disclosure (Reminder: place a signed notation in the file to describe the verbal disclosure)
- Other - Describe: _____ (Attach copy)

5. Expiration date for awarding enduring materials contact hours:

- The expiration date must be visible to the learner **prior** to the start of the educational content..
- Not applicable - not enduring material
 - Learners notified how long contact hours will be awarded for the activity on **advertising**.
 - Learners notified how long contact hours will be awarded for the activity on **directions page**.

Documentation of Completion.

Learners receive documentation of successful completion of the educational activities.

Document/certificate must include:

- Name and address of provider of the educational activity (Web address acceptable)
- Title and date of completion of educational activity
- Number of contact hours awarded
- Official approval/accreditation statement
- Name of learner

Recordkeeping

A. Recordkeeping requirements for each activity file:

Professional practice gap:

- Process of identification of problem in practice/opportunity for improvement
- Evidence to validate
- Underlying gap in knowledge, skill and/or practices
- Description of the target audience
- Desired learning outcome

Educational design:

- Content of activity: A description of the content with supporting references or resources
- Format: live or enduring
- Instructional strategies used
- Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience will be assessed
- Criteria for judging successful completion
- Names and credentials of activity planners, presenters, faculty, authors, and/or content reviewers (must identify Nurse Planner and content expert(s))
- Conflict of interest disclosure statements from planners, presenters, faculty, authors, and/or content reviewers
- Resolution of conflicts of interest for planners, presenters, faculty, authors, and/or content reviewers, if applicable
- Commercial Support Agreement with signature and date (if applicable)

Activity characteristics:

- Title of activity
- Date live activity presented or, for ongoing enduring activities, date first offered and subsequent review dates
- Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant.)
- Documentation of completion must include:
 - Title and date of the educational activity
 - Name and address of provider of the educational activity (Web address acceptable)
 - Number of contact hours awarded
 - Accreditation statement
 - Participant name
- Evidence of disclosing to the learner:
 - Criteria for successful completion
 - Presence or absence of conflicts of interest for all members of the Planning Committee, presenters, faculty, authors, and content reviewers
 - Commercial support (if applicable)
 - Joint Provider (if applicable)
 - Expiration date (enduring materials only)
- Marketing and promotional materials.
- Evidence of accreditation/approval statement (as applicable) provided to learners prior to start of educational activity

B. Records filed and stored at (list location): 833 Chestnut, Suite 920

Note: Activity file records must be maintained in a retrievable file (electronic or hard copy) accessible to authorized personnel for 6 years.

| | |
|---|-------------|
| Completed By: (Name and Credentials) | Date |
|---|-------------|