**University of Colorado Hospital**

**LONG ANCC CONTINUING NURSING EDUCATIONAL ACTIVITY PLANNING FORM**

**Activity Information**

**Activity Title**:

Enter below the number of contact hours offered and the total under review for this activity. For example, an activity that is 60 minutes in length, with three concurrent presentations is 3.0 contact hours to be reviewed and 1.0 contact hour eligible for a participant to receive.

**Number of Participant Contact Hours offered**:

**Activity Type**:

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

* Date of live activity: Click here to enter a date.

☐ Provider-directed, learner-paced: Enduring material

* Start date of enduring material: Click here to enter a date.
* Expiration/end date of enduring material: Click here to enter a date.

☐ Blended activity

* Date of live portion of activity: Click here to enter a date.
* Date(s) of enduring materials (e.g. pre-work, post live etc.):
  + - * Start date of enduring material: Click here to enter a date.
      * Expiration/end date of enduring material: Click here to enter a date.

**Education Needs Identification and Assessment of Learner Needs**

1. **Description of the professional practice gap: (e.g. change in practice, problem in practice, opportunity for improvement)**

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| **Describe the current state:** |

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| **Describe the desired state:** |

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| **Identified gap:** |

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

☐ Survey data from stakeholders, target audience members, subject matter experts or similar

☐ Input from stakeholders such as learners, managers, or subject matter experts

☐ Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement

☐ Evaluation data from previous education activities

☐ Trends in literature, law and/or health care

☐ Trends in practice, treatment modalities and/or technology

☐ Direct observation

☐ Other—Describe:

**Please provide a brief summary of data gathered that validates the need for this activity:**

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1. **Educational need that underlies the professional practice gap (e.g. knowledge, skill and/or practices)**

Choose an item.

**Education Design Process**

1. **Description of the target audience. (You can select more than one target audience).**
2. Choose an item.
3. Choose an item.
4. Choose an item.
5. Choose an item.
6. **Desired learning outcome(s): *(What will the outcome be as a result of participation in this activity?)***

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**Area of impact (check all that apply):**

☐ Nursing Professional Development ☐Patient Outcome

☐ Other- Describe:

1. **Outcome Measure(s): *(A quantitative statement as to how the outcome will be measured to assess the impact of this educational activity in closing the identified gap):***

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1. **Content of activity: A description of the content with supporting references or resources.**

☐x See Educational Planning Table (required for all events over 3 hours) [Attachment 2]

**Content for this educational activity was chosen from:**

☐ Information available from the following organization/web site (organization/web site 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:

1. **Nurse Planner Assessment of Content for Commercial Interest\* Relevance**

***\*Commercial interest****, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (i.e. pharmaceuticals, supplements, botanicals, medical devices, and medical equipment products.)* [*http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf*](http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf)*)*

☐ **Yes**, **COI Forms Required**This educational activity includes content related to the products and/or services of a commercial interest entity by ANCC definition. A conflict of interest (COI) form is included in [Attachment 3] for each individual listed in Table I who has a financial relationship with a commercial interest entity relevant to this activity's content.

☐ **No**, **COI Forms Required**  
This educational activity does not include any content related to the products and/or services of a commercial interest entity so does not require COI forms for the planners or presenters. Explain below why content is considered exempt for COI:

*Examples:* Non clinical content i.e. Staff Development Methods; Outcome Measures; Leadership Skills; Clinical content without product related treatments discussions i.e. Understanding Hemodynamic Mechanisms; EKG Interpretation; Stages of Breast Cancer.

1. **Individuals in a Position to Control Content**

Complete the table below listing each person in a position to control content of the educational activity. Include name, credentials, educational degrees(s), role on the planning committee, and any financial relationships with a commercial interest entity that is relevant to the content.

There must be at least two people --one 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 (Content Expert) and can also be the Nurse Planner or a Presenter who is on the Planning Committee. **The individuals who fill the roles of Nurse Planner and Content Expert must be identified.**

For questions when assessing conflict of interest review the ANCC Standards:

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| The **Nurse Planner** must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) **AND** hold a baccalaureate degree or higher in nursing (or international equivalent) **AND** be actively involved in planning, implementing and evaluating this continuing education activity | | | | | |
| **A** | **B** | **C** | **D** | **E** | **F** |
| **Name of individual and credentials** | **Role(s) in activity**   * Nurse Planner (only one) * Content Expert * Other Planner * Presenter/Author | **Planning committee member? (Yes/No)** | **Commercial interest relationship relevant to the content?**  **(Yes/No)** | **If yes in D Name of Commercial Interest and nature of relationship** | **If yes in D COI**  **Form**  **attached**  **(Yes or n/a)** |
| *Example: Jane Smith, RN-BC* | *Nurse Planner* | *Yes* | *No* | *n/a* | *n/a* |
| *Example: Sue Brown, RNC* | *Content Expert* | *Yes* | *No* | *n/a* | *n/a* |
| *Example: John Doe, PhD* | *Presenter* | *No* | *Yes* | *Pfizer Speakers Bureau* | *Yes* |
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| *Add rows as needed* |  |  |  |  |  |
| 1. **Qualifications for the Nurse Planner:** *Provide information about expertise/education in adult education or adult learning and ANCC credentialing criteria.* | | | | | |
| 1. **Qualifications for the Planning Committee Content Expert(s):** *Describe professional experience or areas of expertise, which contribute to content expertise for this activity. May include educational background, professional/practice experience, and publications.* | | | | | |

<http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

1. **Learner engagement strategies**

☐ See Educational Planning Table OR check below which strategies will be used:

☐ Integrating opportunities for dialogue or question/answer

☐ Including time for self-check or reflection

☐ Audience response system

☐ Analyzing case studies

☐ Providing opportunities for problem-based learning

☐ Pre/Post Test

☐ Other:

1. **Contact Hour Calculation**

Contact hours are determined in a logical and defensible manner, and awarded to participants for those portions of the educational activity devoted to learning and evaluation. One contact hour = 60 minutes. Fractions or portions of the 60-minute hour can be awarded. For example, 135 minutes equals 2.25 contact hours. **Do not round up** (*e.g. 2.758 should be 2.75 or 2.7, not 2.8*).

Time for registration, introductions, opening announcements, breaks, meals, business meetings and viewing of exhibits are excluded from the calculation of contact hours. Viewing of poster sessions and evaluations are included.

1. If more than 3 hours attach an educational planning table with time allotments *from registration to closing.* [Attachment 2]
2. Enter the maximum number of contact hours a participant could earn for this activity:
3. Identify the method used to calculate the number of contact hours awarded to each participant:

☐ Total number of eligible minutes for each session attended divided by 60

☐ Pilot study – average time for completion of activity by testers

☐ Historical data – compared this activity to a similar existing enduring material activity

☐ Professional opinion based on complexity of content and delivery method

☐ Mergener Formula <http://touchcalc.com/calculators/mergener> used for text content

Number of Words

Number of Questions

Degree of Difficulty

☐ Other (Describe):

1. **Criteria for Awarding Contact Hours**

Criteria for awarding contact hours for live and enduring material activities include:

(Check all that apply)

☐ Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)

☐ Credit awarded commensurate with participation

☐ Attendance at 1 or more sessions

☐ Completion/submission of evaluation form

☐ Successful completion of a post-test (e.g., attendee must score      % or higher)

☐ Successful completion of a return demonstration

☐ Other - Describe:

1. **Description of evaluation method:**

**Evidence that change in knowledge, skills and/or practices of target audience was assessed.** A clearly defined evaluation method that includes learner input used to assess the effectiveness of the educational activity. The evaluation components and method of evaluation should be relative to the desired learning outcome of the educational activity. Evaluation methods may include both short term and long term.(*Sample Participant Evaluation Form available on westernmsd.org)*

**Short-term evaluation options:**

☐ Participant evaluation with self report Intent to change practice

☐ Active participation in learning activity

☐ Post-test

☐ Return demonstration

☐ Case study analysis

☐ Role-play

☐ Other – Describe:

**Long-term evaluation options:**

☐ Self-reported change in practice

☐ Change in quality outcome measure

☐ Return on Investment (ROI)

☐ Observation of performance

☐ Other – Describe:

**Post Activity Documentation**

1. **Summative Evaluation**

Documentation after the event summarizing the findings from the participant evaluations and determination by the nurse planner of need for any follow up action steps. Includes total number of participants and total contact hours earned by each participant. This summation is maintained in your activity file.

1. **Record Keeping Requirements**

     By checking this box the applicant acknowledges responsibility for maintaining documentation for each educational activity in a secure, confidential, and retrievable manner for six years. Learners must be able to contact the applicant organization if verification of attendance or a replacement certificate of completion is needed. The Nurse Planner is responsible for assuring that an adequate recordkeeping system is in place. The recordkeeping files must include all of the ANCC required documentation. See [Recordkeeping Checklist](http://westernmsd.org/Doc-Vault/Individual/SAMPLE-Recordkeeping-Checklist.docx).

**ATTACHMENTS**

***Please provide evidence of the following:***

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| **Attachment 1** | Educational Activity Planning Table & Evaluation |
| **Attachment (s) 2** | Conflict of Interest (COI) Forms for all individuals (e.g. planners, presenters, faculty, authors, and/or content experts and reviewers) who have a commercial interest relationship relevant to the content; includes nurse planner resolution of COI. (if applicable) |
| **Attachment 3** | Commercial Support Agreement with signature and date (if applicable). |
| **Attachment 4** | Disclosures/ Evidence of required information provided to learners prior to start of the activity:   * 1. Accreditation statement of provider awarding contact hours   2. Criteria for awarding contact hours   3. Declaration of presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers)   4. Commercial support (if applicable)   Expiration date (enduring materials only) |