**APPROVED PROVIDER UNIT**

**EDUCATIONAL ACTIVITY PLANNING FORM**

**Approved Provider Information**

Name: University of Arizona College of Nursing Professional Education Unit

 Address: 1305 N Martin Ave. Tucson, AZ 85721

 Contact Phone: 520-626-2036

**Title of Activity**

Click here to enter text.

**Activity Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Date(s) (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_

**Activity Location:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activity Type**

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

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

[ ] 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.

[ ]  Learner-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(s) of prework and/or post-activity work: Click here to enter a date.
* Date of live portion of activity: Click here to enter a date.

**NARS Reporting Conversion Terms**

*This section is included to assist with NARS data entry. Below is the list of terms and all information necessary to “open” and “close” an activity in the information tracking system. Please indicate the type of activity.*

**NARS Activity Type**

* [ ]  **Course**—A live educational activity where the learner participates in person
* [ ]  **Internet Live Course**—An online course available via the Internet at a certain time on a certain date and only available in real-time
* [ ]  **Regularly Scheduled Series (RSS)**—A course that is planned as a series with multiple, ongoing sessions
* [ ]  **Journal Based CNE**—An activity that includes the reading of an article (or adapted formats for special needs)
* [ ]  **Other**—An activity that may be a Manuscript Review, Test Writing Item, Committee Learning, Performance Improvement, Internet Searching and Learning, etc.

**Nurse Planner Contact Information for This Activity**

**Note:** 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.

Acceptable Example: Name, PhD, MSN, RN

 Name, PhD, BSN, RN-BC

Inappropriate Example: Name, PhD, RN as PhD might not be in nursing and RN does not indicate the academic level of the nursing degree)

**Name and credentials:**

Click here to enter text.

Email Address: Click here to enter text.

Phone number: Click here to enter text.

**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)**

|  |  |
| --- | --- |
| **Current State** (What is currently happening) |  |
| **Desired State**(What should be happening) |  |
| **Identified Gap**(Difference between what is and should be happening) |  |

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:

**Brief Summary of Data Gathered That Validates the Need for This Activity (information gathered to help to substantiate the need for this event)**

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1. **Educational Need That Underlies The Professional Practice Gap (e.g. knowledge, skill and/or practices)**

Choose an item.

Choose an item.

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) -** While a goal gives a general statement of your program's purpose, objectives are more concrete and specific in how the goal will be achieved. This is not about goals and objectives but about **outcomes**. Outcomes should reflect what is the expected as a result of your CE event. What will the ***learner’s*** outcome be as a result of participation in this activity? Clear articulation of learning outcomes serves as the foundation to evaluating the effectiveness of the teaching and learning process.). For example, “As a result of this activity, the learner will…”

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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. Focus on attendee behavior, use simple, specific action verbs, select appropriate assessment methods that are **measurable**, and state desired performance criteria that relate to the gap in knowledge, skill, and/or practice. For example, to measure a change in knowledge, a pre- and/or post-test may be used. To measure a change in skill and/or practice, return demonstrations, role-playing, case reviews, etc. may be utilized.

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1. **Content of Activity (A description of the content with supporting references or resources)**

[ ]  See Educational Planning Table OR [Attachment 1]

[ ]  Or describe content and include time calculation for content: Click here to enter text.

**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, neutraceuticals, essential oils, medical devices, and medical equipment products.)* [*http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf*](http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf)*)*

***"Conflict of Interest*** *exists when an individual is in a position to control or influence the content of an education activity and has a financial relationship with a commercial interest organization the products or services of which are pertinent to the content of the educational activity."*

Describe the process utilized by the NP to determine if a conflict of interest exits for speakers and educational planning committee members. How is the NP assessing for potential COI? The response requires you to focus on how the NP addresses these 3 questions about the activity:

* 1. Does the activity include content related to a commercial entity’s products and/or services?
	2. Is the individual on the planning committed in a position to control content?
	3. Has the individual (or their significant other) had a financial relationship with a commercial entity in the past 12 months?

As the NP assesses potential COI, **the answer to ALL 3 of these questions must be “YES.”** If the answers to all 3 questions above is YES, COI must be assessed, evaluated, and resolved. That process must be described in the box below. If ANY answer is “NO” then COI does not need to be assessed and you can skip to the “NO” option and select it.

For assistance, see **Section F** of this document: [*http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf*](http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf)

[ ]  **Yes**, this educational activity includes content related to the products and/or services of a commercial interest entity by ANCC definition. If “YES” is selected, a conflict of interest (COI) form must be included in [Attachment 2] for each individual listed in Table I who has a financial relationship with a commercial interest entity relevant to this activity's content.

*Generally, clinical content means that “Yes” is selected here and all persons in a position to control content must be assessed for potential COI. Using generic terms instead of brand names for the product, services, or equipment does not exempt the content from potential for COI with a commercial interest organization that makes that type of product..*

*Examples of content that DOES require COI forms to be completed includes the following:*

* Stages of Breast Cancer and Current Treatment Modalities
* Fall Prevention and Equipment Solutions
* Wound Care
* Pain Management Options

[ ]  **No**, this educational activity does not (1) include any content related to the products and/or services of a commercial interest entity; (2) does not include an individual (or their significant other) in a position to control content who has a relationship with a commercial entity within the last 12 months and so does not require COI forms for the planners or presenters. *Examples of content that does not require COI assessment includes the following:*

* **Non-clinical content** such as Staff Development Methods; Outcome Measures; Leadership Skills;
* **Clinical content without product-related treatments discussions** such as “Understanding Hemodynamic Mechanisms”; “EKG Interpretation”; “Cultural Diversity”.

Explain below why content is considered exempt for COI:

**Nurse Planner Signature**

I attest that I have reviewed the biographical information and actual/potential conflict of interest for each member of the planning committee members, content experts, content reviewers, authors, faculty, speakers, and presenters for the event and there are **NO** conflicts of interest to disclose.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click or tap to enter a date.

**Typed or Electronic Signature: Name & Credentials (Required) Date**

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 in the activity, 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.**

Columns D, E, and F relate to the nurse planner's assessment of **Conflict of Interest** for the individuals in column A.

For questions about how to assess for conflict of interest for columns D, E, and F review the ANCC Standards (specifically Section F) in this document:

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

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| **A** | **B** | **C** | **D** | **E** | **F** | **G** |
| **Name of individual and credentials** | **Role(s) in activity*** Nurse Planner (only one)
* Content Expert
* Other Planner
* Presenter/Author
 | **Planning committee member?** (Yes/No) | **Content Related to Commercial Interest Entity?**(Yes/No) | **Commercial interest relationship?**(Yes/No) | **If yes in E Name of Commercial Interest and nature of relationship** | **If yes in C, D, AND E, Attached COI form**(Yes or n/a) |
| *Example: Jane Smith, BSN, RN* | *Nurse Planner* | *Yes* |  | *No* | *n/a* | *n/a* |
| *Example: Sue Brown, PhD, RN* | *Content Expert* | *Yes* |  | *No* | *n/a* | *n/a* |
| *Example: Ida Row, MSN, RN* | *Other Planner* | *Yes* |  | *No* | *n/a* | *n/a* |
| *Example: John Doe, MD* | *Presenter* | *No* |  | *Yes* | *Pfizer Speakers Bureau* | *Yes* |
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| 1. **Describe how it was determined that the Nurse Planner and Content Experts are qualified for these roles:**
2. *Provide information about NP expertise/education in adult education or adult learning and ANCC credentialing criteria.*

*Describe professional experience or areas of expertise, which contribute to content expertise for this activity. May include educational background, professional/practice experience, and publications. (Provide detailed information supporting why this person has been deemed an expert in the field)* |

1. **Learner Engagement Strategies**

[ ]  See Educational Planning Table OR

[ ]  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 must be 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 NOT included in the calculation of contact hours. Viewing of poster sessions and evaluations may be included but require a defensible method for calculations.

1. If activity is more than 3 hours (from registration to closing) attach an educational planning table or a detailed agenda (Attachment 1) for the entire educational activity*.*
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 required.

 [ ]  100% attendance for entire event

 [ ]  May attend partial event (i.e. conferences)

 [ ]  Other: Describe here:

[ ]  Contact hours awarded for actual hours attended (*requires tracking of attendance per conference day, per plenary and breakout sessions. This option allows for partial credit.*)

[ ]  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:** (How will change in knowledge, skills, and/or practice be evaluated at the end of this activity? Refer back to identified practice gap and educational need. Evaluation must occur at the level of need identified in “C” above).

A clearly defined evaluation method includes learner input used to assess the effectiveness of the educational activity. The evaluation components and method of evaluation should relate 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)*

Evaluation methods **may include both** short term and long term.

**Short-Term Evaluation Options** (How will this information be gathered and results analyzed at the end of the CE event?)

[ ]  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** (This is **not required** but if long term evaluation will be conducted, you must describe how the information will be gathered and results analyzed to determine impact of the CE event over time at a specific interval after the event has been completed?)

[ ]  Self-reported change in practice

[ ]  Change in quality outcome measure

[ ]  Return on Investment (ROI)

[ ]  Observation of performance

[ ]  Other – Describe:

1. **Summative Evaluation:** [Attachment 6]

Documentation after the event must summarize:

* total number of participants
* contact hours earned by each participant
* pertinent findings from the participant feedback, comments, and suggestions for future topics
* documentation by the nurse planner of need for any follow up action steps and actions taken

**ATTACHMENTS**

**(It is highly recommended that you use the following attachment templates for your programs.)**

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

|  |  |
| --- | --- |
| **Attachment 1** | Educational Activity Planning Table with full agenda timeline from registration to closing |
| **Attachment 2** | Conflict of interest documentation from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable **OR**a statement that COI documentation is not required because the content of the activity has no relationship to products or services of a commercial entity (consumed by or used on patients) |
| **Attachment 3** | Certificate of completion |
| **Attachment 4** | Commercial Support Agreement with signature and date (if applicable) |
| **Attachment 5** | Disclosures/Evidence of required information provided to learners *prior to start of the activity*:* 1. **Activity approval statement** as issued by the accredited approver
	2. **Criteria for successful completion** in order to receive contact hours
	3. **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) If COI is present, disclosure must include name of person, type of relationship, and name of commercial entity.
	4. **Commercial support** (only if applicable)
	5. **Expiration date** (enduring materials only)
	6. **Name(s) of Joint Provider(s)** (only if applicable)

NOTE: (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria) |
| **Attachment 6** | Summative Evaluation and a copy of any participant evaluation forms used |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENT 1**

**EDUCATIONAL ACTIVITY PLANNING TABLE**

| **University of Arizona College of Nursing Professional Education Unit****Educational Planning Table and Agenda** |
| --- |
| **Title of Activity:**  |
| Learning Outcome(s): This must match what you indicated in section E. |
|  |
| **TIME ALLOTMENT\*** |  **LIST EACH SESSION TITLE & PRESENTER** | **CONTENT (Topics)**Provide an outline of the content | **TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES** |
| Start Time | Stop Time | Total Minutes |
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| Total Agenda Minutes\* |  | Add all minutes including NON-CE content minutes, introductions, breaks and meals |
| Total Contact\*\* Minutes |  | Total minutes \_\_\_\_\_\_\_\_minus total NON-CE minutes\_0\_\_\_\_\_divided by 60 = \_\_\_\_\_contact hours |

\*Include introductions, breaks, & meals and non-CE content time but do not count in total contact minutes

\*\*Time spent evaluating the learning activity may be included in the contact minutes when calculating contact hours