



APPROVED PROVIDERS: DESIGNING EDUCATIONAL ACTIVITIES

The Midwest Multistate Division (Midwest MSD) is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC COA). The ANCC Accreditation Program supports the lifelong learning needs of professional registered nurses by ensuring that educational activities are designed using criteria that are evidence-based and that are independent from commercial influence. Using the criteria defined by ANCC, the Midwest Multistate Division Continuing Education Approval Program has developed this document to assist Approved Providers with designing educational activities within their Unit.

This document – *Designing Educational Activities* – explains the requirements and criteria for planning CNE activities according to ANCC/Midwest MSD Accreditation Program criteria.

The educational design expectations applicable at the individual activity level are fundamental to high-quality **continuing nursing education (CNE)**. Accordingly, Approved Providers must ensure that these expectations are met and that the ANCC/Midwest MSD Accreditation criteria are applied in such a manner as to ensure the Approved Provider Unit provides educational activities that meet these criteria. ANCC's/Midwest MSD's Accreditation criteria specify a comprehensive set of educational design criteria to ensure that educational activities are effectively planned, implemented, and evaluated according to educational standards and **adult learning principles**. CNE involves "systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses, and therefore enrich nurses' contributions to quality healthcare . . ." (ANA, 2010, p. 43). The knowledge, skills, or attitudes gained from CNE activities can be applied regardless of the activity participant's employer.

Types of activities:

Provider-directed, provider-paced: The provider controls all aspects of the learning activity. The provider determines the learning outcomes based on a **needs assessment**, gap analysis, content of the learning activity, engagement strategies, and evaluation methods. *(Examples include live activities and live Webinars)*

Provider-directed, learner-paced: The provider controls the content of the learning activity, including the learning outcomes based on needs assessment, gap analysis, content of the learning activity, engagement strategies, and evaluation methods. The learner determines the pace at which the learner engages in the learning activity. *(Examples include print articles, online courses, e-books, and self-learning modules/independent studies)*

Blended: The learning activity is a combination of provider-directed, provider-paced and provider-directed, learner-paced. The ratio may vary according to the learning outcomes. *(Examples include online educational module prerequisites to a live classroom session and independent reading assignments to be discussed in class)*

Education activities must meet the following guidelines in order to be eligible for awarding of continuing education credit (contact hours):

- Content must enable the learner to acquire or improve knowledge or skills beyond basic knowledge
- Content must enhance professional development or performance of the nurse

Content must be:

- Evidence-based or based on the best-available evidence
- Presented without promotion or bias

An educational activity may include content that is eligible for continuing education credit and content that is not eligible for continuing education credit. In that circumstance, continuing education credit may be awarded for the content that is eligible.

The fundamental basis for all CNE activities is the educational design process. The following sections provide an overview of the educational design process for Approved Providers and explain the requirements and criteria for planning CNE activities according to ANCC/Midwest MSD Accreditation Program criteria. It is arranged to follow the order of the Midwest MSD Approved Provider CNE Activity Planning Guide and offers instruction in completing selected sections.

1. JOINTLY PROVIDED ACTIVITIES

Joint Providership is defined as the planning, development and implementation of an educational activity by two or more organizations or agencies. The jointly providing organization **cannot** be a commercial interest. ANCC/ Midwest MSD Approved Providers may jointly provide educational activities with other organizations. The ANCC/Midwest MSD Approved Provider's Nurse Planner must be on the Planning Committee and is responsible for ensuring adherence to the ANCC/Midwest MSD accreditation criteria. The ANCC/Midwest MSD Approved Provider is referred to as the 'provider' of the activity; the other organization(s) are 'joint provider(s)'. In the event that 2 or more organizations are ANCC/Midwest MSD Approved Providers, one will serve as the provider of the educational activity and assume responsibility for adherence to the criteria, and the other(s) will be referred to as the joint-provider(s).

The 'provider' maintains responsibility for (a) determining learning outcomes, outcome measures and content (b) selecting planners, faculty/presenters/authors and content reviewers (c) awarding of contact hours (d) developing evaluation methods, (e) managing commercial support, (f) recordkeeping procedures and (g) ensuring the provider's name is prominently displayed on all marketing materials and certificates.

A written joint provider agreement ensures that the 'provider' maintains primary responsibility for the CNE activity. The Midwest MSD *Joint Provider Agreement* contains the following:

1. Name of the organization acting as the provider
2. Name(s) of the organization(s) acting as joint provider(s)
3. Statement of responsibility of the provider for:
 - Determination of learning outcomes, outcome measures and content
 - Selection of planners, faculty/presenters/authors, and content reviewers
 - Awarding of contact hours
 - Evaluation methods
 - Management of any commercial support
 - Recordkeeping procedures
 - Prominent display of provider's name on all marketing materials and certificates
4. Name and signature of the individual legally authorized to enter into contracts on behalf of the provider
5. Name and signature of the individual legally authorized to enter into contracts on behalf of the joint provider
6. Date the agreement was signed

The joint provider agreement must be signed by representatives legally authorized to enter into contracts on behalf of each organization involved in the activity and must identify the responsibilities of each organization. The Midwest MSD *Joint Provider Agreement* may be customized as needed to document financial arrangements, for example, but the above listed responsibilities of the 'provider' may not be altered. It is important that these areas be agreed upon by the joint providers at the beginning of the planning process to avoid misunderstandings and/or confusion. A copy of the signed joint provider agreement(s) must be kept in the activity file.

The joint provider organization may **not** be a commercial interest organization. Joint providers may contribute financial or in-kind support for the activity, but they must be recognized as a joint provider rather than as a 'sponsor' of the

activity. Jointly providing an educational activity is a collaborative venture that requires the direct involvement of the provider's Nurse Planner. The Nurse Planner is responsible for ensuring adherence by all parties to the ANCC/Midwest MSD educational design criteria.

Joint providership may be appropriate for some agencies. But it is critical that the Approved Provider assumes primary responsibility for the educational activity.

Any advertising developed for the jointly provided activity should include the names of the provider and joint provider. The Approved Provider must be prominently mentioned in the advertising and jointly provided language should be utilized. For example, "This activity was jointly provided by Johnson Care Hospital and the Missouri Psychiatric Nurses Association".

When determining if the organization should or is able to jointly provide an activity, the following elements should be considered:

1. Who is the Approved Provider Unit? Who is the Approved Provider Unit's target audience? Is the group seeking joint providership part of or outside of the Approved Provider Unit?
2. Has one of the Approved Provider Unit's Nurse Planners been actively involved in the planning of the activity since the beginning?
3. Who is hosting the event, your organization or another organization?

Your answers to these questions will determine if you are able to jointly provide the activity with the agency requesting your participation or not. In any or all situations, an Approved Provider has the right to say no, we do not want to joint provide.

Approving vs. Jointly Providing

Jointly providing continuing nursing education activities is not to be confused with CNE approval, which is only allowed by the Midwest Multistate Division or another accredited approver unit through the ANCC. If the Primary Nurse Planner and/or Nurse Planner were not actively involved in the planning of the event, the organization cannot provide or jointly provide the activity.

Joint Provider vs. Co-Sponsor

The ANCC/Midwest MSD Accreditation criteria do not use the terms "joint provider" and "co-sponsor" interchangeably. Jointly providing is a term used when two or more organizations/groups work together to assess, plan, implement and evaluate continuing nursing education activities. A sponsor is a non-commercial interest who provides monetary or in-kind support for an activity.

2. EFFECTIVE DESIGN PRINCIPLES

CNE activities are developed in response to, and with consideration for, the unique educational needs of the target audience of nurses, including advanced practice and specialty nurses. Each educational activity is based on a needs assessment that may be conducted using a variety of methods, including surveys of target audience, subject matter experts, supervisory personnel, or others; review of quality improvement studies; evaluations from previous education activities; review of literature for trends or issues; or changes in standards or laws which might require education. Sources of supporting evidence (documentation) of needs assessment data may include survey data, literature review, summary of past activity evaluations, documentation of requests (typed summary of a conversation, meeting minutes, printed email, etc.), or outcome data. A copy of the supporting evidence must be kept in the activity file.

The needs assessment data are used to identify and validate a gap in knowledge, skills, or practice the educational activity is designed to improve or meet. The planning committee uses information from the needs assessment to

identify the current level of knowledge, skill or practice of the target audience. They then determine the difference between the prospective participant's current level of knowledge, skill or practice and where it should be; this difference is the 'problem in practice' or 'gap.' If the identified gap can be closed by education, the educational activity is designed to address the "missing" knowledge, skill or practice.

- The 'Gap Analysis Worksheet' is available on the Midwest MSD website for use in this process. A copy must be kept in the activity file.

The Nurse Planner and Planning Committee evaluate the root cause(s) of the gap, or why the gap exists. If the gap is related to a lack of knowledge, skills, and/or practices of registered nurses, an educational intervention is appropriate. The gap may exist for other reasons; alternative, non-educational strategies may need to be considered.

It is important to note that a professional practice gap may exist for registered nurses or health care teams regardless of the practice setting. Professional practice gaps are not limited to clinical practice and may also exist in areas of professional work such as administration, education and research.

When the professional practice gap has been identified, the Nurse Planner and Planning Committee conduct a needs assessment to determine the underlying educational needs of registered nurses, or members of the health care team, that contribute to the gap. The needs assessment can also identify unique educational needs which can be the rationale for changes made within the Unit. For instance, the reason for choosing provider-directed, learner-paced rather than a provider-directed, provider-paced program, for providing an activity over several weeks after work instead of an all-day seminar, or for an activity provided at a conference center rather than at the work-site, or vice versa. Population centers, highway access, and facility availability are all considerations in responding to unique educational needs.

Once the educational need has been identified, the Nurse Planner and Planning Committee can determine the target audience for the educational activity. The target audience is defined as the specific registered nurse learners or health care team members the educational activity is intended to impact. At a minimum, the target audience for activities awarding Midwest MSD contact hours must be Registered Nurses. Even when a multidisciplinary activity is not anticipated, the process of gap analysis may indicate that other disciplines should be included in the target audience.

Learning outcomes are written statements that reflect what the learner has gained as a result of participating in the educational activity. Learning outcomes must be observable and measurable. Learning outcomes address the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap, and achieving the learning outcome results in narrowing or closing the gap. Learning outcomes for the educational activity are developed collaboratively by the planners and presenters/faculty/authors (if applicable) and must include a process for measuring the outcome. Each outcome should have one measurable action verb and specify what the learner now knows or has shown to be able to do as a result of the activity.

- The identified gap(s) in knowledge, skills and/or practice will determine the number of learning outcomes for each activity.
- For an educational activity lasting 8 hours or less, with a single focus, 2 or 3 learning outcomes are appropriate. Such an activity may be documented on a single *Educational Planning Form*. A learner would typically be required to attend the entire activity in order to achieve the outcomes and be awarded contact hours.
- For an activity lasting more than 8 hours, or any activity with multiple "tracks" or concurrent sessions, two options are available:
 - Broadly written, overarching learning outcomes that apply to the entire activity. This approach works best when the entire activity has a single focus in topic or subject matter. A single *Educational Planning*

Form may be utilized.

- Outcomes written specific to each track or topic focus. This approach works best when outcome measures will vary depending on the educational level or practice setting of nurses attending i.e. “advanced” tracks, or when participants can attend concurrent sessions so that some outcomes will apply and others will not, depending on which sessions are attended. Each session or track should be documented on a separate *Educational Planning Form*.

Learners could be awarded contact hours based on attendance at individual sessions, the completion of an entire track, or attendance at the entire activity, depending on what the planning committee felt was necessary for learners to achieve the learning outcomes of the activity.

Content for the educational activity may be chosen by the Nurse Planner and Planning Committee, or it may be selected by others participating in the educational activity such as individual speakers or authors. Content documented on the Educational Planning Form must be congruent with the learning outcomes but ***not be a restatement of the outcomes***. Content should be written in outline format, listing specific content areas to be presented to assist the learner in achieving the outcome(s). Content should be numbered consistently with the related outcome and be based on the best available evidence. It is possible that content not directly related to an outcome but supporting or leading to a participant achieving the identified outcome will be included on the *Educational Planning Form*, and this is acceptable. Please note: The content description must be detailed enough for the Midwest MSD Nurse Peer Reviewers to make a determination of its adequacy in addressing the outcome(s).

It is the responsibility of the Nurse Planner and Planning Committee to ensure that content is based on the most current evidence, which may include, but is not limited to, evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content experts’ opinion. If there is concern that content selected is not based on best available evidence or may be biased within the educational activity, the Nurse Planner and Planning Committee may choose to engage a content reviewer. The purpose of the content reviewer is to provide independent and expert evaluation of content to ensure best available evidence is presented, content is balanced, and content is not promotional or biased.

Content that has been previously developed may also be identified as appropriate to include within the educational activity. If previously developed content is incorporated, the Nurse Planner is responsible for ensuring that the content meets the criteria for best available evidence, is appropriate in relation to the identified practice gap, and that permission to use the content has been obtained as applicable.

Time Frame: The time allotted for each outcome or supplemental content should be appropriate for the content being presented. Time for learner engagement strategies and evaluation is considered part of the learning process, should be listed on the Educational Planning Form(s), and included in the calculation of contact hours. Identify the time needed to complete each section in minutes, rather than in time lapse format i.e. 9:30 – 10:30 a.m.

References: Content is selected based on the most current available evidence. References are resources used to develop the presentation(s) within the activity (i.e. bibliography, resource list, etc.). Documentation of **evidence-based references** at the bottom of the Educational Planning Form should support the quality of evidence chosen for content. Examples include, but are not limited to, evidence-based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and content experts/expert opinions. Website, journal article and book references should be fully cited. References provided by presenters, in the form of PowerPoint slides or separate page listings, are acceptable but must also be included on the CNE Activity Planning Guide.

Learner engagement strategies: As part of the educational design process, the Nurse Planner and Planning Committee develop ways to actively engage learners in the educational activity. Please keep in mind adult learning principles in

designing CNE; active participation is encouraged. Engagement strategies used by presenters/faculty/authors for each learning outcome must be identified. Examples include lecture/group discussion, small group sessions, skill practice sessions, question and answer sessions, audiovisuals, role-playing, games, clinical application, simulations, handouts, etc. The proposed engagement strategies must be congruent with the outcomes – for example, if the verb in the outcome is “demonstrate,” the teaching method could involve role play, case study, return demonstration, etc. so that the learner is able to achieve the outcome. Active learner engagement may function as an opportunity for formative assessment during the educational activity by providing the presenter and/or planners with immediate learner feedback.

The Midwest MSD *Educational Planning Form* must be used to document the educational design process, including the learning outcomes, outline of content, time spent on each section of content, presenter(s)/faculty/author(s) for each session/presentation, learner engagement strategies and the references/resources used in the development of the content. Though presenters/faculty/authors participate in the development of learning outcomes, content and engagement strategies, the Nurse Planner is responsible for completing the Educational Planning Form(s) and assuring that outcomes are measurable, there is content to support each outcome, and engagement strategies are appropriate to achieve the outcomes.

3. QUALIFIED PLANNERS

Once the professional practice gap is identified, the Nurse Planner can begin to select individuals to assist with planning the educational activity by forming a Planning Committee, or the Nurse Planner may participate as a member of an interprofessional planning team. The **Planning Committee** must include at least two people, one of whom is the **Nurse Planner**. The second planner does not need to be a nurse. Each planning committee must also include a Content Expert, someone with appropriate subject matter expertise or experience and able to determine that content and references are relevant and current.

The Nurse Planner may function as both the Nurse Planner and the Content Expert; however, two people must be involved in the planning of each educational activity. The ‘Content Expert’ is a member of the Planning Committee must be identified in this role on the list of Planning Committee members on the CNE Activity Planning Guide. Other planners may be added as needed, including individuals serving as faculty/speakers for the activity. The Nurse Planner must be knowledgeable about the CNE process and ensure that the educational activity is developed in compliance with ANCC/Midwest MSD accreditation criteria. Only one Nurse Planner can be designated as such for any given activity. If additional nurses who are qualified to serve as Nurse Planners are members of the committee, their role should be designated as “planning committee member”, not as Nurse Planner.

Please note that employees or representatives of any commercial interest organization (*even if the products/services are not pertinent to the educational activity*) are not eligible to serve on the planning committee of a CNE activity.

- *The Primary Nurse Planner and Nurse Planners must complete the Midwest MSD Nurse Planner Biographical Data Form (kept on file by the Unit) and Nurse Planner Conflict of Interest Form.*

4. QUALIFIED FACULTY

The Planning Committee is responsible for selecting **Presenters/Faculty/Authors** to address the learning outcomes of the activity based on identified needed qualifications such as content expertise, comfort with a particular teaching methodology (e.g. Web-based), presentation skills, and familiarity with the target audience. The Planning Committee should first identify the necessary qualifications of a presenter/faculty/author on the topic(s) being presented during the activity, including how the necessary qualifications of the presenters/faculty/authors were identified, and then select faculty to meet those identified qualifications.

Presenters/Faculty/Authors must have qualifications that demonstrate their education and/or experience in the content area; qualifications may be validated by a review of resume, CV or bio and/or the position, title or certifications held by the presenter. Expertise in subject matter may be validated based on education, professional achievements and credentials, work experiences, honors, awards, professional publications, or similar.

- *Each planner, faculty/presenter/author must complete the Midwest MSD Planner/Faculty Conflict of Interest*

The Nurse Planner is responsible for **reviewing each** planner and presenter/faculty/author Conflict of Interest Form to ensure proper completion. The Nurse Planner is also responsible for evaluating actual or potential relevant relationships to impart bias. This review is documented by the Nurse Planner signing each form. The Midwest MSD uses the Conflict of Interest Forms to ensure required information is provided via a standardized form.

The Primary Nurse Planner or another planning committee member reviews the Nurse Planner's completed *Midwest MSD Nurse Planner Biographical Data Form* and *Nurse Planner Conflict of Interest Form* to ensure completion and appropriate qualifications of the Nurse Planner. This individual also evaluates for actual or potential relevant relationships to impart bias in planning. This review is documented by signing off on the Nurse Planner Conflict of Interest Form. It is not acceptable for the Nurse Planner to sign and also co-sign her/his own conflict of interest form.

The Planning Committee may also identify the need for additional individuals to function as **Content Reviewers**. The purpose of a content reviewer is to evaluate an educational activity during the planning process for quality of content, potential bias, and any other aspects of the activity that may require evaluation.

- *Content Reviewers must also complete the Midwest MSD Planner/Faculty Conflict of Interest Form*

Potential for Bias: Bias is defined as the tendency or inclination to cause partiality, favoritism or influence. This may be demonstrated by promoting one particular brand of product over others, using the name of one service provider to the exclusion of other comparable services, or giving only one point of view on a subject where there are multiple, sometimes conflicting, points of view. CNE activities are to be planned and presented based on the best available evidence, taking steps to avoid bias and assessing and monitoring for content integrity.

Approved Providers must be proactive and take precautions to prevent bias in the presentation of educational activities, and to protect learners from commercial messages. For a detailed statement of do's and don'ts, see the *ANCC Content Integrity Standards for Industry Support in CNE Activities* available on the Midwest MSD website. Some examples of precautions are:

- Physically separate the area where learners check in and receive educational materials, and the areas where they may choose or not choose to pick up commercial handouts and "goodies"- tote bags, pens, key chains, etc. with commercial product names and advertisements.
- Arrange space so learners are not required to walk through an exhibit area to find the educational session/s; if refreshments are provided in the same room as the educational activity, and a commercial interest organization is providing them, the organization's name and product advertisements may not be placed in the room. The commercial interest organization can be acknowledged in the brochure, participant materials, by verbal announcement, and/or through other signage outside of the activity room.
- Presenters/faculty/authors are not permitted to use handouts that include commercial logos or advertisements, or to have such logos on their slides.

If an individual is unwilling to agree to the 'Statement of Understanding' on the Conflict of Interest Form, the Nurse Planner will need to discuss the reasons with the individual and determine whether their continued participation in the activity would pose a threat to content integrity.

The Nurse Planner review box on the *Planner/Faculty Conflict of Interest Form* asks the Nurse Planner to list any additional concern for potential bias beyond the relationships disclosed by the individual and how it was resolved. For

example, a planner may know that a potential presenter is the author of a book, or created an assessment tool related to the content of the activity, or is the business owner of a consulting company. Steps to protect against bias might include reviewing the presenter's slides, checking for balance in references and resources, having an impartial content reviewer evaluate the presenter's/faculty/author's content, having the presenter/faculty/author sign an agreement to present information fairly and impartially, monitoring the presentation to validate content integrity, and/or asking participants to evaluate the presence or absence of bias. Any observed bias is to be documented in the activity file and should be used in future planning of CNE activities.

CONFLICT OF INTEREST IDENTIFICATION, EVALUATION AND RESOLUTION

Conflict of Interest Identification, Evaluation and Resolution: The potential for conflict of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a commercial interest organization, the products or services of which are pertinent or relevant to the content of the educational activity. A conflict of interest (COI) because of a financial relationship with a commercial interest organization may occur when that relationship might bias a person's ability to objectively participate in planning or implementing a learning activity.

The Nurse Planner is responsible for **evaluating** the presence or absence of conflict of interest on the part of all planners and presenters/faculty/authors, and resolving any identified actual or potential conflicts of interest as early as possible in the activity planning phase. If the Nurse Planner has an actual or potential conflict of interest, he/she must recuse himself/herself from the Nurse Planner role for this activity, and a new Nurse Planner must be found.

The Nurse Planner is also responsible for ensuring that all individuals who have the ability to control or influence the content of an educational activity disclose all **relevant relationships** with any commercial interest, including but not limited to members of the Planning Committee, presenters/faculty/authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward, and includes relationships of the individual's spouse or partner. This is accomplished through completion of the Planner/Faculty Conflict of Interest Form.

All planners and faculty must complete the Planner/Faculty Conflict of Interest Form, disclosing (1) whether they are the employee or representative of any commercial interest, and (2) any financial relationships with commercial interests whose products or services may be relevant to the content of the educational activity on the part of themselves or their spouse/partner in the preceding 12 months. Any individual refusing to disclose relationships with commercial interest organizations may not participate in any part of the educational activity. If the Nurse Planner or other planner is aware of a relationship with a commercial interest on the part of the individual that may be relevant but was not disclosed, the Nurse Planner must follow up with the individual, updating the disclosure form as appropriate. Relevant relationships disclosed must be shared with the participants/learners prior to the start of the educational activity.

The Nurse Planner is responsible for **evaluating** whether any disclosed relationship is in fact a 'relevant relationship', which would indicate a potential conflict of interest on the part of that individual. **Relevant relationships**, as defined by ANCC, are "relationships that are expected to result in financial benefit from a commercial interest organization, the products or services of which are related to the content of the educational activity" (*ANCC Content Integrity Standards*, 2016). It may be necessary to obtain more information from the individual disclosing the relationship, or from other planners and presenters/faculty/authors about the proposed content that the individual would plan or present, to form a decision.

Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding

diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest. Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

The following questions should be considered:

1. Is the relationship with an organization that meets the ANCC definition of 'commercial interest'?
2. Does the relationship have the potential to result in financial benefit for the individual or their spouse/partner?
3. Are the products or services of the commercial interest organization relevant to the educational content the individual will be involved with planning, presenting, or authoring?

The outcome of this review process (*No relationships disclosed; Relationships disclosed found not to be relevant; or relevant relationship exists*) and any pertinent information leading to the decision must be documented in the Nurse Planner review box at the end of the Planner/Faculty Conflict of Interest Form.

If a relevant relationship is identified, actions must be taken to **resolve** the potential or actual COI prior to presenting/providing the educational activity to learners. Such actions must be documented, and the documentation must demonstrate (1) the identified conflict and (2) how the conflict was resolved. Actions may include but are not limited to the following:

- Removing the individual with conflicts of interest from participating in all parts of the educational activity
- Revising the role of the individual with conflicts of interest so that the relationship is no longer relevant to the educational activity
- Not awarding nursing 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 indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity

More information on identifying and resolving conflict of interest can be found in *ANCC's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities*.

Approved Providers may use the services of planners and presenters/faculty/authors that have a financial interest (other than direct employment) in a commercial entity, but the provider must address the conflict of interest and describe how it was resolved. One method of resolving the conflict required by the ANCC/Midwest MSD Accreditation Program criteria is full disclosure to activity participants that the conflict exists. In addition, the provider could also ask the presenters/faculty/authors to play an active role in ensuring that content is unbiased. For example, if one company's drug trade name will be used in a presentation, presenters/faculty/authors should also mention similar drugs made by other companies when applicable.

The presence or absence of conflicts of interest for planners, presenters/faculty/authors, and content reviewers must be disclosed to learners in writing prior to the start of the activity. The disclosure must include the name of the individual involved, name of commercial interest organization, and nature of the relationship with the commercial interest. **Note that every relevant relationship must be disclosed to learners, even if the potential conflict of interest was successfully resolved.**

5. CONTACT HOUR CALCULATION

Approved Providers must maintain a copy of the full agenda/schedule for the educational activity from registration to closing, including any breaks or meal times. In some cases, the full agenda/schedule will list more sessions than those for which nursing contact hours may be awarded, but it should be clear on the agenda/schedule which educational sessions/presentations award nursing contact hours. This agenda may be a copy of what learners receive either in promotional materials or as a handout the day of the event, as long as it is evident on the agenda how the final contact hour award amount was arrived at.

Contact hours may be awarded for those activities at least 30 minutes in length whose content meets the ANCC definition of Continuing Nursing Education. Within a given activity, some sessions may be offered for contact hours while others are not. Continuing nursing education activities enable the learner to acquire or improve knowledge or skills beyond basic knowledge, enhance professional development or performance, must be evidence-based/based on best available evidence and presented without promotion or bias.

Contact hours must be determined in a logical and defensible manner and should be consistent with the learning outcomes, content, learner engagement strategies, and target audience. Contact hours are awarded to participants for those portions of the educational activity devoted to the learning experience and time spent evaluating the activity. One contact hour = 60 minutes of content. Activities must be a minimum of 30 minutes. Stated differently, no fewer than 0.5 nursing contact hours can be awarded for an educational activity. After the first contact hour, fractions or portions of the 60-minute hour should be calculated. For example, 150 minutes of learning experience equals 2.5 contact hours. If rounding is desired in the calculation of contact hours, the provider must round **down** to the nearest 1/10th or 1/100th (e.g., 2.758 should be 2.75 or 2.7, not 2.8). **Do not round up.** Educational activities may also be conducted “asynchronously” and contact hours awarded at the conclusion of the activities.

Time frames must match and support the contact hour calculation for live activities. Time allowed for registration, introductions, opening announcements, breaks, meals, business meetings and viewing of exhibits should be excluded from the calculation of contact hours. Contact hours may not be awarded retroactively except in the case of a pilot study. Participants in a pilot study help determine the number of contact hours to award by reporting the time required for completing an educational activity. Those participants may be awarded contact hours once the number is determined.

For provider-paced (live) activities, contact hour calculation is based on time devoted to presentation of the content. This includes time for evaluation, case-studies, post-tests, return demonstrations and other types of teaching/learning strategies. Contact hours are not awarded for welcome/introductions, breaks, meals, or viewing vendor displays. Time frames on the *Educational Planning Form(s)* and any activity schedules/agendas listed in brochures must match and support the contact hour calculation.

For learner-paced (enduring material) and blended activities, a logical and defensible method must be used to determine the number of contact hours to award. A pilot study can be used to determine the average amount of time needed for a group of learners representative of the target audience to complete the activity, including evaluation. Historical data and word counts are other methods of determining contact hours.

It is important to remember the unit of measure for continuing nursing education is the contact hour, not CEU. The two units of measure are calculated very differently and are not interchangeable. For example, one CEU equals 10 nursing contact hours. Use contact hour terminology on all marketing, certificates, and learning materials; do not use “ANCC contact hours” or “Midwest MSD contact hours,”...just “contact hours.” When referring to contact hours, the term “*accredited contact hours*” should **never** be used. An organization is *accredited* or *approved*; contact hours are *awarded*.

Pharmacology Hours for Advanced Practice Nurses: If the activity is designed specifically for advanced practice nurses and the content addresses pharmacotherapeutics, the Nurse Planner may delineate the amount of time spent on pharmacotherapeutic content (prescribing, indications, expectations of therapy and managing side effects) on the Educational Planning Form. The certificate of completion would then include the total number of contact hours the participant received and the appropriate number of pharmacology hours i.e. Sally Smith received 8 contact hours (2 of which were in the area of pharmacology).

Successful Completion: A learner must demonstrate ‘successful completion’ of the CNE activity before contact hours are awarded. The Planning Committee determines criteria for successful completion based on outcome measures for the identified learning outcomes. Criteria for successful completion may include, but are not limited to, attendance at/completion of the entire activity or a specified portion of the activity, completion/submission of the evaluation form, participation in self-evaluation, participating in or achieving a passing score on a posttest, completion of a self-study packet, return demonstration of a skill, clinical observation, interview, submission of assignments, participation in small group activities or audience response system exercises, etc. It is necessary that a method be developed to ensure requirements for successful completion are met before contact hours are awarded.

The requirements for successful completion must also be disclosed to learners in writing prior to the start of the activity, including any specific requirements for a percentage correct on a posttest, passing grade on assignments, or skill demonstration.

Verification of Participation: The Planning Committee must determine how learner participation will be verified. Methods of verification include, but are not limited to, pre-registration with check-in, sign-in sheets/registration forms, roll call, ID scanning, computer log, and signed attestation statements by participants verifying completion.

6. CERTIFICATE OF COMPLETION

A **certificate of completion** must be provided to learners when they have successfully completed the learning activity. The format of the certificate (or other document such as a letter or email) can vary depending on the criteria required for successful completion, i.e. was attendance at the entire activity required or could participants attend portions of the activity or individual sessions for credit.

The certificate/document must include, at a minimum:

1. Title and date (or completion date) of the educational activity
2. Participant name (or line designated to include participant name)
3. Name and address of the provider of the educational activity (*Web address is acceptable*)
4. Number of contact hours awarded
5. Midwest MSD Provider Approval Number
6. Official Midwest MSD approval statement:

[Name of Approved Provider] is an approved provider of continuing nursing education by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

While not required, it is suggested that the certificate include the signature of the Primary Nurse Planner/Nurse Planner responsible for the educational activity to demonstrate credibility and authenticity.

The approval statement communicates to participants, employers, and certifying groups that the provider of the educational activity has demonstrated adherence to professional standards.

The approval statement above cannot be added to, altered or changed in any way and must read verbatim on the promotional materials. A sample certificate of completion is available on the Midwest MSD website.

Approved Providers must have a process for issuing certificates to learners that supports their requirements for successful completion and verification of participation. 'Recordkeeping' criteria require that the provider keep a list of participant names and the number of contact hours earned by each in the activity file. This list will verify the total number of participants awarded contact hours for successful completion of the educational activity.

Providers may not share learner contact information without written permission from the learner. If you wish to provide learners with a list of attendee names and contact information, consider adding a question on the registration form asking for permission to do so – do not include the names of those attendees who 'opt out'.

7. ACTIVITY EVALUATION

A clearly defined method, which includes learner input, must be used to evaluate the effectiveness of the educational activity. The Nurse Planner and Planning Committee determine the method(s) of **evaluation** to be used. The evaluation components and method of evaluation should be aligned with the desired learning outcome(s) of the educational activity. Evaluation may be formative and integrated within the educational activity. Evaluation is also summative at the conclusion of the educational activity. Evaluation methods include assessment of change in knowledge, skills, and/or practices of the target audience. Change in knowledge, skills, and/or practices may or may not occur based on a variety of factors; however, evaluation should assess for such change. Evaluation may also include collecting data that reflects barriers to learner change.

Evaluation methods may include both short term (*i.e. pre/posttests, participation in group work, observation of skill demonstration*) and long term (*i.e. longitudinal study of change in practice, change in patient metrics or impact on quality outcome measures*). A variety of evaluation methods can be utilized: written evaluation forms, electronic/online evaluations, rap sessions or discussions, performance checklists, or normed tests such as national achievement tests. Approved Providers have a great deal of flexibility in designing evaluation tools and methods. The planning committee should determine which questions would provide the most meaningful data and/or learning outcomes measure while ensuring that evaluation tools are short enough to encourage thoughtful answers from participants. Sample evaluation forms are available on the Midwest MSD website.

Potential elements for evaluation tools:

1. Questions answering identified outcome measures
2. Quality of Instruction by Presenters/Faculty/Authors – *knowledge, organization, clarity*
3. Effectiveness of teaching methods
4. Effectiveness of learning format
5. Suggestions for improvement
6. Perceptions of bias
7. Intention to integrate learned content or skills into practice
8. Identification of further resources needed for success
9. Suggestions for future educational activities for problems in practice or opportunities to improve

It is **strongly** suggested that evaluation tools be developed individually by planning committees rather than the use of evaluation templates. Evaluation questions should be tailored to the learning outcomes, outcome measures and gap analysis done for each activity.

At the conclusion of the educational activity, the Nurse Planner is responsible for ensuring evaluation data is summarized and for sharing the summary data with the Planning Committee, presenters/faculty/authors, and others as appropriate. The summative documents must be retained in the activity file; individual response forms may be

destroyed. Data should be used to evaluate the activity's effectiveness, ensure that learning outcomes have been measured and guide the development of future offerings.

8. PROMOTIONAL MATERIALS

Promotional methods may include flyers, brochures, email notifications or postings on websites or intranet sites, among other methods. Copies of all methods used to communicate information about the activity to consumers must be kept in the activity file. If a website is utilized for promotional materials, the website URL, cached URL or screen shots of the entire marketing information should be attached to the CNE Activity Planning Guide to be a part of the activity file.

If no marketing materials are developed for an activity, i.e. manager-identified attendees to a mandatory activity, a description of how the target audience was made aware of the activity must be included in the CNE Activity Planning Guide.

9. COMMERCIAL SUPPORT AND EXHIBITS

Continuing education should be free of all influence or bias, effective in improving practice, based on valid content, and independent of the influence of commercial interests (ANCC, ACCME). The ANCC/Midwest MSD requirements are summarized below, but the Nurse Planner is responsible for ensuring adherence to all standards outlined in the American Nurses Credentialing Center's (ANCC's) *Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities* at all times, including ensuring content integrity in the presence of commercial support, or vendors/exhibitors. Approved Providers must have a written commercial support agreement outlining the terms of acceptance for all outside support received from commercial entities. Organizations providing commercial support may **not** provide or jointly provide educational activities.

Please refer to the detailed definition in the *ANCC's Content Integrity Standards* or contact the Midwest MSD office with questions regarding whether an organization providing support for your activity is a commercial interest.

Content integrity of the educational activity must be maintained in the presence of commercial support. The provider developing the educational activity is responsible for ensuring content integrity. Providers that accept outside support must develop written policies and/or procedures for managing commercial support.

A **commercial interest**, as defined by ANCC, is any entity 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 healthcare goods or services consumed by, or used on, patients. Exceptions are made for nonprofit or government organizations, non-health care-related companies and healthcare facilities. **Commercial support** is financial, or in-kind, contributions given by a commercial interest used to pay all or part of the costs of a CNE activity.

Approved Providers accepting commercial support for a CNE activity are required to:

1. Obtain a completed and signed *Midwest MSD Commercial Support Agreement* from each commercial interest organization providing support. This agreement will contain:
 - Amount of commercial support and/or description of in-kind donation
 - Description of how commercial support was/will be used by the provider (unrestricted vs. restricted use of funds)
 - Statement of understanding that the provider and commercial interest organization must comply with *ANCC's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities*
 - Statement that the commercial interest organization will not participate in planning, developing, implementing or evaluating the educational activity

- Statement that the commercial interest organization will not recruit learners from the educational activity for any purpose
 - Statement of understanding that commercial support will be disclosed to participants of the educational activity
 - Name and signature of the individuals legally authorized to enter into contracts on behalf of the activity provider and the commercial supporter
 - Date the agreement was signed
2. Take responsibility for managing commercial support funds in adherence with ANCC criteria.
 - In the event that the activity will be jointly provided, the ‘provider’ organization is responsible for managing commercial support funds in adherence with the ANCC criteria.
 - All payments for expenses related to the educational activity using commercial support funds must be made by the provider, not the commercial interest organization.
 - The provider must keep a record of how commercial support was used for the educational activity.
 3. Disclose to learners that commercial support was received for the activity.

Sponsorship is defined as financial, or in-kind, contributions given by an entity that is not a commercial interest, which is used to pay all or part of the costs of a CNE activity. For example, a local hospital may allow the provider to use a hospital classroom for an educational activity, or a national non-profit organization may provide a speaker. There are no requirements for documenting sponsorship received, although it is suggested that Unit’s track such information for the activity file.

Vendors or **Exhibitors** are people from a company, school or agency etc. that displays information about their company, products, goods and/or services in a fair, show, or competition. Instead of offering commercial support or sponsorship, the exhibitor's/vendors financial arrangement with the educational activity provider is simply to purchase the use of exhibit space rather than to contribute directly to support the educational activity. Vendors/Exhibitors do not participate in planning, implementation, or evaluation of the educational activity. Exhibits, promotion, and sales must be separated from the educational activity, regardless of the format.

Vendors/Exhibitors are not considered commercial supporters or sponsors and no written agreement is required. However, the provider must still adhere to the following ANCC standards:

- Exhibiting, promoting and selling products may not take place during an educational activity.
- Marketing or advertisement for exhibits, promotions, or sales may not be included within educational activity content (*e.g., slides, handouts, enduring materials*).
- Marketing or advertisement for exhibits, promotions, or sales must take place in a location physically separated from the area where educational content is delivered (*not just in a different area of the same room*).

Give-aways are donated items such as cups, bags, sticky notes, etc. not related to the provision of the educational activity and not considered to be ‘in-kind’ sponsorship or commercial support. Commercial interest organizations may provide giveaways for learners as long as there is physical separation between accessing the ‘giveaway’ and learner engagement in the educational activity. Educational materials may not be packaged in ‘giveaways’ (folder, binder, bag) bearing logos/trademarks of a commercial interest.

10. DISCLOSURE RESPONSIBILITIES

All required disclosures and any other applicable disclosures must be provided to learners *prior to the start* of an educational activity. Required information may not occur or be located at the end of the educational activity. For live activities, disclosures must be made to the learner prior to initiation of the educational content. For enduring activities

(print, electronic, or web-based activities), disclosures must be visible to the learner prior to the start of the educational content. Documentation of how required disclosures will be delivered to learners prior to the educational activity must be retained in the activity file.

Disclosures must be delivered to learners 'in writing' (e.g. *promotional materials, participant handout, disclosure slide, sign at check in, etc.*). Disclosures may be reviewed verbally by activity planners but must also be provided in a written form to learners. Some providers include "Administrative Information" or a "General Information Form" in participant packets/handouts which may include the required disclosures.

Whatever the method used, the participant should be informed of the criteria either prior to or at the start of the educational activity. Disclosures may not occur or be located at the end of an educational activity.

Disclosures **always** required include:

- **Provider approval statement**
- **Successful completion requirements**
- **Presence or absence of conflicts of interest for all individuals in a position to control content of the educational activity (e.g. planners, presenters/faculty/authors, and content reviewers)**
For individuals in a position to control content who **have** a relevant relationship with a commercial interest organization (conflict of interest is present), the following information must be provided to learners:
 - Name of individual
 - Name of commercial interest
 - Nature of the relationship the individual has with the commercial interest (For example: Consultant)

For individuals in a position to control content who **do not have** a relevant relationship with a commercial interest organization, the activity provider must inform learners that no conflict of interest exists.

Disclosures **required, if applicable to the educational activity**, include:

- **Commercial support:**
Learners must be informed if a commercial interest organization provided financial or in-kind support for the educational activity. It is not required to disclose the amount or type of commercial support received.
- **Joint Providers:**
Learners must be informed of the provider of the educational activity and all other organizations that participated in the joint planning of the activity, when activities are jointly provided.
- **Expiration of enduring materials:**
When educational activities are provided through an enduring format (e.g., *print, electronic, Web-based*), Approved Providers are required to disclose an expiration date documenting the time period during which contact hours will be awarded. This date must be visible to the learner **prior to the start** of the educational content. The expiration date should be based on the content of the material but cannot exceed 3 years. ANCC requires that providers review the content of enduring materials at least once every 3 years, or more frequently if indicated by new developments in the field specific to the enduring material. Review of enduring material content should be conducted for:
 - Accuracy of content;
 - Current application to practice; and
 - Evidence-based practice

Once the Approved Provider conducts their review of the enduring material a new expiration date should be established.

RECORDKEEPING

ANCC/Midwest MSD Approved Providers must develop a recordkeeping system that ensures confidentiality, safety, and consistency with record collection. This system should address:

1. How records, including records of activities and participant records, are maintained in a secure, confidential and easily retrievable manner (electronic or hard copy), accessible to authorized personnel-for a minimum of six years
2. Identify who is responsible for ensuring records are complete
3. Describe how and where records are stored and in what format
4. Identify who is responsible for report and/or audit requests to the MSD
5. Identify methods used to ensure record completeness
6. Describe how confidentiality and security of records is maintained
7. Identify who has access to records and how records can be retrieved for participants if needed

Activity records or files must be kept by the Approved Provider for a minimum of six (6) years in a secure, confidential and retrievable manner. Learners must be able to contact the applicant organization if verification of attendance or a replacement certificate of completion is needed. The Primary Nurse Planner is responsible for assuring that an adequate recordkeeping system is in place.

Each activity file must include the following documents in hardcopy or electronic format:

- Title and location (if live) of activity
- Type of activity format: live, enduring or blended
- Date activity presented – Live: date live activity presented; Enduring: date first offered, expiration date of enduring materials and subsequent review dates; Blended: date of live portion and start and end dates of enduring materials. Enduring and blended activity review dates should also be noted in the file.
- Description of the target audience
- Summary of data validating the need for the activity
- Names, titles, and expertise validation of the activity planners and presenters/faculty/authors, and content reviewers
- Role held by each Planning Committee member (must include identification of the Nurse Planner and content expert(s))
- Conflict of interest disclosure forms from planners, presenters/faculty/authors, and content reviewers
- Resolutions of conflict of interest for planners, presenters/faculty/authors, and content reviewers, as appropriate
- Professional practice gap(s) in knowledge, skill, or practice for the target audience
- Evidence validating the professional practice gap(s)
- Educational Planning Form(s) listing learning outcomes, related content outline, learner engagement strategies used, and reference/resources used to develop the content
- Successful completion requirements
- Copy of posttest and scoring methodology, if a passing score is required from learners
- Methods or process used to verify participation of learners
- Number of contact hours awarded for the activity, including method of calculation
- Evaluation tool used, including a summative evaluation
- Marketing and promotional materials
- Means of ensuring content integrity in the presence of commercial support, if applicable
- Commercial Support Agreement(s) with signature and date, if applicable
- All forms of evidence of providing required disclosures to learners

- Provider approval statement
- Successful Completion requirements
- Presence/Absence of COI for Planners and Presenters/Faculty/Authors/ Content Reviewers
- Commercial support (if applicable)
- Joint Providers (if applicable)
- Expiration date for awarding contact hours (enduring material activities only)
- Certificate of completion including all required elements
 - Participant name (or line designated to include participant name)
 - Title and date (or completion date) of the educational activity
 - Name and address of provider of the educational activity (Web address acceptable)
 - Number of contact hours awarded
 - MSD Provider Approval Number
 - Provider Approval Statement
- Participant names
- Record of the number of contact hours earned by each participant
- Joint provider agreement including division of responsibilities, signature and date, if applicable