



# EDUCATION ACTIVITY APPLICATION INSTRUCTIONS

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 application process for organizations seeking approval to award continuing nursing education (CNE) credit in the form of contact hours for an educational activity.

This document – *Midwest MSD Education Activity Application Instructions* – is based on the *2015 ANCC Primary Accreditation Application Manual for Providers and Approvers* and explains the requirements and criteria for planning a CNE activity, describes the application process, and provides guidance in completing the *Midwest MSD Education Activity Application* and related forms. **Please read all instructions prior to completing the application.** Organizations intending to apply for approval of an educational activity through the Midwest MSD are strongly encouraged to review both documents early in the planning process to better ensure the activity is planned in accordance with the ANCC/Midwest MSD requirements and that all submitted documentation will meet the criteria. All criteria must be met and appropriate supporting documentation submitted prior to approval. Midwest MSD approval for an individual education activity is granted for a two-year period, during which the activity can be repeated multiple times as long as the presenter is the same and the educational content of the activity does not change/remains current.

The *Midwest MSD Education Activity Application* and all related forms referred to in this document, as well as examples of some completed forms, are available on the Midwest MSD's website at [www.midwestnurses.org](http://www.midwestnurses.org). Note that many of the forms provided are required.

You are also encouraged to email questions to [questions@midwestnurses.org](mailto:questions@midwestnurses.org) or call the Midwest MSD office at 573-636-4623, ext. 102 should you have questions about the application criteria or application submission and review process.

## COMPLETING THE APPLICATION

1. Retrieve the ***Midwest MSD Education Activity Application*** and ***Application Instructions*** from the [Midwest MSD website](http://www.midwestnurses.org).
2. Read the entire application, as well as these application instructions. Contact the Midwest MSD office if you have questions regarding the criteria and/or application process at [questions@midwestnurses.org](mailto:questions@midwestnurses.org) or 573.636.4623 ext. 102.
3. Before continuing with the application process, complete the 'Eligibility Requirements' section of the *Midwest MSD Education Activity Application* to help establish your eligibility.
4. Complete each section of the application, provide directional references to supporting documents, and attach all additional materials requested, such as Nurse Planner and Planner/Faculty Biographical Data/Conflict of Interest Forms, Educational Planning Form(s), etc. Do not leave any criterion blank. **Incomplete applications will not be processed.**
5. The entire application must be typed, and all pages of the application **must** be numbered in sequence from



- beginning to end. A Table of Contents is not required, but may be helpful, especially for larger applications.
6. Do not submit handouts, PowerPoint presentations or sign-in sheets. Submit only the required components of the Midwest MSD Education Activity application.
  7. The completed application and supporting documentation must be submitted as **one (1) collated Word or Adobe .pdf file** to the Midwest MSD Office at least **45 calendar/30 business days prior** to the educational activity date using one of the following submission options:
    - **Email** – one (1) collated Word or Adobe .pdf file to [EducationActivities@midwestnurses.org](mailto:EducationActivities@midwestnurses.org)
    - **Mail** – using one (1) of the following options, mail the application and supporting documents to the Midwest Multistate Division Office, Attn: Sara Fry, 3340 American Ave. Suite F, Jefferson City, MO 65109:
      - **Flash drives** – three (3) flash drives each containing one (1) collated Word or Adobe .pdf file
      - **Hard Copies** – three (3) collated, double-sided hard copies
  8. Contact the Midwest MSD office if you are unable to meet the deadline. An expedited application process is available under certain circumstances, with prior approval from the Midwest MSD office, and for an additional fee.
  9. Policies and procedures of the Midwest MSD CE Approver Unit ensure confidentiality of all applications and records. One copy of the application packet is kept on file at the Midwest MSD office. All other copies used by Midwest MSD Nurse Peer Reviewers during their review will be destroyed.

## APPLICATION SUBMISSION DEADLINES & REVIEW FEES

- The application must be received at the Midwest Multistate Division (Midwest MSD) office **at least 45 calendar/30 business days prior** to the educational activity start date. Contact the Midwest MSD if you are unable to meet the deadline.
- Applications received **outside** the application submission deadline **will not be reviewed** and will be destroyed. The application review fee will be returned minus a \$50 processing fee.
- Applications, if mailed, must be submitted to the Midwest MSD office at one of the addresses noted above in #7.
- The application review fee is based on the **total number of contact hours** being offered/reviewed for approval, including all concurrent sessions, rather than the number of contact hours an individual participant may earn.
  - 0.5-5 contact hours           \$200.00
  - 5.1 – 20.0 contact hours   \$200.00 plus \$10/contact hour
  - 20.1 or more contact hours \$400.00 plus \$10/contact hour
- Application review fees may be paid by check or credit card online. Visit the Midwest MSD website for details. Invoices are generated through the online system when the organization indicates they wish to pay by check. When providing payment by check, please make checks payable to the Midwest MSD and mail them to the address provided on the invoice.
- Application review fees must be paid prior to approval being issued.

## APPLICATION REVIEW PROCESS

- Upon submission of the application, applicants will receive a confirmation email indicating the application and review fee were received at the Midwest MSD office.



- Midwest MSD staff conducts a quantitative review of the application, scanning the application for completeness and identifying any missing information. An email will be sent to the applicant requesting missing information.
- The application and supporting materials will be sent to a Midwest MSD Nurse Peer Reviewer Team. Each team member independently reviews the application utilizing the ANCC/Midwest MSD educational design criteria for approval. Each response to the criteria is thoroughly reviewed and rated. Review sheets are sent by the Nurse Peer Reviewers to the Nurse Peer Review Team Leader who summarizes the team's decision and forwards the team's decision to the Midwest MSD office.
- When the review team's decision is received by the Midwest MSD office, an email and/or letter is sent to the applicant, including the review team's decision and comments for future submissions. Applicants are given a period of time to respond and provide additional information to show adherence to the criteria.
- If members of the Midwest MSD CE Approver Unit request revisions or ask for clarification regarding the application, it's important for additional materials to be submitted within the time specified. If materials are not received within the specified time frame, the application will be reviewed without the requested revisions.
- **Retroactive approval is not authorized by the Midwest MSD.** All application criteria must be met, application review fee received and approval issued prior to the activity start date.

Please feel free to contact the Midwest MSD office if you have any questions about the application submission and/or peer review process.

## APPLICATION DECISIONS

### APPROVED

Midwest MSD approval for an individual education activity is granted for a two-year period beginning the date of the first offering, during which the activity can be repeated multiple times as long as the presenter is the same and the educational content of the activity does not change/remains current. Midwest MSD CE Approver Unit Nurse Peer Reviewers reserve the right to audit, without charge, any Midwest MSD approved continuing nursing education activity for the purpose of monitoring compliance with ANCC/Midwest MSD criteria.

### DENIED/NOT APPROVED

If there is insufficient documentation of how the criteria are being met, or if the content of the application does not meet the definition of continuing nursing education, the application will not be approved. If an application is not approved, the applicant may choose to resubmit or appeal the decision.

- Re-Submission: If approval is not granted, the organization may submit a revised application **within thirty (30) days** of notification of non-approval and at least two (2) weeks prior to the first day of the educational activity. A \$100.00 re-submission review fee must accompany the revised application. Only one (1) re-submission is allowed per application.
- Appeal: When an application is not approved by the Midwest MSD, the applicant has the right to appeal the decision. Contact hours cannot be awarded retroactively; therefore, any appeal process must be completed prior to the start of the educational activity. A copy of the appeal process is available upon request from the Midwest MSD office. Changes and/or revisions **may not** be made to the application (or resubmission, if applicable) during the appeal process. The decision of the Midwest MSD CE Approver Unit after the appeal is final.

## REVOCAION OF APPROVAL

Activity approval and contact hours will be revoked if there is evidence that the criteria for approval were not adhered to as described in the application. Notice of revocation of approval is sent to the organization by the Midwest MSD office within two weeks of the revocation decision. The organization is responsible for notifying all participants of the revocation of contact hours as soon as possible, but not later than one month following notification of revocation.

## ELIGIBILITY REQUIREMENTS

The following ANCC/Midwest MSD requirements and criteria must be met in order to apply for approval of an educational activity to award nursing contact hours:

- The applicant organization must not be a ‘commercial interest’ as defined by ANCC – *“an entity that produces, markets, resells, or distributes healthcare good 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”*. Exceptions are made for nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities.
- The planned learning activity must meet the ANCC definition of Continuing Nursing Education – *“a systematic professional learning experience designed to augment the knowledge, skills and attitudes of nurses, and therefore enrich nurses’ contributions to quality healthcare”* (ANA, 2010).
- A registered nurse with a current, valid license and a minimum of a baccalaureate degree in nursing must serve in the role of the Nurse Planner for the activity. This nurse must be involved in all aspects of planning, implementing, and evaluating the learning activity, and must have authority to implement and maintain all accreditation criteria as specified by the Midwest MSD.
- Any organization serving as a Joint Provider (formerly co-provider) of the educational activity (working with the provider organization to plan, implement, and evaluate the continuing nursing education activity) must not be a commercial interest organization.

Please complete all three steps within ‘Eligibility Requirements’ to ensure your organization is eligible to apply before proceeding.

## EDUCATIONAL DESIGN CRITERIA

The following sections provide an overview of the educational design process for continuing education activities incorporating the ANCC/Midwest MSD requirements and criteria for approval. It is arranged to follow the order of the Midwest MSD Education Activity Application and offers instruction in completing selected sections.

When developing your application, respond to each criterion as thoroughly as possible, and when asked, explain how you are meeting the criterion.

**NOTE FOR ACTIVITIES MORE THAN 5 HOURS IN LENGTH:** If the activity is between 5.1 contact hours and 20.0 contact hours in length, please submit Educational Planning Form(s) containing learning outcomes, content, learner engagement strategies, etc., for at least **five** hours of content for which contact hours are awarded. If the activity is more than 20.0 contact hours in length, please submit Educational Planning Form(s) containing learner outcomes, content, learner engagement strategies, etc., for at least **ten** hours of content. The Midwest MSD reserves the right to request the Education Planning Form(s) for the remainder of the activity as needed for review.

For activities with multiple presenters or multiple sessions, it is very important that the application be organized in a manner to facilitate the review process. For example, biographical data/conflict of Interest forms should be

typed, complete, reviewed and signed off by the Nurse Planner and organized alphabetically in the supporting documentation. An alphabetical list of planners and presenters should also be submitted.

- **If submitting electronically**, applicants must submit one collated Word or Adobe.pdf file, including the application and supporting documentation, not to exceed 5MB in size. If the application exceeds 5MB, applicants must be submitted by mail, either via three (3) flash drives OR three (3) hard copies. The application file must be typed, page-numbered and collated in a logical order following the application.
- **If submitting by mail**, applicants must submit three (3) flash drives or three (3) hard copies of the application and supporting documentation. The application file must be typed, page-numbered and collated in a logical order following the application. Hard copies must also be bound in a secure manner, i.e. stapled, secured with a clip or placed in a binder or folder.

We expect the application to be carefully reviewed before submission and every effort made to submit an application free from misspelled words, incorrect use of grammar, and incomplete sentences.

For ease of review, follow the order of the guidelines/criteria when preparing an application. This will facilitate a faster review process!

## 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 organization receiving approval for the CNE activity through the Midwest MSD is referred to as the ‘provider’ of the activity; the other organization(s) are ‘joint provider(s)’. The jointly providing organization **cannot** be a commercial interest. 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* must be utilized. It 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 on 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 (a sponsor cannot be involved in activity planning). 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 and advantageous for some agencies. For example, a district and a local specialty group may want to plan and offer programs that meet the needs of nurses served by both organizations. Still, it is critical that the provider receiving CNE approval assumes primary responsibility for the educational activity.

If an activity is jointly provided, the promotional materials for the activity must include the names of both organizations who are joint providers. Both names should be prominently displayed, so that it is clear to potential participants who is providing the 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.

- A ‘Gap Analysis Worksheet’ is available on the Midwest MSD website to assist in this process. If utilized, a copy should be kept in the activity file
- If a Gap Analysis Worksheet is not utilized, a narrative description of gap identification and analysis should be included in the application responses.

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, advocacy, education and research.

Note also that it is not necessary to identify a gap in each of the three possible areas. Often a problem in practice is only a gap in knowledge, or only a gap in skills. **Complete only the gap sections that are appropriate to your identified gap(s).**

The summary of data area provides the reviewers with an overview of the previous items regarding identified gaps and evidence validating the gaps in one brief paragraph. Explain how all of these elements combine to validate that the activity you have planned is **needed** by your target audience.

Once the professional practice gap 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 and other 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 should result in narrowing or closing the gap. Learning outcomes for the educational activity are developed by the planning committee and must include a process for measuring the outcome. Each outcome should have one measurable action verb and specify what the learner will know or has gained during or 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, 1 or 2 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 that are 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.

Let’s look at examples of each type of learning outcome. A planning committee from “St. Elsewhere Nursing Association” is planning an all-day cardiac conference, with multiple sessions (4 are planned) on the latest in cardiac care and procedures from multiple presenters. The planning committee is in the beginning stages of developing

learning outcomes based on the identified learning gaps of their target audience nurses. They have the choice of **overarching** outcomes or **focused** ones.

For a conference of this type, either type of outcome can be utilized. The planners could develop one outcome for each of the four sessions and measure those with observational exercises or evaluation questions, such as:

- Learners will self-report an increase in knowledge about new medications for atrial fib and atrial flutter
- Learners will self-report an increase in confidence when caring for the post-CABG patient with arm vein harvest
- Learners will participate in the small group exercise on approaches to depression in the cardiac patient
- Learners will self-report an increase in knowledge on diagnostic advances in cardiac catheterization

or they could use 1 or 2 overarching types, such as:

- Learners will self-report an increase in knowledge about current trends in cardiac care, and
- Learners will list at least one knowledge point or concept learned as a result of this activity that they will incorporate into their current practice (learners must actually provide a listing on the evaluation tool utilized)

For the focused outcomes, the evaluation questions are self-evident – planners should ask about the specific learning point described in the outcome itself. For overarching outcomes, the committee will need to develop questions that drill down to the specific learning expected, based on the key points of each presentation. Planners cannot simply put only one question on the evaluation like *“I have an increased knowledge about current trends in cardiac care”* yes/no/if no, why not - because responses would not be specific enough for the committee to determine whether the identified learning gaps in knowledge, skill or practice have been narrowed or closed.

**Evaluation questions must be detailed and focused, regardless of which type of learning outcome – overarching or focused - that you choose to use.**

**Please note that learning outcomes are not the same as objectives.** Learning objectives are probably more familiar to you and your presenters than learning outcomes, but the terms are not interchangeable. The use of learning objectives was transitioned to learning outcomes in 2016. Objectives indicated what a planner or presenter hoped the learner would be able to do or know; learning outcomes are what the planners expect will be the end result of the educational activity. Objectives should NOT appear on Educational Planning Forms or promotional materials.

Learning outcomes **must be measured** at the time of the activity or via a long-term evaluation method after the activity. Additional sample learning outcomes:

- Participants will self-report an increase in knowledge regarding the healthcare needs of school-age children (measured by questions on the evaluation form)
- Learners will participate in a small-group discussion on setting professional boundaries (measured by observing the participants during the discussion period and documenting participation in the activity file)
- Learners will self-report an increase in confidence in their ability to provide care to patients with complications of AIDS (measured by questions on the evaluation form)
- Participants will complete a posttest on current treatments for hemorrhagic stroke (measured with a brief 2-3 question posttest either during the presentation or on the evaluation form – both can be neighbor-graded)
- Learners will practice conversations dealing with difficult people in a role-playing exercise (measured by observing the participants during the role-playing exercise and documenting participation in the activity file)

Remember that learning outcomes and their associated evaluation questions should never ask about what a learner ‘can do’ or ‘could do’ in the future, such as “Learners can discuss the difference between emphysema and bronchitis”. This is merely adding a word to an objective (“can”) to make it look like an outcome. Learning outcomes and evaluation

questions should focus on measuring the learning that has just taken place – what has the participant gained, learned, demonstrated or changed **right now?**

Developing learning outcomes is a vital part of activity planning, as the outcomes chosen will influence content, learner engagement strategies, and evaluation methods. Communication with your presenter(s) is also vital, both to ensure that they understand the difference between objectives (no longer needed from them) and outcomes (determined by the planners to close the identified gap) and to discuss the need for interactive content. Presenters should be strongly discouraged from presenting content in a strict lecture format, without input and active participation from attendees. Research has established that **interactive** exercises or activities within the content results in more meaningful and memorable experiences for participants.

**Content** for the educational activity may be chosen by the Nurse Planner and Planning Committee, in collaboration with the presenter(s). Communication with each presenter on what your knowledge gaps are can help the presenter develop content that helps to close those gaps. It is recommended that once the planning committee has determined the learning outcomes for the activity, **the Educational Planning Form with those learning outcomes listed should then be sent to the presenter(s) for completion of the balance of the form.** While the planning committee is able to edit and/or enhance information on the *Educational Planning Form* as needed, the presenter is the best source for the content outline, time frames, engagement strategies and especially references/resources used as they develop content.

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) as well as the adequacy of the time allotted for each content area. **Skimpy, incomplete or ‘blurb’ type narratives in the Content column of the Educational Planning Form will cause that form to be returned for revisions.**

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. Please note that a content reviewer is not a requirement; they should be utilized only if there is a potential for bias or outdated resources/references used by the presenter.

**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 i.e. 60 minutes, rather than in time lapse format i.e. 9:30 – 10:30 a.m. Division of the content into logical time frames is required.

**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 expert/expert opinions. Website, journal article and book references should be fully cited (not just “cms.org”)

**Learner engagement strategies:** As part of the educational design process, the Nurse Planner, the Planning Committee and/or the presenter(s) 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 must involve some version of 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. **Please note:** if one of the active learner engagement strategies (self-check/self-assessment, return skill demonstration, role play, small group discussion, assignments/testing/practice or analyzing case studies) is utilized by the presenter(s), that exercise/activity should also appear in the Content outline and have an appropriate Time Frame assigned.

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 are generally responsible for their 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.

- **ACTIVITIES BETWEEN 0.5 TO 5.0 CONTACT HOURS:** If the activity is less than 5.0 contact hours, Educational Planning Form(s) must be submitted for the entire activity.
- **ACTIVITIES BETWEEN 5.1 AND 20.0 CONTACT HOURS:** If the activity is between 5.1 and 20.0 contact hours in length, Educational Planning Form(s) for 5 contact hours of instruction/content must be submitted.
- **ACTIVITIES 20.1 OR MORE CONTACT HOURS:** If the activity is 20.1 or more contact hours in length, Educational Planning Form(s) for 10 contact hours of instruction/content must be submitted.

The Midwest MSD reserves the right to request the Education Planning Form(s) for the remainder of the activity as needed for review.

### 3. QUALIFIED PLANNERS & FACULTY

The **Planning Committee** must include one **Nurse Planner (NP)** and at least one other planner (*the second planner does not need to be a nurse*). The NP must be knowledgeable about the CNE process and is responsible for adherence to ANCC/Midwest MSD requirements and criteria. The NP is responsible for completion of the *Midwest MSD Education Activity Application* and related forms to document adherence, and is most often the individual that Midwest MSD staff and/or Nurse Peer Reviewers contact with questions regarding the activity application. Best practice is for one Nurse Planner to be appointed for the activity. If circumstances call for more than one Nurse Planner, the Nurse Planner who is taking the lead responsibility for adherence to the ANCC/Midwest MSD criteria must be identified. **No more than two** Nurse Planners may be identified for any given activity. Other nurses may serve on the planning

committee, but should be identified as planning committee members only and complete the Planner/Faculty Biographical Data/Conflict of Interest Form.

At least one member of the Planning Committee must have appropriate **subject matter expertise** for the educational activity being offered, and the individual(s) must be identified as 'Content Expert' on the list of Planning Committee members in the *Midwest MSD Education Activity Application*. 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. Other planners may be added as needed, including individuals serving as faculty/speakers for the activity. Presenters who are identified as planning committee members must participate fully in the planning process. 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 Nurse Planner(s) must complete the Midwest MSD Nurse Planner Biographical Data/COI Form.*

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 are documented on the Planner/Faculty Biographical Data/COI form. Qualifications must address how the individual is knowledgeable about the topic and how the individual gained expertise. Expertise in subject matter may be evaluated based on education, professional achievements and credentials, work experiences, honors, awards, professional publications, or similar.

When non-RNs are asked to present, it is important to ensure there is a mechanism for relating the content to nursing practice. For example, an RN-member of the Planning Committee can be assigned to work with the non-RN presenter to ensure a relationship between the content being presented and the role of the RN, or at the educational activity, an RN-moderator or session leader can tie together the content with the role of the RN.

- *Each planner, faculty/presenter/author must complete the Midwest MSD Planner/Faculty Biographical Data/COI 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 Biographical/COI Form to document their particular expertise.*

The Nurse Planner is responsible for ensuring a **Planner/Faculty Biographical Data/COI Form** is completed by each Planning Committee member, each presenter/faculty/author, and each content reviewer to ensure appropriate qualifications and evaluation of actual or potential bias. Please remember the following elements related to the biographical data/conflict of interest form:

- The Nurse Planner is responsible for **reviewing each** planner and presenter/faculty/author biographical data/conflict of interest form to ensure proper completion and appropriate qualifications. 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.

- Another Planning Committee member reviews the Nurse Planner biographical data/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 biographical data/conflict of interest form. **It is not acceptable for the Nurse Planner to sign AND co-sign her/his own biographical data/conflict of interest form.**
- Please note that it is the responsibility of the Nurse Planner to ensure that all biographical data/conflict of interest forms are completed in their entirety before submitting an application for review. **Forms with missing credentials, check marks, signatures and dates will be returned for correction and resubmission.**

**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. Note that bias can occur even when a presenter does not have any relationships with commercial interest organizations. 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.

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 complete standards. 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 Biographical Data/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 a consultant for a company that manufactures pharmaceuticals or equipment used in surgery. 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:** ANCC defines **Conflict of Interest (COI)** as “an affiliation or relationship of a financial nature with a Commercial Interest Organization that might bias a person's ability to objectively participate in the planning, implementation, or review of a learning activity”. 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.

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 NP has an actual or potential conflict of interest, he/she must recuse himself/herself from the NP role for this activity, and a new NP 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. This is accomplished through completion of the Planner/Faculty Biographical Data/COI Form.

All planners and faculty must complete the Planner/Faculty Biographical Data/COI 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 NP 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 NP must follow up with the individual, updating the disclosure form as appropriate. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

The NP 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”. 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 Biographical Data/COI 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*.

The provider may use the services of planners and presenters/faculty/authors that have a financial interest 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 would be for the Nurse Planner or a designated planning committee member to review the slides and handouts to be used by the presenter(s) for bias or other evidence of conflict of interest prior to the activity. The Nurse Planner could also ask the presenters to play an active role in ensuring that content is unbiased. For example, if presenters/faculty/authors mention one company's drug trade name in a presentation, they should also mention similar drugs made by other companies when applicable. Other options are listed on the Planner/Faculty Biographical Data/Conflict of Interest Form.

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.** Examples of appropriate disclosures for resolved conflicts of interest are available on the Midwest MSD website.

#### 4. CONTACT HOUR CALCULATION

Applicants must submit a full agenda/schedule for each educational activity that is more than one hour in length. The agenda/schedule should include all elements from registration to closing, including any breaks or meal times. **The agenda/schedule must indicate to the reviewers how the contact hour calculation was made.** The full agenda/schedule will be compared to the timeframes listed on the Educational Planning Form to verify calculation of contact hours. 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 will 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 but must meet the criteria above.

**Contact hours** may be offered only 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, teaching/learning strategies, and target audience. Contact hours are awarded to participants for those portions of the educational activity devoted to the learning and evaluation. 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 vendor 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**) activities 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 who are representative of the target audience to complete the activity, including evaluation. (*Note that learners participating in a pilot study may be awarded contact hours once the Midwest MSD Education Activity Application has been approved*). Historical data and word counts are other methods of determining contact hours. A popular word count method is Mergener’s formula, which can be found at <http://touchcalc.com/calculators/mergener>. The website will automatically calculate this formula once the data, such as number of words, number of questions, difficulty of material, etc. is entered.

It is important to remember the unit of measure for continuing nursing education is the contact hour (CH), 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” or “nursing contact hours”.

**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 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). To qualify, the content area on the Educational Planning Form must clearly indicate that the subject matter is wholly regarding an aspect of pharmacotherapeutics (prescribing, dosing, expected results, management of side effects).

**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 (no less than 90%), completion/submission of the evaluation form, achieving a passing score on a posttest, 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. Note that if a posttest is utilized, a copy of the test (or script if done verbally with an audience response system or electronic polling) must be submitted with the application and a passing score indicated.

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. If not included in promotional materials, the successful completion requirements must be part of the activity disclosures.

**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. Note that each type of activity format (live, blended and enduring) has different options to verify participation by learners.

## 5. 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.

Applicants should prepare and submit a sample certificate of completion, as it would appear *following* approval, including the official approval statement and any signature or signature stamp. The approval statement communicates to participants, employers, and certifying groups that the provider of the educational activity has demonstrated adherence to professional standards.

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 Approval Number

6. Official Midwest MSD approval statement:

*This continuing nursing education activity was approved 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 Nurse Planner responsible for the educational activity to demonstrate credibility and authenticity.

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.**

Applicants 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. The Nurse Planner is responsible for submitting this information to the Midwest MSD office upon completion of the educational activity.

Applicants are strongly encouraged to utilize a **unique identifier** as part of the registration process and/or final participant listing. The unique identifier may be a home address, employee number, email address, last 4 digits of SSN#, birthdate (month/year only), phone number, nursing license number, etc. Some organizations utilize a system that automatically generates a unique identifier number for each new learner. Unique identifiers allow for differentiation between learners of the same name, or may be used to conceal the identity of a participant from office staff or other participants, in which case only the Nurse Planner or designee will have the 'key'. ANCC cautions that the full birthdate, Social Security Number or credit card number should never be used as a unique identifier.

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'.

## 6. ACTIVITY EVALUATION

A clearly defined method, which includes learner input, must be used to evaluate the effectiveness of the educational activity. The Planning Committee determines the method(s) of **evaluation** to be used. The evaluation components and method of evaluation should specifically measure the desired learning outcome(s) of the educational activity and provide meaningful data to the planning committee about the 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, observation of skill demonstration*) and long term (*i.e. longitudinal study of change in practice or impact on patient metrics*).

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. Most often, provider-developed written evaluation forms are used. At a minimum, the Midwest MSD requires the use of a written or online activity evaluation form to be completed by the learner. 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. **A sample evaluation form is 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. The sample evaluation tool from the Midwest MSD can (and should) be revised by the planning committee to make it optimally effective for that activity. In addition, the instructional text (in italics and/or red text)) on the sample tool should be removed prior to final printing/publication. Evaluation forms not following these guidelines will be returned for revisions.

A copy of the evaluation method used must be submitted with the application. If the evaluation will be completed online, a screen shot or PDF version of the evaluation should be submitted. Providing the URL/Web address is acceptable as long as the link is active and the evaluation accessible by the reviewers.

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. Upon completion of the activity, the Nurse Planner must submit key conclusions drawn by the planning committee from the evaluation summary to the Midwest MSD office with the required post activity documentation.

Please note: The Midwest MSD office must be notified of and approve any proposed changes to the activity before they are implemented (*i.e. change in presenter, content or time scheduled for the activity*).

## 7. PROMOTIONAL MATERIALS

The **approval statement** is a mark of the applicant organization's approval status. The official approval statement must be provided to learners prior to the start of every educational activity and on each certificate of completion.

The approval statement must be displayed clearly to the learner and be written exactly as indicated by the Midwest MSD. When referring to contact hours, the term "*accredited contact hours*" should **never** be used. An organization is *accredited or approved*; contact hours are *awarded*.

Marketing materials and other documents that refer to the organization's ANCC/Midwest MSD approval status **must** contain **one** of the following statements:

- **If advertising is released prior to approval AND after an application has been submitted to the Midwest MSD for review, the following statement should be used:**

*This activity has been submitted to the Midwest Multistate Division for approval to award nursing contact hours. The Midwest Multistate Division is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.*

*For more information regarding contact hours, please call (Insert applicant's contact person's name and phone number).*

➤ **If advertising will be released after approval, the following statement should be used:**

*This continuing nursing education activity was approved by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

Neither statement can be added to or altered in any way and must read verbatim on the 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 submitted with the application.

It is not necessary to submit 'save-the-date' flyers that provide only the date, title, and other basic information for the activity as it is assumed more complete promotional materials will follow.

## 9. COMMERCIAL SUPPORT, SPONSORSHIP, 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. Applicants must have a written commercial support agreement outlining the terms of acceptance for all outside support received. If a signed commercial support agreement is not available at the time of application, applicants must provide a sample copy of the agreement that will be used. Copies of signed agreements not available at the time of application must be submitted prior to the activity start date. If anything changes, such as new supporters, change in the amount of support provided, etc. following the application submission, signed agreements must be submitted to the Midwest MSD prior to the activity start date. 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, 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. Exceptions are made for nonprofit or government organizations, non-healthcare-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.

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.

A **sponsor** is identified as an organization that does not meet the definition of commercial interest. **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.

Organizations identified as 'sponsors' are not involved in planning the activity. If a non-commercial interest organization has been involved with the planning **and** will be providing financial or in-kind support, the organization should be recognized as a 'joint provider', and a *Joint Provider Agreement* should be completed.

1. Applicants accepting sponsorship for a CNE activity are not required to submit documentation about the contributions received with the activity application, although a sample sponsorship agreement is available on the Midwest MSD website if applicants would like to utilize it. Applicants are strongly encouraged to keep full and detailed records regarding monies or contributions received and how disbursement was handled.
2. Disclosures to learners that sponsorship was received for the activity is not required but usually done as a courtesy and recognition to the sponsor(s). This recognition can be done via the promotional materials or by utilizing signage at the activity.

**Vendors** or **Exhibitors** are people from a company, school or agency etc. that display information about their company, products, goods and/or services at a fair, show, or competition. Instead of offering commercial support or sponsorship, the Exhibitors'/Vendors' financial arrangements with the educational activity provider are 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*).

**Giveaways** 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, thumb/flash drive) bearing logos/trademarks of a commercial interest.

## 9. 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.*). Some providers include “Administrative Information” or a “General Information Form” in participant packets/handouts which may include the required disclosures. **You are strongly recommended to include all disclosures in one place, even if some appear again elsewhere such as on marketing materials.**

Whatever the method used, the participant should be informed of the disclosures 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:

- **Midwest MSD 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 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. This should

be specific to both the planners and the presenters; i.e., “No conflicts of interest have been identified for the planners and presenters”, not simply “No conflicts of interest”.

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.
- **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.

**Sample disclosure methods are available on the Midwest MSD website.**

## 10. RECORDKEEPING

Activity records or files must be kept by the provider for at least 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 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
- 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))
- Biographical data/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
- 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
- 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
  - Midwest MSD Approval Number
  - Midwest MSD Approval Statement
- Listing of participant names and their associated unique identifier(s), if utilized
- Record of the number of contact hours earned by each participant
- Joint provider agreement including division of responsibilities, signature and date, if applicable

Applicants should develop a record keeping system that ensures confidentiality, safety, and consistency in record collection. This system should address:

- 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 only for six years
- Identify who is responsible for ensuring records are complete
- Describe how and where records are stored and in what format
- Identify who is responsible for reporting post activity documentation and/or audit requests to the MSD
- Identify methods used to ensure record completeness
- Describe how confidentiality and security of records is maintained
- Identify who has access to records and how records can be retrieved for participants if needed

## POST ACTIVITY REQUIREMENTS

The applicant organization is required to complete and submit a Post Activity Documentation Checklist and supporting documents requested to the Midwest MSD Office within 60 days of the activity completion date. Please visit the Midwest MSD website at [www.midwestnurses.org](http://www.midwestnurses.org) for a copy of the **Post Activity Documentation Checklist**.

Organizations providing activities that will be repeated may submit an initial Post Activity report within 60 days after the first activity date, and then report information to the Midwest MSD office on a quarterly basis.

Post-activity documentation is reviewed by the Midwest MSD CE Approver Unit to determine the quality of the educational activity and ensure accreditation guidelines were met.

If unable to meet the post-activity documentation deadline, please contact the Midwest MSD office. Applicant organizations who do not submit this report may have approval suspended or revoked.

