



## APPROVED PROVIDERS: DESIGNING EDUCATIONAL ACTIVITIES

The Midwest Multistate Division (Midwest MSD) is accredited with distinction as an approver of **nursing continuing professional development (NCPD)** by the American Nurses Credentialing Center's Commission on Accreditation (ANCC COA). The ANCC Primary 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 Professional Development 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 NCPD activities according to ANCC/Midwest MSD Accreditation Program criteria.

The educational design expectations applicable at the individual activity level are fundamental to high-quality nursing continuing professional development. 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 requirements to ensure that educational activities are effectively planned, implemented, and evaluated according to educational standards and **adult learning principles**. NCPD activities are “learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research or theory development, to the end of improving the health of the public and RN's pursuit of their professional career goals.” (ANCC, 2015b, p. 44). The knowledge, skills, or attitudes gained from NCPD activities can be applied regardless of the activity participant's employer.

Types of activities:

**Live/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)*

**Enduring/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 on-demand/computer-based courses, print articles, e-books, printed/online case study review, and self-study modules/independent studies)*

**Blended:** The learning activity is a combination of provider-directed, provider-paced and provider-directed, learner-paced (face-to-face and web-based/online instruction). 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 NCPD 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 NCPD activities according to ANCC/Midwest MSD Accreditation Program criteria. *It is arranged to follow the order of the Midwest MSD Approved Provider NCPD Activity Planning Guide in most cases 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 an ineligible company/organization. Midwest MSD Approved Providers may jointly provide educational activities with other organizations. The 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 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 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. Some of these items may be shared with the joint provider(s), but the Approved Provider bears the responsibility to ensure adherence to criteria.

A written joint provider agreement ensures that the 'provider' maintains primary responsibility for the NCPD 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
  - Assessment of relevant financial relationships for planners and presenters
  - 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

It is recommended that the Joint Provider Agreement be signed by representatives who 1) are duly authorized to enter into a binding agreement on behalf of each organization involved in the activity (Approved Provider and Joint Provider) and 2) agree to the duties and responsibilities of each organization outlined. 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 an ineligible company/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. It is also the responsibility of the Approved Provider to educate the agencies involved regarding criteria requirements.

Any advertising developed for the jointly provided activity should include the names of the provider and joint provider, both receiving ‘equal billing’ in size and shape of the names and logos, if used. Jointly provided language should be utilized. For example, “This activity is jointly provided by Johnson Care Hospital and the Missouri Psychiatric Nurses Association”.

Each Approved Provider Unit should determine for themselves if joint providership is advantageous for their organization. In any or all situations, an Approved Provider has the right to say no, we do not want to jointly provide.

### Approving vs. Jointly Providing

Jointly providing nursing continuing professional development activities is not to be confused with NCPD 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 nursing continuing professional development activities. A sponsor can either be an eligible or ineligible company/organization that provides monetary or in-kind support for an activity.

## 2. EFFECTIVE DESIGN PRINCIPLES

NCPD activities are developed in response to, and with consideration for, the unique educational needs of the target audience of registered 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 'professional practice 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 and is required for use in this process. A copy must be kept in the activity file.

Questions to ask: What is the measurable goal or outcome that this activity set out to achieve? What will be measured when the learner completes the activity?

The Gap Analysis Worksheet documents:

- The description of the professional practice gap
- The evidence that validates the professional practice gap
- The educational need that underlies the professional practice gap, and
- The desired learning outcome(s) to close the professional practice gap

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 an interprofessional activity is not anticipated, the process of gap analysis may indicate that other professions or nursing disciplines should be included in the target audience.

**Learning outcomes** are written statements that reflect what the learner will gain 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. The learning outcome statement should be written in measurable terms and should include the outcome and could include the metric that the outcome is measured by. Each outcome should specify what the learner now knows or has shown to be able to do as a result of the activity.

Things to consider:

- The learning outcome must tie to the professional practice gap and the underlying educational need. If the underlying need is knowledge, the outcome should be related to measuring a change in the learner’s knowledge, etc.
- The identified gap(s) in knowledge, skills and/or practice will determine the number of learning outcomes for each activity.
- Outcomes are different from educational objectives.
- The learning outcome(s) should relate to the measurable change that occurs at the end of the educational activity. A long-term change may be the ultimate goal of the activity (e.g., decrease in falls) but it is not measured weeks, months or years later.
- For an educational activity lasting 7 hours or less, with a single focus, 2 or 3 learning outcomes are appropriate. 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 a day, over multiple days, 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.
  - 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 registered nurses attending e.g., “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.

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.

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 ensuring proper completion of 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.

- For the majority of activities each presenter should assist in completing an individual Educational Planning Form that includes their references/resources used to develop their content.
- For educational activities with one or two presenters and a single focus, one Educational Planning Form may be utilized to document all requirements.
- For educational activities with multi-tracks or concurrent sessions/multiple topics/multiple presenters or provided over multiple days, it is recommended that each session/track should be documented on a separate Educational Planning Form.

**Content:** The content must address the learning outcomes selected by the planning committee. Content is not solely directed by the faculty/presenter. Once content has been determined, best practice indicates that the planners communicate with presenters to frame their content outline so that the problem in practice is addressed. Presenters should be asked to submit a content outline or complete that portion of the Educational Planning Form so that the

planning committee can ensure alignment with learning outcomes. 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. If active learner engagement strategies are utilized, they should be included on the content outline with a time frame assigned. 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. On the Educational Planning Form identify the time needed to complete each section in minutes, rather than in time lapse format e.g., 9:30 – 10:30 a.m. do not utilize time ranges e.g., 5 to 7 minutes.

**References:** Content is selected based on the most current available evidence. References are resources used to develop the presentation(s) within the activity (e.g., 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 Educational Planning Form, not as separate attachments. Industry standard is that references and resources have been developed and/or published within the last 5-7 years.

**Learner engagement strategies:** As part of the educational design process, the Nurse Planner and planning committee in collaboration with the faculty/presenters develop ways to actively engage learners in the educational activity. Please keep in mind adult learning principles in designing NCPD; 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 (set aside time or addressing them using a chat/Q&A feature through online format), audiovisuals, audience polling, role-playing, games, online breakout rooms, informal audience check-ins and use of audience reactions, clinical application, simulations, handouts, videos, games, music, displaying the presenter's face during the online program, etc. The proposed engagement strategies must be congruent with the activity format, the underlying identified educational need and the learning outcomes. For

example, if the outcome states that learners will demonstrate a new skill, 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. Learner engagement strategies and the time needed to implement those identified as active strategies are documented on the Educational Planning Form.

## RELEVANT FINANCIAL RELATIONSHIPS

**Identification, Evaluation and Mitigation:** A relevant financial relationship exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with an ineligible company/organization, the products or services of which are pertinent or relevant to the content of the educational activity. A potential conflict based on a financial relationship with an ineligible company/organization may occur because 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 relevant financial relationships on the part of all planners, presenters/faculty/authors and Content Reviewers, for activities where such evaluation is indicated, and mitigating those relationships as early as possible in the activity planning phase. If the Nurse Planner has a relevant financial relationship, he/she has the option to either divest themselves from the relationship, or recuse himself/herself from the Nurse Planner role for this activity, and a new Nurse Planner must be found. The Nurse Planner is required to complete an AP Financial Relationship Reporting Form – Part 1 for each individual activity, regardless of the type or topic. The Nurse Planner’s AP Financial Relationship Reporting Form – Part 2 must be completed by another member of the planning committee and/or the Primary Nurse Planner. The expectation is that either party has knowledge of the content to be discussed and has the ability to determine if a relevant financial relationship exists.

### Nurse Planner Financial Relationship Assessment

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, including but not limited to members of the planning committee, presenters/faculty/authors, and/or Content Reviewers, report all **financial relationships** with any ineligible company/organization. Relevant financial relationships must be disclosed to the learners during the time when the relationship is in effect and for 24 months afterward. The primary way that identification of relevant financial relationships is accomplished is through completion of the AP Financial Relationship Reporting Form – Part 1.

However, Nurse Planners have options when it comes to reviewing for relevant relationships based on the content of the educational activity. If it is determined that the problem in practice, the associated learning outcome(s) to impact that problem and the content to assist in that resolution have no potential for a conflict, the Nurse Planner has the ability to attest to that fact. In other words, no AP Financial Relationship Reporting Forms are necessary if the content of the educational activity does not have a clinical focus, will not be discussing pharmaceuticals, medical devices or durable medical equipment, or any other “healthcare products used by or on patients.” The Nurse Planner must indicate this on the NCPD Activity Planning Guide specific to the educational session being planned. For a non-clinical educational session, the Nurse Planner does not have to obtain a completed AP Financial Relationship Reporting Form – Parts 1 and 2 from the planning committee, presenter/faculty/author or Content Reviewer involved in that session. When in doubt, the Nurse Planner should collect and evaluate an AP Financial Relationship Reporting Form – Part 1 for everyone in a position to control content.

When the educational session content does or may have a clinical focus, and will be or potentially be discussing pharmaceuticals, medical devices or durable medical equipment, or any other “healthcare goods or services consumed

by, or used on, patients,” the Nurse Planner is responsible for reviewing for relevant relationships by obtaining a completed AP Financial Relationship Reporting Form – Part 1 from each individual with the ability to control content. At that time, all planners and faculty must complete the AP Financial Relationship Reporting Form – Part 1, indicating (1) whether they are the owner/employee or representative of an ineligible company/organization, and (2) any financial relationships with ineligible companies/organizations. Any individual refusing to disclose relationships with ineligible companies/organizations may not participate in any part of the educational activity. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies/organizations. If the Nurse Planner or other member of the planning committee is aware of a relationship with an ineligible company/organization on the part of the individual that may be relevant but was not reported, the Nurse Planner must follow up with the individual, updating the reporting form as appropriate. Relevant financial 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 reported relationship is in fact a relevant financial relationship, which would indicate a potential conflict on the part of that individual. The Nurse Planner must determine whether:

- The content of the education is related to the products of an ineligible company/organization with whom the person has a financial relationship.
- The financial relationship existed during the past 24 months
- A financial relationship, in any amount, exists between the person in control of content and an ineligible company/organization

It may be necessary to obtain more information from the individual reporting 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 financial relationship with an ineligible company/organization 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, stockholder, independent contractor relationships or 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 an ineligible company/organization. Relevant financial relationships can also include ‘contracted research’ where the institution receives a grant and manages the grant funds, and the individual is the principal or a named investigator on the grant.

The outcome of this review process (*No relationship with an ineligible company/organization exists; Relationships disclosed found not to be relevant; or relevant financial relationship exists*) and any pertinent information leading to the decision must be documented in the Nurse Planner review table located on the AP Financial Relationship Reporting Form – Part 2.

If a relevant financial relationship is identified, actions must be taken to **mitigate** the relevant financial relationship prior to presenting/providing the educational activity to learners. Such actions must be documented, and the documentation must demonstrate (1) the identified relationship and (2) a statement that the relationship was mitigated. Actions may include but are not limited to the following:

- Undertaking review of the educational activity by a planner or Content Reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, IN ADDITION to one of the following:

- monitoring the educational activity to evaluate for commercial bias in the presentation  
OR
- reviewing participant feedback to evaluate for commercial bias in the activity
- Not awarding nursing contact hours for a portion or all 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. This applies to members of the planning committee only.
- Divesting the individual's financial relationship with the ineligible company. This is the only mitigation option for Nurse Planners.
- Removing the individual with conflicts of interest from participating in all parts of the educational activity.

More information on identifying and mitigating relevant financial relationships can be found in the *Standards for Integrity and Independence in Accredited Continuing Education* available on the Midwest MSD Approved Provider Forum.

Employees/Representatives of ineligible companies/organizations are permitted to serve as planners, speakers, presenters, authors and/or Content Reviewers ONLY if:

- the content of the educational activity is NOT related to the business lines or products of their employer/company, OR
- the content of the NCPD activity is limited to basic science research, such as pre-clinical research or the methodologies of research, and they do not make care recommendations, OR
- they are participating as technicians/instructors to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used

Approved Providers may use the services of planners and presenters/faculty/authors that have a financial interest (other than direct employment) in an ineligible company/organization, but the Nurse Planner must address the relevant financial relationship and describe how it was mitigated.

The presence or absence of relevant financial relationships 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 the ineligible company/organization, nature of the financial relationship with the ineligible company/organization and a statement that all relevant financial relationships have been mitigated.

**Note that every relevant financial relationship must be disclosed to learners, even if the relationship was successfully mitigated.**

### 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 who is able to determine that the content adequately addresses the identified gap(s) and ensure that references are relevant and current. Please note, a presenter may serve as a Content Expert only if they are serving as a member of the planning committee and are able to fulfill that role as planning progresses.

The Nurse Planner may function as both the Nurse Planner and the Content Expert; however, a minimum of two people must be involved in the planning of each educational activity. The 'Content Expert' is a member of the planning committee who must be identified in this role on the AP Financial Relationship Reporting Form – Part 1, if applicable,

and list of planning committee members on the NCPD 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 NCPD 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 an ineligible company/organization are permitted to serve as planners, speakers, presenters, authors and/or Content Reviewers ONLY if the content of the educational activity is **NOT** related to the products of an ineligible company/organization.

- *The Primary Nurse Planner and Nurse Planners must complete the Midwest MSD Nurse Planner Biographical Data Form (kept on file by the Unit) at least annually and when changes occur.*

#### 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 presenter(s) 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.

- *If the Nurse Planner financial relationship assessment indicates that the topic(s) include a clinical component, planners and faculty/presenters/authors will be required to complete the Midwest MSD AP Financial Relationship Reporting Form*

The Midwest MSD uses the AP Financial Relationship Reporting Form – Parts 1 and 2 to ensure required information is provided via a standardized format. There are two parts to the AP Financial Relationship Reporting Form. **Part 1** is used by planners, presenters and anyone in the position to influence/control educational content for the activity to document any relationships with ineligible companies/organizations. **Part 2** of the reporting form is used by the Nurse Planner to evaluate actual or potential relevant financial relationships to determine if mitigation of the relationship is necessary. Both the results of this evaluation and any steps taken to mitigate the relationship are documented by the Nurse Planner on the AP Financial Relationship Reporting Form – Part 2. The Nurse Planner is responsible for ensuring that **each** planner and presenter/faculty/author AP Financial Relationship Reporting Form – Part 1 is completed in full.

The Primary Nurse Planner or another planning committee member reviews the Nurse Planner’s completed Midwest MSD AP Financial Relationship Reporting Form – Part 1 to ensure it is completed fully and to fill in the final assessment table. This individual also evaluates for actual or potential relevant financial relationships to impart bias in planning. This review is documented by signing off on Part 2 of the AP Financial Relationship Reporting Form. **It is not acceptable for the Nurse Planner to complete Part 2 of their 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.

- *If the Nurse Planner financial relationship assessment indicates that the topic(s) include a clinical component, the Content Reviewer(s) will also be required to complete the Midwest MSD AP Financial Relationship Reporting 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. NCPD 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. Bias can be present even in the absence of relevant financial relationships.

Approved Providers must be proactive and take precautions to prevent bias in the presentation of educational activities, and to protect learners from commercial messages. 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 an ineligible company/organization is providing them, the organization's name and product advertisements may not be placed in the room. The ineligible company/organization can be acknowledged in the brochure, participant materials, by verbal announcement, and/or through other signage outside of the activity room.
- Educational events offered online must be arranged so that a learner is not required to click through or access any commercial information, while attempting to complete the educational content.
- 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 complete the attestation and/or signature section on the AP Financial Relationship Reporting 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.

Part 2 of the AP Financial Relationship Reporting Form is the AP Financial Relationship Assessment Worksheet, which asks the Nurse Planner to list any additional concern for potential bias beyond the relationships disclosed by the individual and how it was mitigated. 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 NCPD activities.

## 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. Pre-work, as assigned in a banded activity, can be included in the calculation of contact hours, and should be listed on the working agenda. This agenda may be a working copy used by the planning committee or 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 calculated. The working agenda should be included in the activity file along with any agenda published for or distributed to potential or actual participants.

**Contact hours** may be awarded for those activities at least 30 minutes in length whose content meets the ANCC definition of nursing continuing professional development. Within a given activity, some sessions may be offered for contact hours while others are not. Nursing continuing professional development 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/interaction with vendors/exhibits should appear on the working agenda in the activity file, but 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.

Presenters/speakers cannot earn contact hours for sessions they present. If they are presenting one or more sessions at a conference, but are also attending other sessions at that conference, they can earn contact hours only for those sessions they attend as learners. Planning committee members may earn contact hours if they fully participate in the activity as learners.

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, posttests, 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 published on the Educational Planning Form(s), a working agenda, and any activity schedules/agendas listed in handouts/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 nursing continuing professional development 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*. Please note that the use of ‘NCPD’ is not appropriate when referring to the awarding of contact hours. ‘CE’, ‘CNE’ and ‘NCPD’ refers to the type of education, not the award for attending such education.

**Pharmacology Hours for Advanced Practice Registered Nurses:** If the activity is designed specifically for advanced practice registered 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 e.g., 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 NCPD activity before contact hours are awarded. The planning committee determines criteria for successful completion based on metrics used to measure the identified learning outcomes. The criteria should be enforceable for the activity format. Criteria for successful completion may include, but are not limited to, attendance at/completion of live events, in-person or virtual, or enduring activity or a specified portion of the activity, attendance of at least 1 session of a multi-session/multi-track activity, completion of required online modules, video, assigned reading/assignments or self-study packet, small group work/exercises, completion/submission of an evaluation, completion of enduring materials by participants, participation in self-evaluation, participating in or achieving a passing score on a posttest, return demonstration of a skill, participation in case study analysis, online polling or Q&A, 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. The criteria for awarding contact hours, as documented in the NCPD Activity Planning Guide, needs to match the disclosure to learners. It is important that the documentation show consistency between what is planned and what is implemented.

**Verification of Participation:** The planning committee must determine how learner participation will be verified. The verification method(s) used should complement the activity delivery method. Methods of verification include, but are not limited to, pre-registration with check-in, sign-in sheets/registration forms, sign-in/check-in when entering an online platform, roll call, ID scanning, computer log, submission of completed posttest with passing score, submission of required assignments and signed attestation statements by participants verifying completion.

## 6. CERTIFICATE OF COMPLETION

A **certificate of completion** must be provided to learners who have met all of the requirements for successful completion determined by the planning committee. The certificate should reflect the actual time awarded for educational content and evaluation.

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 approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

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 certificate. Do not include abbreviations nor follow with additional numbers, codes, etc.

A signature of the Primary Nurse Planner/Nurse Planner responsible for the educational activity is optional, but if utilized on the certificate, should include the title/role of the person whose signature appears.

For an interprofessional educational event, additional credit information from other accrediting bodies may be added to the certificate. Joint providers may also be listed on a certificate. [A sample certificate of completion is available on the Midwest MSD Approved Provider Forum.](#)

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. In addition, this list must contain the name of the Approved Provider Unit as well as the date and title of the activity. The completed listing will verify the total number of participants awarded contact hours for successful completion of the educational activity.

## 7. ACTIVITY EVALUATION

A clearly defined method, which includes learner input, must be used to evaluate the effectiveness of the educational activity and determine whether learning outcomes were met. 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. What data will be collected to determine whether the learners achieved the desired outcome? Evaluation may be formative and integrated within the educational activity. Evaluation is also summative at the conclusion of the educational activity. The evaluation methods need to align with the outcome and underlying educational need. If the underlying educational need is skill, the evaluation method should demonstrate a change or impact in skill. 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 (e.g., pre/posttests, participation in group work, observation of skill demonstration) and long term (e.g., 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, show-of-hands questions or other polling methods, 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 formats are available on the Midwest MSD Approved Provider Forum.](#)

Potential elements for evaluation tools:

1. Questions measuring identified learning outcome(s) (required)
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 for each educational event individually by planning committees rather than the use of evaluation templates. Evaluation questions should be tailored to the learning outcomes and the identified gaps in knowledge, skills and/or practice.

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. A summative evaluation is not merely the results of evaluation questions in a collated form.

The summative evaluation contains two components:

- A summary of data highlighting whether the activity was effective in closing or narrowing the gap and achieving the educational activity outcome.
- An analysis of what was learned from the evaluation data and what can be applied to repeated offerings of the same activity or to future activities that the Approved Provider Unit develops.

The summative evaluation does not include the individual data collected from the evaluations, i.e. a data dump. There should be a clear analysis of the data from the Nurse Planner and planning committee documented.

If alternative methods of evaluation were utilized, an additional narrative summary by the Nurse Planner or other planner observing the method during the activity must also be a part of the summary evaluation data. 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.

There is no prescribed method for providing the summative evaluation information. Common delivery methods include a narrative format, SBAR format, SOAP note or table with analysis information.

## 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 and screen shots of the entire marketing information should be part of the activity file.

If contact hours or the contact hour award amount is mentioned on promotional materials, the Provider Approval Statement should also be included. The Provider Approval Statement tells potential and actual participants that the educational activity was developed using rigorous, evidence-based criteria to ensure high quality learning that is relevant to the needs of the target audience registered nurses. Displaying the Provider Approval statement recognizes the organization's commitment to quality in planning, developing and implementing educational activities that support professional development of registered nurse learners.

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

## 9. EXHIBITS AND COMMERCIAL SUPPORT

Continuing education should be free of all influence or bias, effective in improving practice, based on valid content, and independent of the influence of an ineligible company/organization (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 *Standards for Integrity and Independence in Accredited Continuing Education* at all times, including ensuring content integrity in the presence of commercial support, -or vendors/exhibitors.

**Vendors** or **Exhibitors** are people from a company, school or agency etc. that display 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. 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) for live, in-person events and in a breakout room or area separate from where the educational content will be delivered for live, virtual events. In either instance, attendance should be optional.

**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. Ineligible companies/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 an ineligible company/organization.

**Commercial support** is financial or in-kind contributions given by an ineligible company/organization used to offset all or part of the costs of a NCPD activity.

Approved Providers must have a written Commercial Support Agreement outlining the terms of acceptance for all outside support received from an ineligible company/organization. The agreement must be executed prior to the start of the education. Approved Provider Units that choose to accept commercial support are responsible for ensuring that the education remains independent of the ineligible company/organization and that the support does not result in commercial bias or commercial influence in the education. Organizations providing commercial support may **not** provide or jointly provide educational activities.

**Ineligible companies/organizations** are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Examples of ineligible companies/organization include but are not limited to:

- Pharmaceutical companies and distributors (e.g., Pfizer, Novartis, Johnson & Johnson)
- Device manufacturers or distributors (e.g., Medtronic, Cardinal Health, Becton Dickinson)
- Diagnostic labs that sell proprietary products (e.g., Lazar Scientific, CSA Labs)
- Compounding pharmacies that manufacture proprietary compounds (e.g., Kubat Healthcare, J Kohll RX Compounding)

- Advertising, marketing, or communication firms whose clients are ineligible companies (e.g., GoodApple, maricich health, Mind+Matter)
- Bio-medical startups that have begun a governmental regulatory approval process (e.g., Cerevel Therapeutics, ABLE Human Motion, Bionaut Labs)
- Growers, distributors, manufacturers or sellers of medical foods and dietary supplements (e.g., SMP Nutra, NutraScience Labs, Green Leaf Growers)
- Manufacturers of health-related wearable products (e.g., Cherokee Scrubs, Crocs Shoes)
- Pharmacy benefit managers (e.g., CVS, Express Scripts, United Health's Optum)
- Reagent manufacturers or sellers (e.g., Promega, GJ Chemical, Inorganics Ventures)

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.

Key considerations for Approved Providers accepting commercial support for a NCPD activity:

1. The Approved Provider Unit must obtain a completed and signed Midwest MSD Commercial Support Agreement from each ineligible company/organization providing support. The support and/or completion of the signed agreement does not establish a financial relationship between the ineligible company/organization and planners, faculty, and others in control of the education. 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 the ineligible company/organization must comply with ACCME Standards for Integrity and Independence in Accredited Continuing Education
  - Statement that the ineligible company/organization will not participate in planning, developing, implementing or evaluating the educational activity
  - Statement that the ineligible company/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. The Approved Provider Unit must make all decisions regarding the receipt and disbursement of the commercial support.
  - The Approved Provider Unit must keep a record of how commercial support was used for the educational activity.
  - Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
  - The APU may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
  - The APU must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners participating in the education.
  - The APU may use commercial support to defray or eliminate the cost of the education for all learners.
  - 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.

3. If an educational activity receives commercial support, there must be a **disclosure** to learners prior to the start of the education of the names of the ineligible companies that gave support and the nature of the support.

**Sponsorship** is defined as financial or in-kind contributions given by an entity that is not an ineligible company/organization, which is used to offset all or part of the costs of a NCPD 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 Units track such information for the activity file.

Providers may not share learner contact information without written or electronic permission from the learner. If you wish to provide learners, commercial supporters, vendors or sponsors 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’.

## 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 or on the evaluation. For live activities (in-person or virtual), 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. **You are strongly recommended to include all disclosures in one place.**

Disclosures **always** required include:

- **Provider approval statement**
- **Successful completion requirements**
  - Successful completion requirements disclosures should match all of those identified on the NCPD Activity Planning Guide and elsewhere in educational materials.
- **Presence or absence of relevant financial relationships for all individuals in a position to control content of the educational activity (e.g., planners, presenters/faculty/authors, and Content Reviewers) – one of the following options must be disclosed**
  - If the Nurse Planner financial relationship assessment revealed that the activity includes clinical content and individuals in a position to control content **do have** a relevant financial relationship with an ineligible company/organization, the following information must be provided to learners:
    - Name of individual
    - Name of the ineligible company/organization
    - Nature of the relationship the individual has with the ineligible company/organization (For example: Consultant)
    - A statement that all relevant financial relationships have been mitigated

- ✓ Sample Disclosure Wording: Dr. Smith serves as a consultant for Pills, Inc Pharmaceuticals. Dr. Allen is on the speakers' bureau for RN Device Company. All relevant financial relationships for these individuals have been mitigated. No other relevant relationships were identified for any member of the planning committee or presenter/author.
- If the Nurse Planner financial relationship assessment revealed that the activity includes clinical content and individuals in a position to control content **do not have** a relevant financial relationship with an ineligible company/organization, the activity provider must inform learners that no relevant relationships exist.
  - ✓ Sample Disclosure Wording: No relevant financial relationships were identified for any member of the planning committee or any presenter/author of the program content.
- If the Nurse Planner financial relationship assessment revealed that the activity content **does not** include clinical content (and no reporting forms for planners or presenters were required), the activity provider may inform learners.
  - ✓ Sample Disclosure Wording: This educational activity does not include any content that relates to the products or services of an ineligible company/organization, which would require identification and mitigation.

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

- **Commercial support:**  
Learners must be informed if an ineligible company/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.

## 11. PARTICIPANT RECORDS

Approved Providers should have a process in place to document the learners participating in each activity provided as well as the number of contact hours they received. This should be compiled as concisely and efficiently as possible. The requirements could be documented using a spreadsheet containing the required elements or a downloaded attendance report from an online platform with modifications to meet the requirements. Missing components could

be written/typed in if there are limitations within the Unit. The key is that all required elements are included on the documentation.

Approved Providers must not utilize individual copies of each learner's evaluation, certificate, posttest, etc. as a means of documenting their completion, to limit the size of the activity files. Please also ensure the list does not contain any sensitive identifying information e.g., social security numbers.

The following elements must be included on the roster/listing included in the educational activity file:

- Participant first and last name
- Number of contact hours awarded to each
- Approved Provider Unit name
- Title of the educational activity
- Date(s) the educational activity was provided

## RECORDKEEPING

Midwest MSD Approved Providers must develop a recordkeeping system that ensures confidentiality, safety, and consistency with 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 for a minimum of six (6) years.

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 information and/or documents in hardcopy or electronic format (many of these elements are identified on the NCPD Activity Planning Guide):

- 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.
- Completed Gap Analysis Worksheet, identifying professional practice gap(s) in knowledge, skill, or practice for the target audience
- Evidence validating the professional practice gap(s)
- Completed Educational Planning Form(s) listing learning outcomes, related content outline, learner engagement strategies used, and reference/resources used to develop the content
- 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))
- Signed AP Financial Relationship Reporting Form for the Nurse Planner involved in the activity – *required for all activities regardless of content*

- Signed AP Financial Relationship Reporting Form(s) Parts 1 and 2 for all individuals in position to influence/control educational content (if applicable)
- Successful completion requirements
- Copy of posttest and passing score (if applicable)
- Methods or process used to verify participation of learners
- Number of contact hours awarded for the activity, including method of calculation
- Full agenda/schedule for the educational activity with contact hour calculation – *from registration to closing, including breaks*
- Copy of the evaluation tool used
- Copy of the aggregate data collected
- Summative evaluation narrative addressing, at a minimum, potential improvements and learning outcome(s)
- Copies of all marketing and promotional materials
- Means of ensuring content integrity in the presence of commercial support (if applicable)
- Commercial Support Agreement(s) with signatures and date (if applicable)
- All forms of evidence of providing required disclosures to learners
  - Provider approval statement
  - Successful completion requirements
  - Presence/absence of relevant financial relationships 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 Provider Approval Number
  - Provider Approval Statement
- Participant roster/listing including all required elements
  - Participant first and last name
  - Number of contact hours awarded to each
  - Approved Provider Unit name
  - Title of the educational activity
  - Date(s) the educational activity was provided
- Joint Provider Agreement including division of responsibilities, signatures and date (if applicable)