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| **APPROVED PROVIDER CNE ACTIVITY PLANNING GUIDE** |

Criterion 1-10, with corresponding requirements below, refers to procedures relative to the planning and implementation of specific activities. Approved Providers must demonstrate adherence to the following criteria requested in narrative and/or checklist format. ***All criteria listed below must be documented for each activity provided within the Approved Provider Unit.***This Approved Provider CNE Activity Planning Guide (or an equivalent form/narrative that includes all elements below) is required to be completed for each educational activity to meet the recordkeeping requirements for each activity provided.

Yellow highlights = MU Office of Compliance completes

**90% of documentation is on this Activity Planning Guide; the other 10% are Attachments**

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| **Activity Title**: | | | | | | |
| **Individual Session Title (if different)**: NA | | | | | | |
| **Activity Date(s)**: | | | | | | |
| **Location(s) of Activity**: | | | | | | |
| **Contact Hours**: |  | | | | | |
| **Other credits issued**: | | CME  Pharmacy  Social Work  PT  OT  RT  Mental Health  Other: | | | | |
| **Provider Approval #:** | | MO1019‐7 | | **Activity #**: *(if applicable)* | | NA |
| **Activity Type:** *(please select one)* | | | Live  Enduring  Blended | | | |
| **If enduring activity, date content was/or needs to be reviewed**: | | | | | mm/dd/yy | |
| **Activity Format**:  Conference/Symposium  Podcast  CD/DVD  Journal/Article  Webinar/Webcast  Satellite Symposium  Audioconference  Case Study  Meeting Series/Journal Club  Computer based  Other: | | | | | | |
| **Will this activity be repeated?**  Yes  No  Unknown | | | | | | |
| **Nurse Planner: Cynthia S. Stephens, MS(N), RN** | | | | | | |
| **If System Provider, identify organization within the system providing the activity:**  NA | | | | | | |
| **This planning document was completed by: Name, Credentials on Date** | | | | | | |

**Educational Design Criteria**

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| 1. **Jointly Provided Activities** | |
| **Jointly provided?**  Yes  No | |
| **If yes, provide Organization(s) Name(s):** | University of Missouri Health Office of Compliance |
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| **If yes, joint-provider agreement attached**  Yes  No | |
| *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.* | |

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| 1. **Effective Design Principles** |

Continuing education activities are developed in response to, and with consideration for, the unique educational needs of the target audience. At a minimum for CNE the target audience must include Registered Nurses. The educational design process incorporates identified gap(s), measurable outcomes, best available evidence, and appropriate learner engagement strategies.

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| **Professional Practice Gap(s) –** *Identify the gap(s) (difference between current state and desired state) in knowledge, skills or practice revealed by the needs assessment, which the activity addressed (e.g. change in practice, problem in practice, opportunity for improvement).* | | |
| **Completed Gap Analysis Worksheet Attached** | |
| **Gap(s) Identified/Described –** *at least* ***one*** *gap must be identified* | |
| **Gap(s) in Knowledge (does not know):** | |
| **Gap(s) in Skills (does not know how):** | |
| **Gap(s) in Practice (does not show/do in practice):** | |
| **\*Evidence to Validate Professional Practice Gap(s) –** *Check all that apply* | | |
| Written needs assessment or survey of stakeholders, target audience members, subject matter experts  Individual input from stakeholders such as learners, managers, or subject matter experts  Requested by nursing management, based on internal quality measures or identified need  Quality studies/performance improvement activities  Evaluation data from previous educational activities  Trends in literature, law and/or healthcare  Trends in practice, treatment modalities, and/or technology  Other – (Describe): | |
| **\*Sources of Supporting Evidence –** *Check all that apply* | | |
| Annual needs assessment or survey  Literature review  Requests (phone, in-person, email)  Activity evaluation summary requests  Surveys from stakeholders or learners | Outcome/Quality data (i.e. Regulatory)  Research findings  Content expert  Other – (Describe): |
| **Supporting Evidence is Located:**  On file  **Attached**  Other – (Describe): | | |
| **Brief Executive Summary of Data Validating the Need for the Activity: (Based on two items above with asterisks):** | | |
| **Target Audience –** *Check all that apply* | | |
| Registered Nurses – RNs  Advanced Practice Registered Nurses – APRNs  Registered Nurses in a Specialty Area – (Identify specialty):  Inter-professional e.g., Physicians, Pharmacists, Social Workers – (Describe):  Other – (Describe): | |
| **Desired Learning Outcome(s) –** Outcomes are evaluated to determine the impact of educational activities on patient care and professional development of the learner. | | |
| **Learning Outcome(s) listed on Educational Planning Form:**  Yes | |
| **Outcomes used to evaluate educational activity’s impact on:**  Nursing Professional Development  Patient Outcome  Other – (Describe): | |
| **Educational Planning Form(s)** *– learner outcomes, related content outline and learner engagement strategies for each session/presentation during this educational activity. Note: Use of the Educational Planning Form is required*  **Completed Form(s) Attached** | | |
| **Learner Engagement Strategies –** Strategies utilized during the educational activity to engage learners | | |
| **Learner Engagement Strategies listed on Educational Planning Form:**  Yes | |

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| 1. **Qualified Planners** |

Planning for each educational activity must include one Nurse Planner and one other planner. One of the planners must have appropriate subject matter expertise for the educational activity (*this individual is identified as the content expert*). List the names and credentials of the Nurse Planner(s) and all other persons involved in planning the educational activity *(needed on all individuals in a position to control content)..*

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| **Nurse Planner(s) Name and Credentials** | **Disclosure/ COI Form Attached?** | **Was COI found?** | **Bio form** |
| **Cynthia S. Stephens, MS(N), RN** | Yes  No | Yes  No | Attached  On file |

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| **Is the Nurse Planner also the Content Expert?** | Yes  No |

***If no*, please provide the name of the individual who served as the Content Expert below:**

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| **Content Expert(s) Name and Credentials** | **Disclosure/ COI Form Attached?** | **Was COI found?** |
|  | Yes  No | Yes  No |
|  | Yes  No | Yes  No |

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| **How were qualifications verified?** | Review of resume/CV/bio  Certification in content area  Current position/title/certification  Other – (Describe): | |
| **Qualifications of Content Expert verified by:** | | **Cynthia S. Stephens, MS(N), RN on Date** |

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| **Planning Committee Member(s) Name and Credentials:** | **Disclosure/COI Form Attached?** | **Was COI found?** |
|  | Yes  No | Yes  No |
|  | Yes  No | Yes  No |
|  | Yes  No | Yes  No |
|  | Yes  No | Yes  No |

*REMINDER: Strategies utilized by the Nurse Planner to resolve COI must be documented on the individual’s Conflict of Interest Form.*

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| 1. **Qualified Faculty** |

List the names and titles of the activity presenters/faculty/ speakers/authors, and/or content reviewers who participated in the planning of the educational activity. *(needed on all individuals in a position to control content).*

| **Name and Credentials of Presenter(s)/Faculty/ Speaker(s)/Author(s):** | **Disclosure/ COI Form Attached?** | **Was COI found?** | **How did the planning committee assure the qualifications of this individual are appropriate and adequate? (*Check all that apply*)** |
| --- | --- | --- | --- |
|  | Yes  No | Yes  No | Review of resume/CV  Current position/title/ certification  Recommendation by colleagues  Review of literature written by faculty  Observation of previous presentation  Other: |
|  | Yes  No | Yes  No | Review of resume/CV  Current position/title/ certification  Recommendation by colleagues  Review of literature written by faculty  Observation of previous presentation  Other: |
|  | Yes  No | Yes  No | Review of resume/CV  Current position/title/ certification  Recommendation by colleagues  Review of literature written by faculty  Observation of previous presentation  Other: |
|  | Yes  No | Yes  No | Review of resume/CV  Current position/title/ certification  Recommendation by colleagues  Review of literature written by faculty  Observation of previous presentation  Other: |
|  | Yes  No | Yes  No | Review of resume/CV  Current position/title/ certification  Recommendation by colleagues  Review of literature written by faculty  Observation of previous presentation  Other: |

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| The Approved Provider Unit must take precautions to prevent bias and ensure content integrity during the educational activity, whether or not commercial support was received or exhibits were present. | | | | | | |
| **The following precautions taken to prevent bias in the educational content:** *(Check all that apply)*  Each Faculty/Presenter/Author has agreed that s/he will present information fairly and without bias.  The potential for bias was discussed/reviewed with each presenter (*trade names, relationships with commercial entities and any commercial support received, etc*.).  In conjunction with the above, the session will be monitored for potential violation(s) and any violations will be addressed.  Other (Describe): | | | | |
| **Name and Credentials of Content Reviewer(s): *(if applicable)*** | **Disclosure/COI Form Attached?** | **Was COI found?** | **How did the planning committee assure the qualifications of this individual are appropriate and adequate? (*Check all that apply*)** |
|  | Yes  No | Yes  No | Review of resume/CV  Recommendation by colleagues  Current position/ title/certification  Certification in content area  Other: |
|  | Yes  No | Yes  No | Review of resume/CV  Recommendation by colleagues  Current position/ title/certification  Certification in content area  Other: |

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| 1. **Contact Hour Calculation** |

Contact hours are determined in a logical and defensible manner, and awarded to participants for those portions of the educational activity devoted to learning and evaluation. One contact hour = 60 minutes. After the first contact hour, fractions or portions of the 60-minute hour should be calculated e.g. 150 minutes of learning experience equals 2.5 contact hours. Contact hours can be awarded in the hundredths (i.e., two digits past the decimal point) or you may round down. Do not round up. Time allowed for registration, introductions, announcements, breaks, meals, business meetings and viewing of exhibits should be excluded from the calculation of contact hours.

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| **Full Agenda/Schedule for the Educational Activity**  **Copy of Full Agenda Attached** *– from registration to closing, including breaks* | | | |
| **Method Used to Calculate Contact Hours** | | | |
| Total number of eligible minutes for the entire activity/event divided by 60  Total number of eligible minutes for each session attended, divided by 60  Pilot study – average time for completion of activity by testers  Historical data – compared this activity to a similar existing enduring material activity  Professional opinion based on complexity of content and delivery method  Other (Describe): | |
| **Successful Completion Requirements –** *Check all that apply* | | | |
| Attendance at entire activity – *as determined by planning committee’s selected methodology or Board of Nursing requirement*  Attendance at 1 or more sessions  Participation in key interview(s)  Participation in case study analysis  Return skill demonstration  Submission of required assignment(s)  Other – (Describe): | | Completion/submission of evaluation form  Completion of self-study packet  Achieving passing score on posttest – *attach a copy of the post-test & indicate scoring methodology*  Small group work/exercises  Observation of practice implementation  Participation in audience response system |

*REMINDER:* ***Successful completion requirements must be shared with learners prior to the start of the learning activity,*** *e.g. brochure, announcement, flyer, email, website, etc.* ***Ensure that the method of communicating this with learners is documented.***

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| **How was attendance verified?** | | |
| Pre-registration with check-in at event  Sign-in sheet/scanning system at event  Self-reported attendance | Log-in or electronic verification  Collection of participation via computer log  Other – (Describe): Verification of Attendance Forms **attached** |

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| 1. **Certificate of Completion** |

Participants receive written verification of their successful completion of an activity that contains the following: (a) participant name, (b) title and date of activity, (c) name and address of Approved Provider, (d) number of contact hours awarded/received, (e) Midwest MSD Provider Approval number, and (f) the official Midwest MSD Provider Approval statement.

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| **Certificate of Completion Attached**  Yes |
| **Process for issuing certificates to participants:**  Receipt of evaluation form at the end of the activity/or thereafter  Copy of document listing sessions attended/contact hours awarded collected at the event  Individual certificates generated after the activity based on evaluation/sessions attended or completion of post-test  Certificates generated by online evaluation program  Other – (Describe): |
| **Unique Identifier for Participants in this Event/Activity:** |
| Email Address  Professional License number  Home Address  Birthdate (MM/DD)  Employer ID number  Phone Number  Auto-generated number provided to participant  Other – (Describe): |

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| 1. **Activity Evaluation** |

A clearly defined method that includes learner input is used to evaluate the effectiveness of each educational activity. Results from the activity evaluation are used to guide future activities. **The evaluation components and method of evaluation should be relative to the desired learning outcome of the educational activity. Did the activity meet the desired learning outcomes?**

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| **Method(s) of Evaluation Used –** *Check all that apply*  *Short Term Methods:*  Evaluation form (written or online)  Self-reported intent to change practice  Pre- and/or Post-test  Return skill demonstration  Case study analysis  Role play  Other – (Describe):        Performance checklists  Audience response systems  *Long Term Methods:*  Self-reported change in practice  Data collection related to change in quality outcome measures  Observation of performance  Return on investment (ROI)  Other – (Describe): |
| **Evaluation Online**  No  Yes – URL/Website/Intranet:      ; Log-in:      ; |
| **Evaluation Summary Attached**  Yes |
| **How will the evaluation results be used to guide the development of future activities?**  Revisions to subsequent offerings *(repeat activities)*  Shared with presenters  Provide feedback to participants  Shared with planning committee  Future planning of educational activities  Shared with administration/QI staff  Other – (Describe): |

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| 1. **Promotional Materials** |

The official approval statement must be provided to learners prior to the start of every educational activity and on each certificate of attendance. The approval statement must be displayed clearly to the learner and be written exactly as indicated by the Midwest MSD.

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| **Method(s) used to promote the activity** *– check all that apply* | | | |
| Flyer/brochure  Memo/Letter  Meeting notice  Other – (Describe): | | Email notification  Website/Intranet – *please provide screen shot or URL*  Social media/Blog – *please provide screen shot* | |
| **All Types/Forms of Promotional Materials Attached**  Yes  No  **Provider Approval Statement listed:** **The University of Missouri Sinclair School of Nursing** is an approved provider of continuing nursing education by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.  *Midwest Multistate Division Provider Approval Number* MO1019‐7*.*  Yes | | | |
| **If no promotional materials developed, describe how the target audience was made aware of the educational activity** | | | |
| **Online Registration?**  Yes  No | | **Event Website?**  Yes  No  URL/Website: | |

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| 1. **Commercial Support and Exhibits** |

The Approved Provider Unit must adhere to the [ANCC *Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities*](http://130.94.17.6/Doc-Vault/Individual/Content-Integrity-Standards.pdf) at all times. The Approved Provider Unit must have a written policy or procedure that includes a signed, written agreement when commercial support is received. They must also take precautions to prevent bias and ensure content integrity when exhibits/vendors are present.

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| **Did this activity receive commercial support**  Yes  No |

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| **NAME OF COMMERCIAL INTEREST ORGANIZATION** | **TYPE OF SUPPORT** | |
| FUNDING AMOUNT | IN-KIND DONATION |
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| **Commercial Support Agreements Attached** *(if applicable)*  Yes  No  N/A |
| **Content Integrity will be/has been maintained by:** (*check all that apply)*  Commercial supporter(s) did not participate in the planning of this activity in any way.  The commercial support policy/procedure was discussed with those providing the support.  The commercial support policy/procedure was shared in writing with those providing the support.  Support agreement terms and conditions was discussed and clarified prior to signing  Presenters/faculty/authors were informed of and agreed not to promote the products or the company providing financial or in-kind services  Presence of commercial support and need to avoid bias was discussed with each presenter/faculty/ author  Advertising/company logos were removed from any educational content *(slides, handouts)*  Educational materials were not packaged in items bearing logos of a commercial interest  Commercial supporter(s) were not referenced during the activity except for required disclosure  In conjunction with above, the session(s) were monitored & violators of policy are not asked to present again.  Other – (Describe): |
| **Were exhibits/vendors present at this educational activity?**  Yes  No |
| **The following strategies/precautions have been taken to prevent bias/ensure content integrity with the presence of exhibits/vendors:** *(Check all that apply)*  Exhibiting, promoting or selling products will not take place during scheduled educational time  Exhibit area will be physically separated from area where educational content will be delivered  Marketing/advertising will not be included within educational content (slides, handouts, etc.)  ‘Giveaways’ will be kept separate from educational materials/delivery  Learner contact information will not be shared without written permission from the learner  Commercial interest organizations are not allowed to influence the audience during the educational activity for any reason  Other – (Describe): |

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| 1. **Disclosure Responsibilities** (error on side of caution if in doubt or contact MUNO) |

All required disclosures and any other applicable disclosures must be provided to learners *prior to the start* of an educational activity. Evidence of disclosures to the learner *must be retained* in the activity file.

For *live* activities, disclosures must be made prior to the initiation of the educational content. In *enduring* activities (print, electronic, or web-based activities), disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may not occur or be located at the end of the educational activity.

*Use an ‘X’ to identify the disclosures that are applicable for this educational activity, and the place(s) where learners will receive each applicable disclosure in writing prior to the start of the educational activity.*

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| **DISCLOSURE** | **APPLICABLE?** | | **WHERE IS THIS ITEM DISCLOSED?** | | | | |
| NO | **YES** | Promotional/Advertising Materials | Participant Handout/ Packet | On Screen/  Disclosure Slide | Sign at Check-In Area | Other\* (Specify) |
| Provider Approval Statement\* |  | **X** |  |  |  |  |  |
| Successful Completion Requirements |  | **X** |  |  |  |  |  |
| Presence/Absence of COI for Planners and Presenters/Authors/ Content Reviewers |  | **X** |  |  |  |  |  |
| Commercial Support *(if applicable)* | x |  |  |  |  |  |  |
| Joint Providers Identified *(if applicable)* |  | x |  |  |  |  |  |
| Expiration Date for Awarding Contact Hours *(Enduring Material activities only)* | x |  |  |  |  |  |  |

\* Providers must specify method and provide written documentation.

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| **Copies of methods noted above to deliver required disclosures to learners attached** *(promotional materials, letters, program schedules, presentation materials, announcements, etc. as identified above)*  Yes  No |
| **Sample of acceptable Disclosures format:**  **DISCLOSURES**  **Successful Completion** – To receive nursing contact hours, participants must:  • Attend the entire educational activity  • Participate in small and large group exercise  • Complete evaluation form (could include outcome measures)  • Complete Verification of Attendance form  **Contact Hours** – X.X contact hours awarded to those who meet the successful completion requirements.  The University of Missouri Sinclair School of Nursing is an approved provider of continuing nursing education by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.  *Midwest Multistate Division Provider Approval Number MO1019‐7.*  **Commercial Support** – This activity received no commercial support.  **Conflict of Interest** – No conflicts of interest were identified by planners or presenters.  **Required Attachments** |
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Joint-Provider agreement

Gap Analysis Worksheet

Sources of evidence to support the professional practice gap(s) the activity will address

Educational Planning Form(s)

Full agenda/schedule for the educational activity – *from registration to closing, including breaks*

Signed biographical data and conflict of Interest forms for all Nurse Planners involved in the activity (MUNO will complete)

Signed bio & conflict of Interest forms for all members of the planning committee and presenters/authors/content reviewers involved in the activity.

Certificate of attendance including all required elements. (MUNO will complete)

Evaluation method used including a summary of evaluation data

Commercial Support agreement (if applicable)

**NA Contact Nurse Planner if commercial support is to be involved)**

Promotional materials (resources used to market the activity to the target audience)

Required disclosure delivery mechanisms

List of participant names and unique identifier assigned. (MUNO will complete)

Record of the number of contact hours earned by each participant. (MUNO will complete)

VOA’s for each individual requesting CE credit

**Spring 2016**