Nursing Outreach
Sinclair School of Nursing

Guidelines for Nursing
Contact Hours
as
Co-provider with
MU Nursing Outreach

MU Sinclair School of Nursing
University of Missouri

Nursing Outreach
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January 1, 2015

Dear Educator,

On behalf of the University of Missouri Sinclair School of Nursing and MU Nursing Outreach (MUNO), I would like to thank you for choosing us to work with you to provide continuing education (CE) credit for your educational programs for nurses. CE credit is referred to as Contact Hours in nursing, not CEUs.

Nursing Outreach has provided continuing education opportunities for Missouri's nurses and beyond for over 50 years. We are 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.

Please remember that **MU Nursing Outreach will be a co-provider** of this CE program with you. This means we will work with you from the beginning of the process through the end. Please contact us before you start the planning process in earnest. We are not credentialed as an approver of CE which means we cannot take a program you have already developed and "approve" it for CE credit. We will discuss any fees involved at that time.

These guidelines have been designed to help you understand the process and complete the necessary paperwork for your educational program. I urge you to look at the guidelines packet prior to completing any of the forms. A checklist has been provided at the end of this packet to guide you in completing the forms. Please use and reference the checklist as you complete the documentation.

Remember we are here to assist in this process. Feel free to contact our office, at 573-882-0215 and we will be more than willing to answer any questions you may have.

Sincerely,

Todd H. Winterbower
Coordinator, Nursing Outreach

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Planning an Educational Program

Before You Start Planning an Educational Program for Nursing Contact Hours

1. Contact the MU Nursing Outreach office located in S266 Sinclair School of Nursing, 573-882-0215. ***We are not an approver of CE, only a provider.*** This means we cannot take a proposed educational activity that you have already developed and "approve it" for contact hours after the fact. Rather, we need to work with you from the beginning of your program planning. We will **co-sponsor** the educational activity with you.

2. At a minimum, the planning committee must include a **Nurse Planner** and **Content Expert who is a nurse**. Most educational programs will likely have others involved in the planning process including educators, experts in adult learning methods, speakers, key stakeholders and target audience representatives. For multidisciplinary activities, other healthcare professionals need to be represented as well. The most important principle is that the planning committee members are process and content experts and are familiar with the educational needs of the target audience.

    a) A **nurse planner** from Nursing Outreach, a **process expert**, will work with you throughout the process and be a member of the planning committee. Her primary role is to assure compliance with the required criteria set forth by the American Nurses Credentialing Center's Commission on Accreditation (ANCC) and the Missouri Nurses Association (MONA) which are set forth in these guidelines. Nursing Outreach will provide all necessary forms that need to be completed and maintain appropriate documentation for our records. We are here to answer any questions and give you as much guidance and support as you need.

    b) You will need at least one **RN content expert** on the planning committee. The content expert evaluates the educational program for quality of content, potential bias, and any other aspects of the activity that may require evaluation.

3. All of your promotional materials need to include the following approval statement exactly as it is shown below. Note there must be a space (blank line) before and after the first paragraph. This is to ensure that we adhere to the ANCC/MONA guidelines.

    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 716-VII.

Guidelines for Preparing Documentation for Nursing Contact Hours
Please read all of the following guidelines prior to beginning the process.

The following guidelines are based on ANCC/MONA's Accreditation criteria (MONA Provider Approval Manual, 8th edition, 2013, Chapter 8, Educational Design Process).

ANCC's/MONA's Accreditation criteria specify a comprehensive set of educational design criteria to ensure that educational activities are effectively planned, implemented, and evaluated according to educational standards and adult learning principles. Each of these criteria must be adhered to and documented in electronic format and submitted to the Nursing Outreach office. **Customized forms are included for each of the items below.**
1) Biographical data and Conflict of Interest Disclosures

- Each **Planning Committee Member and Speaker** must complete the attached Biographical Data and Conflict of Interest Form (one page combined form).

- We are interested in what qualifies the planning committee members to help plan the educational offering and what qualifies the speakers to teach the particular content area.

- A Conflict of Interest Disclosure Summary which discloses each person's potential conflicts, if any, and how they were resolved, should be available for participants to see (e.g., included as a handout, projected as a slide on the screen, etc.). **The Nurse Planner is responsible for determining and resolving all potential conflicts of interest.**

2) Needs Assessment (gap analysis)

3) Educational Design Document
- Purpose
- Objectives
- Content
- Time Frames and Contact Hours
- Presenters
- Teaching Strategies

A copy of **all handout materials** should be submitted in electronic format along with your other documentation.

4) Verification of Attendance – there are two forms/page on the sample provided. Please copy additional forms as needed.

5) Evaluation

Within 30 days after the educational activity please submit the following documentation:
- Evaluation Summary
- Verification of Attendance Form/Registration for each participant who attended the educational activity
- Total number attending
- Total number of nurses attending
- Total number of nurses receiving CE

Accreditation Statement
All promotional materials need to include the following approval statement verbatim. This is to ensure adherence to the ANCC's/MONA's regulations concerning providership versus approvership. This means we jointly plan and offer the educational activity.
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 Number 716-VII.

Submission of all documentation is to be in electronic form and emailed.

Biographical Data and Conflict of Interest Form (combined)

MU Continuing Medical Education and MU Nursing Outreach
Biographical and Conflict of Interest Form

Title of Educational Activity: _____ Education Activity Date:_____

Role in Educational Activity: (Check all that apply)

_____ ANCC/MONA Nurse Planner (Farrah or Designee)   _____Content Reviewer   _____Planning Committee Member

_____Author   _____Speaker/Presenter   _____ RN Subject Matter Expert   _____Other – Describe:_____

Section 1: Demographic Data

Name with Credentials/Degrees: _____

If RN, Nursing Degree(s): _____AD   _____Diploma _____BSN   _____Masters _____Doctorate

If RN, do you hold a current, valid license to practice as an RN?   _____Yes   _____No

If Physician: _____MD   _____DO _____Other:_____   If Other Health Professional: Please list credentials/degrees:_____

Current Employer and Position/Title: _____

Address: _____

Phone Number:_____ Email Address:_____

Section 2: Expertise

Please describe professional experience and years of education specific to this educational activity. This information needs to explain why you are qualified to plan and/or speak at this particular program.

<u>Nurses:</u> *Please summarize information from your curriculum vitae/resume' in lieu of attaching the entire document.* This is required by our accrediting organization. This information may also be used to introduce you. <u>Physicians:</u> *You may attach a short bio in lieu of summarizing your expertise.*

Section 3: Actual/Potential Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity and/or has a relevant financial relationship with a commercial interest,* the products or services of which are pertinent to the content of the educational activity.

*Commercial interest, as defined by ACCME/ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?   _____Yes   _____No

If yes, indicate name of commercial interest (company or organization) _____
AND complete the table below for all actual or potential conflicts of interest**:

Please check all that apply

_____Employee _____Royalty _____Stockholder _____Research Support _____Speakers Bureau _____Consultant

Other_____

** All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing education activity.

Section 4: Statement of Understanding

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that relevant financial relationships which I or my spouse/partner have with any commercial company whose product(s) I may discuss in my educational presentation must be disclosed prior to and will be listed in materials for CME certified activities.

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/ Conflict of Interest Form and attests to the accuracy of the information given above.

_____Electronic Signature   Completed by (name and credentials):_____ Date:_____

Conflict of Interest Disclosure Statement Summary

Conference Title and Date

Conflict of interest statements received stating, "I have the following relationships":

<u>NOTE:</u> *The Nurse Planner is responsible for resolving any potential conflicts of interest.*

    List names of individuals

Conflict of interest statements received stating, "I have no relationship with any commercial firm having products related to topics I will discuss at this conference."

    List names of individuals

No conflict of interest statement returned:

    List names of individuals

Assessment of Needs (Gap Analysis)

Needs Assessment Documentation

Title of Educational Program:

Date of Program:

Location of Program:

The need for this educational activity was identified in the following way(s):

____1. Written comments from past participants

____2. Planning committee input

    ____3. Formal or informal
      discussions with:
    ____members of target group
    ____speakers
    ____SON faculty (or SOM faculty for co-provided CME activities)
    ____ content experts
    ____Other (please identify individuals) _____

____4. Survey/questionnaire

____5. Request for proposal (grant/contract funded)

____6. Current literature

____7. Other (please describe):

Who is your target audience?

What is the educational need (i.e., gap difference between where learners are and where they need to be in terms of knowledge, skills, and/or practice)?

How will the educational needs of the target audience be met through this activity?

Educational Design Documentation Form

Education Design Documentation Form
(used to document the following items)

Purpose
A clear purpose statement is essential since the purpose serves as the foundation for program design. It is the overall reason the educational program is being provided. It is not the same as the behavioral objectives; objectives are more specific and flow from the overall purpose.

Objectives (required for each individual session). May have total program objectives, if desired, but must have purpose for the total program as noted above.)
The most important item to remember is that objectives are written from the perspective of the learner, not the speaker. Ask yourself, "What should the learner be able to do as a result of attending the educational activity?" Then state what the learner should be able to do as a result of attending the activity. Usually these statements are related to changes in knowledge, skills, or attitudes. Do not write objectives from the perspective of the instructor, i.e., "The instructor will do such and such". Always keep the learner in mind.

Objectives should be written in behavioral terms that can be observed and measured. Avoid verbs such as understand or comprehend. They are difficult to measure. Verbs such as identify, list, compare, contrast, explain, explore, discuss, describe, summarize, and analyze are easier to measure.

Objectives should be consistent with the overall purpose of the educational activity and serve as the basis for content selection, speaker identification, and teaching methods used.

A *"Verb List to Write Measurable, Behavioral Objectives"* is included for your convenience.

Content
Content must be directly related to and consistent with the purpose and objectives for the educational activity. A content outline is the best approach to use. Each objective must have corresponding content. A content outline is not simply a restatement of the objectives. The outline should provide information on the material to be presented. **A copy of all handouts needs to be submitted in electronic format to the NURSING OUTREACH office.**

Time Frames and Contact Hours
Time frames should be sufficient for the content presented in order for the learner to achieve each objective. Indicate both the time frame (e.g., 8:30-9:30am) and the number of minutes (e.g., 60") for each content area. Contact hours will be figured by NURSING OUTREACH based on the ***60-minute hour (effective 1-1-07)***.

Presenters
Identify the speaker's name and credentials for each piece of content. A copy of the **Education Design Documentation Format** is included for this purpose. We are interested in what qualifies the speaker to be a part of this particular educational activity. The bottom line is this: Are the speakers qualified to present on the topic?

Teaching Strategies
The objectives and content determine the teaching strategies. Indicate the instructional method(s) used for each content area (e.g., lecture-discussion, question and answer, role-play, small group exercises, demonstration-return demonstration). Principles of adult education should be apparent. Include the use of audiovisuals in this section.

Please submit an electronic copy of all handout materials along with your other documentation to the Nursing Outreach office

EDUCATION DESIGN DOCUMENTATION FORM

University of Missouri
MU Sinclair School of Nursing
Nursing Outreach

Instructions: Use this five-column format to provide documentation on Educational Design Criteria: Purpose, Objectives, Content, Time Frames, Presenters, Teaching Strategies. List each objective and its related documentation in the same row. Use a new row for each objective.

Name of Educational Activity:

Activity Date(s):

Location of Activity:

Purpose:

Contact person's name: **Mailing address:**   **Phone Number:**

MU ONLY-   MOCODE: *People soft account number:*

==Contact Hours: _____ (MU Nursing Outreach will figure)==

Objectives	Content (Topics)	Time Frame	Presenter	Teaching Strategies
See Verb List for Writing Measurable Behavioral Objectives located behind this form.	Provide an outline of the content/topic presented and indicate to which objective(s) the content/topic is related.	Provide a time frame for topic/content area and the associated number of minutes.	List the presenter for each topic or content area.	List the teaching strategies by each presenter for each topic/content area.

Verb List for Writing Measurable Behavioral Objectives

KNOWLEDGE	COMPREHENSION	APPLICATION	ANALYSIS	SYNTHESIS	EVALUATION
arrange	associate	apply	analyze	arrange	appraise
cite	classify	change	appraise	assemble	assess
define	convert	choose	breakdown	categorize	attach
describe	compute	compute	calculate	collect	choose
duplicate	defend	demonstrate	categorize	combine	compare
identify	describe	discover	compare	comply	conclude
label	discuss	dramatize	contrast	compose	contrast
list	distinguish	employ	criticize	construct	critique
match	estimate	illustrate	debate	create	defend
memorize	explain	interpret	diagram	design	describe
name	express	manipulate	differentiate	develop	discriminate
order	extend	modify	discriminate	devise	estimate
outline	generalize	operate	distinguish	explain	evaluate
read	identify	practice	examine	formulate	explain
recall	indicate	predict	experiment	generate	grade
recite	infer	prepare	identify	integrate	judge
recognize	locate	produce	illustrate	manage	justify
record	paraphrase	propose	infer	organize	interpret
relate	predict	relate	inspect	plan	measure
repeat	recognize	schedule	inventory	prepare	predict
report	rewrite	show	model	rearrange	rank
reproduce	review	sketch	outline	reconstruct	rate
restate	select	solve	question	relate	relate
select	summarize	translate	relate	reorganize	score
specify	translate	use	select	revise	select
state		utilize	separate	rewrite	summarize
tabulate		write	subdivide	setup	support
			test	summarize	test
				synthesize	value
				tell	
				write	

Verification of Attendance

A Verification of Attendance Form is needed for each attendee

Verification of Attendance
You must have a method to verify attendance. A **Verification of Attendance Form** is included for this purpose. It must be completed by the learner in order for contact hours to be awarded. Learners receive Contact hours for each session they attend. Information from these forms will be entered into the Nursing Outreach database at the completion of the activity in order for the contact hour certificates to be generated. You may use your own form as long as it includes the information on the **Verification of Attendance Form**.

Participants should not return the attendance forms until the end of the educational activity. We suggest they be submitted along with the evaluation forms. They should not be stapled to the evaluation form or submitted such that you can connect an attendance form (name required) with an evaluation form (name optional). This is important to maintain confidentiality.   Please submit the attendance forms to Nursing Outreach all at one time at the completion of the educational program.

Without the Verification of Attendance form, contact hours will not be awarded. It is very important that the participants complete the attendance form completely (every blank filled in) and legibly. We cannot process incomplete or illegible forms.   Contact hour certificates will be generated after the Verification of Attendance forms are submitted to the Nursing Outreach office.

CE certificates will be emailed to the Educator (or designated contact person) unless otherwise agreed upon.

**NOTE: A speaker cannot receive contact hours (or credit) for his/her presentation.

University of Missouri
Sinclair School of Nursing
MU Nursing Outreach

PERSONAL VERIFICATION OF ATTENDANCE FORM

(Please Print)

Activity Title_____

Activity Date_____   E-mail:_____

Name_____ Home Phone_____
          (Last)   (First)   (Middle)

Home Address_____
                    (Street)   (City)   (State)   (ZIP)

Employer_____   Business Phone_____

Business Address_____
                        (Street)   (City)   (State)   (ZIP)

This is to verify that I have attended this continuing nursing activity. I understand that completion and submission of this form is necessary to receive contact hours. (Please return at <u>end</u> of the conference <u>only</u>, upon leaving.)

Signature:_____   Date:_____

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Midwest Multistate Division Provider Approval Number 716-VII.

Evaluation

An Evaluation Form is needed from each attendee

A complete evaluation summary must be submitted to NURSING OUTREACH within 30 days after completion of the activity. The evaluation summary should include both a quantitative (numbers and percentages) and qualitative (typed verbatim comments) section. You may use your own form as long as you include the following five items:

      a) Learner's achievement of **each** objective.
      b) Expertise of **each** individual faculty member/presenter.
      c) Effectiveness of teaching methods.
      d) Appropriateness of the physical facilities.
      e) Applicability to practice (i.e., anticipated change in practice)

Note that item "a) Learner's achievement of each activity objective" means that you must list **each** program objective for the learner to evaluate. It is not sufficient to have one overall question concerning the extent to which the program objectives were met. The same is true of item b) wherein **each** individual speaker must be evaluated.

Evaluation
(One of these is needed for each speaker)
Name of conference
Date of conference

Extent to which the session objectives were met:

1. Objective # 1

    Excellent   Good   Fair   Poor

2. Objective # 2

    Excellent   Good   Fair   Poor

3. Objective # 3

    Excellent   Good   Fair   Poor

4. **Objective # 1**

    Excellent   Good   Fair   Poor

Please rate the following:

5. Effectiveness of speaker as a presenter:

    Excellent   Good   Fair   Poor

6. Relevance of content to the objectives:

    Excellent   Good   Fair   Poor

7. Effectiveness of teaching methods

    Excellent   Good   Fair   Poor

8. Applicability to practice

    Excellent   Good   Fair   Poor

9. Appropriateness of the physical facilities

    Excellent   Good   Fair   Poor

Comments:

Documentation Checklist

Check List for Documentation for Nursing Contact Hours

<u>**Prior to the Activity**</u>

1. A Nurse Planner from Nursing Outreach and at least one RN content expert are required to be on the Planning Committee at a minimum.

2. Note that the ***University of Missouri Sinclair School of Nursing*** is a co-sponsor of your educational activity on any promotional materials you use. If you develop a brochure for your program, this should be noted on the front of the brochure, typically under the name of your organization. For example, it might look like this:

   Name of your organization in cooperation with
   University of Missouri Sinclair School of Nursing

3. Include the following approval statement verbatim on all promotional materials, typically under the section concerning CE Credit.

   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 Provider approval number 716-VII.

4. **Biographical Data/Conflict of Interest Form** for each planning committee member and speaker. **Be sure to check the content expert box on that person's form.**

5. **Needs Assessment Documentation Form**

6. **Education Design Documentation Form** (5 column form).

7. **A copy of the handouts needs to be submitted to the Nursing Outreach office (this can be done after the educational activity along with the evaluation summary and Verification of Attendance forms).**

After the Activity (within 30 days after completion of the activity)

8. **Verification of Attendance Form** for each person receiving CE credit.

9. **3 numbers:**
   Total number attending
   Number of nurses attending
   Number of nurses receiving CE credit

10. **Evaluation Summary**

11. **Handouts**

NODE 54 Checklist CE Credit 8/13THW; reviewed 1/2015 SF