SOUTH CAROLINA NURSES ASSOCIATION

South Carolina Nurses Association Continuing Education Approver Committee (CEAC)

2015 Manual for Approved Providers and Individual Activity Applicants

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Letter to Applicants

Dear Applicant:

Thank you for your interest in becoming an approved provider unit of continuing nursing education (CNE or CE) or having an individual activity approved for CNE. This manual contains all of the information you should need to successfully complete the application to become an approved provider or have your individual activity application approved for CNE.

The South Carolina Nurses Association endorses the concept of planned continuing education for all registered nurses as a means by which registered nurses can maintain current knowledge, advance the discipline of nursing and meet the standards of practice developed by the nursing profession. One way to assure that all of the key components of quality programming are incorporated in your continuing education activity is through the CEAC-CNE process. As the nurse planner and/or person administratively responsible for your provider unit, you have the opportunity to assure the continued success of those standards by advocating and promoting quality continuing education learning activities for nurses.

This manual incorporates criteria mandated by the *2015 ANCC Primary Accreditation Application Manual for Providers and Approvers*, and the South Carolina Nurses Association.
http://www.nursecredentialing.org/Accreditation/Primary

The members of the Continuing Education Approver Committee are:

Nurse Peer Review Lead Nurse Planner/Chair
Lawrence J. Eberlin, PhD, MSN, RN
(Retired. Formerly Director of Nursing, SC Department of Juvenile Justice and Colonel (R), Army Nurse Corps)

Nurse Peer Reviewers:
Weatherly Brice, MSN, RN-BC
(Coordinator Clinical Education, Nursing Professional Development Department, MUSC)
Nelda Hope, BSN RN
(Continuing Education Coordinator, Spartanburg Regional Healthcare System)
Tammy McConnell, MSN, APRN, FNP-BC
(Admission & Progression Coordinator/Clinical Coordinator, & Professor of Nursing, Greenville Tech College)
Cheryl Neuner, BSN, RNC
(Pee Dee AHEC Nursing CE Coordinator)
Vanessa Thompson, APRN, GNP-PMH, NP-BC
(Director Inpatient Behavioral Health Services)
Mary Wessinger, BSN, MN, RN
(Adjunct Faculty, Newberry College; Staff Nurse OB-GYN Palmetto Health Baptist & Adjunct Faculty, USC College of Nursing for 15 years)

Ex-Officio Members;
Judith Thompson, IOM CEO, SCNA
Rosie Robinson, Administrative Assistant

In this manual, you will find information on the operation of the Continuing Education Approver Committee. The application forms should be self-explanatory. You will probably find some redundancy in this manual; however, I would rather have that than miss information that is necessary for a successful application. The Committee is *committed* to the idea that we exist to assist you, our customer. Please contact the South Carolina Nurses Association Continuing Education Approver Committee with any questions that you may have. We look forward to working with you.

Sincerely,

Lawrence J. Eberlin

Statement of Philosophy on Continuing Nursing Education

The Continuing Education Approver Committee (CEAC) subscribes to the philosophies of the American Nurses Association, The American Nurses Credentialing Center (ANCC) Commission on Accreditation (COA), and the South Carolina Nurses Association (SCNA). The CEAC believes that the:

1. nature of nursing is a unique discipline of the scientifically applied arts of caring and the professional nurse serves as both care giver and advocate for the patient;

2. advancement of the discipline of nursing is fostered by individual professional growth and the resulting efforts of such growth;

3. individual professional nurse is responsible for his/her own professional growth through recognition and identification of his/her own needs as a life-long learner;

4. assurance of quality professional continuing education in nursing is enhanced by use of an accepted and clearly communicated method for assessment, provision, evaluation, and continuous quality improvement of continuing education offerings based on adult educational concepts;

5. determination of acceptable assessment, provision, evaluation, and continuous quality improvement of nursing continuing education is best accomplished through peer review by qualified nurses;

6. results of continuing education should include the increase in individual competence both didactically and practically, the stimulation of the affective domain in the professional nurse, and the overall improvement of health care outcomes for the client;

7. *Scope and Standards of Practice for Nursing Professional Development* (ANA, 2011) guides the continuing education process for learners, educators and the Approver Unit; and

8. CEAC supports the organization's goals for individual growth through approval of continuing education activities and through communication with the Board of Directors through the Commission on Workplace Advocacy. (Rev. 7/08)

The purposes of the South Carolina Nurses Association Continuing Education Approver Committee are to:

1. Approve individual activities and provider applications according to the ANCC Commission on Accreditation criteria and CEAC rules;

2. Set policy within the guidelines of the ANCC Commission on Accreditation, and the South Carolina Nurses Association Board of Directors; and

3. Monitor the quality and consistency of the Approver Unit program.

WHAT'S NEW in the 2015 CRITERIA?

The following is an executive summary of the changes you will find in the 2015 ANCC criteria. While most of the revisions apply to Approved Providers, the revisions that deal with individual learning activities apply to both Approved Providers *and* applications for individual activities.

- Reduction of the total number of criteria for Approved Providers from 37 to 24 items.
  - Organizational Overview: 12 items to 11 items
  - Structural Capacity: 7 items to 3 items
  - Educational Design Process: 13 items to 7 items
  - Quality Outcomes: 5 items to 3 items
- **Rationale:** *The items that were removed included those that were deemed redundant and those for which evidence did not demonstrate a relationship to the quality of education provided by the Approved Provider.*

- Revising the language for geographic range restrictions from "marketing to" to "target audience."
- **Rationale:** *The change to "target audience" better reflects the differences between a regional and a national provider of continuing nursing education.*

- Revising "purpose" of an activity to "learning outcome."
- **Rationale:** *A "learning outcome" better reflects what the learner will be able to do as a result of participating in the educational activity as opposed to what the provider or individual activity applicant will provide to the learner. This change applies to both Approved Providers and applications for an individual activity.*

- Removing the requirement for objectives at the individual activity level. The focus is on "learning outcomes."
- **Rationale:** *The "learning outcome/s" better reflect the overall statue of what the learner will be able to do as a result of participating in the educational activity. This change applies to both Approved Providers and applications for an individual activity.*

- Removing the requirement for the approved provider (and the individual activity applicant) to document the qualifications of the faculty in planning or presenting an educational activity.
- **Rationale:** *An approved provider unit (and the planning committee of the individual activity applicant) can determine the appropriate faculty to plan and/or present educational activities.*

- Revising the requirements for "Joint Providership" as the responsibilities inherent of any approved provider unit providing nursing contact hours.
- **Rationale:** *An approved provider unit may collaborate with other organizations (except commercial interest organizations) to plan educational activities. The responsibility for compliance with accreditation criteria rests with the approved provider unit awarding the contact hours. Specific requirements related to the delegation of tasks are removed, a joint providership agreement is not required; however, it may be prudent business practice to have one.*

- Adding a disclosure requirement to for joint providership.
- **Rationale:** *The learners deserve to be informed of the approved provider unit that has overall accountability for the educational activity and the organization/s that have participated in planning the activity.*

- Removing the requirement that the accreditation/approval statement stands on its own line of text.
- **Rationale:** *New methods of advertising and activity formatting require flexibility in the placement of the accreditation/approval statement.*

- Removing all requirements related to "Sponsorship."

- **Rationale:** *Support from non-commercial interest organizations in the form of monetary or in-kind support can be managed appropriately by the approved provider unit without additional accreditation criteria requirements.* ***CEAC Note:*** *A commercial support agreement is no longer required; however, it may be prudent business practice to have one.*

- A reduction in the number of required forms.
- **Rationale:** *The forms that were eliminated were deemed redundant and did not contribute to the quality of a learning activity.*

PROBLEM AREAS in APPLICATIONS

Listed below are some of the problems that are seen by the Nurse Peer Reviewers. Listing them here is meant to call applicants attention to these areas in the hopes that applicants can avoid them.

- Disclosures are not evident
- **CEAC Note:** *All required disclosures can be verbal, on a power point slide, on a handout, or on a poster. However one decides to make the disclosures, the disclosures must be documented, that documentation must be kept in the activities file, and it must be submitted with an application.*

- Contact hours do not match in all areas
- **CEAC Note:** *Please remember that the number of contact hours being given an activity by an approved provider or being requested by an individual activity applicant appears in several places in that activity's documentation. Whenever there is a correction or mention of the number of contact hours, they all must match.*

- The "Gap" is not addressed
- **CEAC Note:** *The 'gap' can be in knowledge, skill or practice. Identifying the 'gap' and arriving at the desired outcome/s is the whole reason for an educational activity. If a 'gap' cannot be identified, why bother to have an educational activity?*

- Evaluation time is not included in the activity and it is not listed on the educational activity form
- **CEAC Note:** *Evaluation has to be a part of any educational activity. Without it, how can one determine if the learning outcome has been achieved? Evaluation can take whatever form is appropriate for an activity and whatever form is most useful to the planners. While not required, the evaluation time can be included in the total number of contact hours being given an approved provider or being requested by an individual activity applicant.*

- "To understand…" is not acceptable as a learning objective *and* it is *not* acceptable as a learning outcome
- **CEAC Note:** *"To understand…" is simply not measurable.*

- The "Conflict of Interest" (COI) form is not complete
- **CEAC Note:** *The Nurse Peer Reviewers have noted that Sections 5 and 6 of the form seems to be the part that is most frequently unanswered. All parts of the Conflict of Interest (formerly called the Biographical Form) must be completed. The Primary Nurse Planner (PNP) cannot review and sign his/her own COI. The PNP's supervisor can review and sign the form. If there is not such a supervisor (e.g., the planning committee for an individual activity applicant would not have a supervisor), another member of the planning committee--preferably one of the other nurses--can review and sign the form.*

- References are not listed on the educational activity form
- **CEAC Note:** *References must be included in the documentation of each activity presented by an approved provider or in the individual activity application. This is regardless of the length of that activity or program. Most professionals are accustomed to the APA format; however, there is no requirement as to the format used for those references. There has to be enough information so that the reference can be retrieved at a later date.*

- The planning committee is not properly constituted
- **CEAC Note:** *This problem is not often seen but it has happened. It is listed here because it is the one thing that cannot be corrected on an application. A planning committee, whether for an approved provider's activity or the planning committee for an individual activity application, there must consist of at least two members on a planning committee. It is permissible for a planning*

committee member to function in more than one capacity (e.g., the primary nurse planner can also be content expert).

Chapter 1: APPROVED PROVIDER UNIT PROCESS

Introduction

This manual includes information about operation of an approved provider unit for continuing nursing education. An approved provider unit has the authority to plan, implement, and evaluate its own continuing education activities during the approval period which may be up to three years. Criteria of the American Nurses Credentialing Center's (ANCC) Commission on Accreditation (COA) and rules of the CEAC form the basis of the manual and its associated forms. Our goal is to help you to be successful in completing the provider application and providing quality continuing education. Please contact the SCNA CEAC at 803-252-4781or www.scnurses.org at any time if you have questions or need further information.

Definitions

Continuing education (CE) in nursing consists of planned, organized learning experiences designed to improve the knowledge, skills and attitudes of nurses. It enhances nursing practice, education, and administration. Continuing education promotes professional development to improve health care.

In-service education consists of planned instruction or training to assist the nurse to perform in a particular work setting. It is designed to maintain or increase competency to promote compliance with facility policy and procedures, demonstrate use of facility-specific equipment, or practice previously learned skills. Basic CPR, first aid, and orientation to work settings are considered in-service. In-service activities are eligible for contact hours.

Personal development activities are learning experiences designed to enhance personal knowledge of the learner. Examples may include courses on topics like personal finance or retirement planning. Personal development activities are NOT eligible for contact hours.

SCNA Authority as an Approver

The South Carolina Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. The Commission on Accreditation accredits approver units which have demonstrated the capacity to approve and monitor the educational activities of individual activity providers and provider units. The South Carolina Nurses Association's current accreditation expires March 31, 2019. The Continuing Education Approver Committee is arm of SCNA that is empowered to carry out the functions of an accredited approver of continuing nursing education.

Difference between Providing and Approving

The SCNA CEAC is authorized through ANCC accreditation to be an approver of continuing nursing education. Your organization, upon achieving approval as a provider unit, is authorized to plan, implement, and evaluate continuing education activities according to the criteria and rules and award contact hours for those activities**. Approved *Provider units never have the authority to approve their own or anyone else's activities.***

Who Can Be A Provider Unit?

In order to be eligible, your provider unit must:

1. Have a clearly defined unit or department administratively and operationally responsible for continuing nursing education
2. Have nurse planner(s) who meet(s) the qualifications of:
    a. minimum of BSN
    b. knowledge of adult learning, ANCC COA criteria, and CEAC rules (see Note 1 below)
3. Have been functioning for at least six months, using accreditation criteria and CEAC rules. During that time, at least three separate activities must have been planned, approved by CEAC or meet the criteria for approval, implemented, and evaluated with direct involvement of a qualified nurse planner.

Each activity must be at least 60 minutes in length. Co-provided activities are not acceptable as sample activities of the provider unit applicant. The sample activities must have been approved by the CEAC or meet the criteria for approval. (See Note 2 below)

4. Target audience:
    a. If you are based in South Carolina, you must promote, market, or advertise more than 50% of your learning activities to nurses within the states of South Carolina, North Carolina, Georgia, Florida, Kentucky, Mississippi, Alabama, Tennessee, and the contiguous states. Check www.hhs.gov/about/regionmap.html for the identification of the states contiguous to HHS Region 4. (See Note 3 below)
    b. If your provider unit is based outside of South Carolina, you must promote, market, or advertise more than 50% of your learning activities to nurses within the geographic range of your provider unit location. South Carolina is in region 4. Check www.hhs.gov/about/regionmap.html for the identification of your region plus the states contiguous to your region.
5. Be separate from any commercial entity that produces, markets, re-sells or distributes a product used on or by patients (See Note 4 below for further clarification)

NOTE 1: Additional information concerning the nurse planner: The nurse planner must be a registered nurse with a minimum of a baccalaureate degree in nursing. In some organizations there may be more than one designated nurse planner. One nurse planner should then be selected/identified as the primary nurse planner. All nurse planners must meet the educational criteria of a minimum of a baccalaureate degree in nursing. Nurse planners may work for the Provider Unit as staff members, consultants or volunteers. In addition to meeting the minimum educational requirement, nurse planners must maintain expertise in educational design and adult learning theories, receive orientation to, and maintain responsibility for implementing criteria and rules in their performance of the nurse planner role. The essence of the nurse planner requirement is twofold:

First, to ensure that a qualified nurse planner is involved in the entire process of delivery–-from needs assessment through planning, implementation, evaluation and follow-up–-for every continuing nursing education activity offered by the provider unit.

Second, to guarantee that the ANCC Accreditation Program criteria and CEAC rules guide the development and implementation of every continuing nursing education activity offered by a provider unit.

Other nurses may serve on an individual activity planning committee along with one of the designated nurse planners. These other nurses do not have the same responsibilities, accountabilities or educational requirements as the designated nurse planners. They are responsible for participating in the planning of one particular educational event. (2015 ANCC Primary Accreditation Application Manual for Providers and Approvers)

NOTE 2: For those applicants who have received approval of their activities from another accredited approver, please contact SCNA CEAC to request a variation on this requirement.

NOTE 3: If your target audience is broader than the areas identified above in #4, you are not eligible to apply to be an approved provider unit through SCNA. You are, however, eligible to contact the ANCC Accreditation Program to apply for accreditation as an accredited provider unit.

NOTE 4: Your organization is ineligible for approval as a provider unit if it is a commercial interest as defined in the Standards for Commercial Support. A “commercial interest” is any entity either producing, marketing, re-selling or distributing healthcare goods or services consumed by, or used, on patients or that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. This definition allows a provider to have a “sister company” that is a commercial interest, as long as the approved provider had and maintained adequate corporate firewalls to prohibit any influence or control by the “sister company” over the continuing education program of the approved provider. In this case CEAC would expect that the approved provider would have an adequate corporate firewall in place to prohibit any influence or control by the “sister company” over the continuing education program. (2015 ANCC Primary Accreditation Application Manual for Providers and Approvers)

Application and Related Policies and Processes

A. Application Process

For first time approval as a provider unit:

Review the eligibility criteria as listed above. If you think that you meet these criteria, submit the application. Applications are submitted to SCNA four times a year. Application are submitted on-line https://scna.fluidreview.com If there are any questions about eligibility, please contact the SCNA CEAC at 803-252-4781 or www.scnurses.org.

For currently approved provider units through SCNA CEAC:

Step 1: To ensure continuity of your provider unit's activities, submit the provider application at least three months before your current provider approval expires. All criteria must be met before approval is granted. If approval expires, your provider unit may not award contact hours.

Step 2: Applications are submitted on-line https://scna.fluidreview.com. The application is to be submitted electronically. Please contact SCNA if you have any questions or problems with the electronic submission process.

Step 3: Provider applications are reviewed at meetings of the CEAC. The CEAC meets four times a year.

B. Review Process

Step 1: A preliminary review will be conducted, and you will be advised that the application is complete or that additional information is needed. If you are a first-time provider, you will be assigned an application number. This application number is very important and MUST be included on any subsequent correspondence or additional material related to your provider application. For currently approved providers seeking re-approval, please be sure your provider number is on all correspondence or other material related to your provider application.

Step 2: Your provider application is sent to two nurse peer reviewers of the CEAC for review. Reviewers independently assess your provider application and prepare comments for discussion at the next CEAC meeting. No peer reviewer of the CEAC shall review an application for which there is an actual or perceived conflict of interest. No nurse peer reviewer who has an identified conflict of interest, actual or perceived, may sit as a member of an appeals process committee or board.

Step 3: The two reviewers who have assessed your provider application discuss their findings at the CEAC meeting, as needed, and present their recommendations for action to the Nurse peer Review Leader. The committee takes action as noted below. You will be notified in writing as to the action of the committee. If further information is needed, a specific due date will be set for return of the information to ensure follow-up discussion and action at the next CEAC meeting.

Step 4: A copy of your entire application, all correspondence to and from you related to the application, the CEAC review forms, and any other documentation related to your application are kept on file at SCNA CEAC for six years. Only authorized personnel have access to the files. Representatives from the ANCC Accreditation program as well as members of the SCNA CEAC will have access to your files for review purposes.

As you proceed through the approval process, help is available. Phone calls or email to the SCNA CEAC staff are encouraged. Consultation can be arranged. The goal is for you to be successful at providing quality continuing education.

C. Types of Action taken by CEAC

There are four types of action possible on an application for provider unit approval.

1. **Approval** for three years occurs when your written application materials indicate that the criteria and rules are met.
2. **Decision Deferred Pending** receipt of additional information occurs when there is insufficient information provided to complete the review and approval process. If information is not received in time for a decision to be made prior to an approved provider unit's expiration date, the Provider Unit will be required to discontinue awarding contact hours for CE activities until Provider Unit approval is received.
3. **Provisional Approval** occurs when your written application materials indicate limitations in meeting criteria and rules that are expected to be resolved within six months or less. You will be required to

submit a written progress report. After review of the progress report, the CEAC can confer approval for the remainder of the three year approval period, extend the provisional approval for up to an additional six months, or deny approval.

4. **Denial of Approval** occurs when written application materials indicate that your provider unit:
    a. Is not in adherence with the criteria of the ANCC Commission on Accreditation and/or requirements of the CEAC approval process and will not be able to adhere within an identified period of time; or,
    b. Has not demonstrated adherence to or improvement in relation to CEAC documented areas of concern on the provisional approval progress report.

D. Approval of Individual Activities during the Initial Application Process

If a first time applicant wishes to award contact hours for an activity while the initial provider application is in process, individual CNE applications must be submitted to CEAC following the appropriate criteria and accompanied by the required application fee.

E. Withdrawal and Resubmission of an Application

A provider unit applicant has the right to withdraw an application at any time prior to the beginning of the approval process without prejudice to any future applications. The provider unit applicant must notify the CEAC in writing of the decision to withdraw the application. The review process begins when the application packets are assigned to the nurse peer reviewers. The fees are for the review process and not for approval of the application *per se*.

One complete application and a copy of all correspondence will be kept on file in the SCNA CEAC office for six years. Fees will not be refunded if the review process has begun. The review process is considered started 4 days after date of submission. If the review process has not begun, the application fee, minus an administrative fee of $10.00 or 10% (whichever is greater), will be returned to the applicant. If your organization requests to withdraw, then wishes to apply again later, the process can be resumed within six months of the original application submission. If more than six months has elapsed, you must again meet eligibility criteria as a new applicant (submit 3 activities, etc). If the fee was returned, then a new fee must accompany the request to continue with the application process.

F. Length of Approval

The maximum approval period for provider units is three years. During the approval period, the provider unit is authorized to award contact hours for CNE activities without submitting documentation to SCNA CEAC. The CEAC criteria must be met by the provider unit for each individual CNE activity. Documentation of meeting the criteria must be done on the CNE planning documentation forms, samples of which are included in this manual.

G. Reconsideration and Appeal

If your organization does not agree with the CEAC action decision, you may request in writing that the committee reconsider the decision. If the result of reconsideration is not acceptable, a written appeal may be made. (See Appendix E for the reconsideration and appeal procedure.)

H. Suspension and Revocation of Approval

Approval may be suspended and/or revoked from an approved provider unit as a result of any one of the following:

1. Failure to remain in compliance with relevant criteria, rules and requirements defined in this manual;
2. Investigation and verification by the CEAC of written complaints or charges by consumers or others;
3. Refusal to comply with an investigation by the CEAC;
4. Misrepresentation.
5. Failure to submit required information such as the annual survey or follow-up information.

Suspension and revocation are effective on the date the certified letter of notification is received by the organization. In cases of suspension, the provider unit may not award contact hours until all conditions relative to the suspension have been met. In cases of revocation, all statements regarding provider unit approval status must be removed from publicity material and certificates of attendance printed and/or distributed after that date. If provider unit status is revoked, the provider unit may not award contact hours.

I. Reporting of Data

Approved provider units will be asked to submit annual survey data and periodic monitoring requests in order to help evaluate and monitor the CEAC approval program and/or ANCC Commission on Accreditation requirements. Failure to respond to monitoring requests may result in suspension of approval as a Provider Unit.

J. Provider Unit Changes

The approved provider unit must maintain communications with CEAC during the period of approval. At a minimum the following must be reported:

1. Reports of data requested by CEAC within the time frame specified when the data is requested.
2. Within 30 days, information about a change in
   a. name, ownership or structure of the organization, or
   b. the nurse planner(s), or
   c. the name of the contact person.
3. Information about termination of approved provider unit activities within 30 days of the decision to terminate. Once approval is terminated, the provider unit may no longer use statements concerning approved provider unit status on publicity material or certificates of attendance and may not award contact hours.

What If?---Things That Happen Once Your Provider Unit is Approved

A. Awarding Contact Hours to Faculty

In activities with multiple topics and presenters, the faculty/presenters may be awarded contact hours for the parts of the program presented by others and in which they participate as learners.

B. Major Changes in Learning Activities

If a learning activity has met the criteria and there is a significant change in the content, then another planning documentation form must be completed and reviewed by the approved provider unit. For example, significant change could be substituting a new one hour segment for one that previously met criteria, changing objectives and content, etc.

If the speaker changes, but the new speaker will continue to present the same content, and use the same objectives and time frames, place a memo in the activity file regarding this change and include the Conflict of Interest form for the new speaker. If you have any questions about whether you should write another planning documentation form or just a memo, please contact SCNA CEAC staff.

C. Repetition of Portions of Classes

If, during the planning process, it is identified that certain session(s) out of a larger presentation may potentially be repeated on their own, the provider unit should:

1. Identify each section of the larger presentation as a potential, separate session (e.g. *Session 1:* Acute Respiratory Distress; *Session 2*: Chronic Respiratory Distress, etc.).
2. Identify in Key Element 3, item F-1 of the CE form that learners may attend one or more sessions. (Just as a note: You might also wish to include the information on the advertising material.)
3. On the certificate, identify the sessions the learner attended, the date and the contact hours awarded for those sessions (e.g., "*Learner name* successfully completed Critical Care Course Sessions 1 Acute Respiratory Disease, 5 Congestive Heart Failure, & 7 MI on *date*.").

D. Courses Addressing Complementary or Alternative (Therapeutic) Modalities

The following requirements were developed by the American Holistic Nurses Association regarding therapeutic modalities (complementary or alternative modalities) (2005). The CEAC recommends that provider units follow these guidelines.

1. Therapeutic modality is clearly supported by theory or research published in professional literature in the last five years if there is research available. The research must be made available to the nurse planner/planning committee upon request. This would be required if the modality is in question by staff, nurse planners, reviewers or CEAC members.
2. The learning activity clearly discriminates between use of the modality for self-care or personal development as opposed to appropriate use of the modality with a client population.

3. The learning activity defines and assures a recognized minimum of training when modalities taught are intended for professional use with a client population.
4. The learning activity is consistent with the standards of the appropriate professional association related to the topic. For example, the AHNA has the Holistic Nurses Association Standards of Holistic Nursing Practice that address holistic nursing. These can be found at their website www.ahna.org.
5. Presenter has the appropriate credentials and experience to deliver the learning activity.
6. Note: The provision of contact hours by the provider unit is based on an assessment of the educational design criteria for the learning activity and does not constitute endorsement of the use of a specific modality in the care of clients. (Some organizations chose to include this statement on advertising or the handouts.)

E. Repetition of a Learning Activity by a Joint provider

If an approved provider unit and an outside entity (individual, company, etc.) plan a CNE activity together (joint provide), the approved provider unit should process the planning documentation forms within their internal peer review system with one of its designated nurse planners as part of the planning process. If the joint provider wishes to repeat the CE activity separately from the approved provider unit, the joint provider must submit an application through an approver such as SCNA CEAC. The approved provider unit may not approve the activity for the organization that was previously a joint provider of that activity, nor may the approved provider allow the outside entity to use the provider unit's contact hours for repetition of the activity.

Example, Hospital X is an approved provider unit. An outside company or a specialty nursing organization wants to plan a CE activity with this hospital. Hospital X, if it is in the interests of its provider unit, can plan and implement the activity with active involvement of the designated nurse planner and a representative of the outside group. However, if the joint provider wishes to repeat this activity in various locations, having no direct relationship with Hospital X, it must submit an application to an approver such as SCNA CEAC.

F. Refresher or Reactivation Courses

Contact hours may be offered for refresher courses.

G. Keeping Up to Date

It is the responsibility of the nurse planners and peer reviewers to stay up to date with the most current CEAC rules regarding CE and the ANCC Commission on Accreditation criteria. You can do this by:

1. Attending updates presented by CEAC or ANCC;
2. Reviewing the most current Provider Manual;
3. Attending CE activities on adult education and/or developing educational activities;
4. Reading journals relevant to continuing education and/or adult education.

H. Other Questions or Concerns?

If other issues arise that generate questions, please contact the South Carolina Nurses Association, 1821 Gadsden Street, Columbia, South Carolina 29201 or www.scnurses.org

Chapter 2: Educational Design Process

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Introduction

This chapter outlines the process of developing and/or evaluating individual educational activities according to ANCC Accreditation Program criteria, which ensure that individual educational activities are effectively planned, implemented, and evaluated according to educational standards and adult learning principles.

The educational design expectations described in this chapter and applicable at the individual activity level are fundamental to high-quality continuing nursing education (CNE). Accordingly, organizations accredited as Approver Units must ensure that these expectations are met and that the ANCC criteria for accreditation are applied in such a manner as to ensure the Approved Provider and/or Individual Activity Applicant offers individual educational activities that meet these criteria.

CNE is designed to improve the professional practice of nursing and to positively impact patient, system, and/or population outcomes. CNE is defined as "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 RNs' pursuit of their professional career goals." **Interprofessional continuing education** (IPCE) is defined as that which occurs "when members of two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes" (www.jointaccreditation.org).

Within an accreditation framework, the following principles of high-quality educational design are employed:

- Addresses a professional practice gap (change in standard of care, problem in practice, or opportunity for improvement);
- Incorporates the active involvement of a Nurse Planner in the planning process;
- Analyzes educational need(s) (knowledge, skills, and/or practices) of registered nurses and/or health care team members that underlie the problem or opportunity (why the problem or opportunity exists);
- Identifies the learning outcome(s) to be achieved by learners participating in the activity;
- Uses strategies that engage the learner in the educational activity and are congruent with the educational needs and desired learning outcome(s);
- Chooses content based on evidence-based practice or best available evidence;
- Evaluates achievement of learning outcome(s); and
- Plans independently from the influence of commercial interest organizations.

Professional Practice Gap

The process of planning begins with identifying when CNE or IPCE might be a desired intervention to address a change that has been made to a standard of care, a problem that exists in practice, or an opportunity for improvement. Once an educational intervention is determined to be appropriate, a Nurse Planner is engaged to begin the planning process.

The Nurse Planner starts by analyzing data that validate the need for the educational activity. This analysis forms the basis of a professional practice gap, or the difference between the current state of practice and the desired state of practice. 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.

Planning Committee

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: the Nurse Planner and a content expert. The Nurse Planner is a registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity.The Nurse Planner may function as both the Nurse Planner and the content expert; however, two people must be involved with planning each educational activity. Other individuals may be selected, as appropriate, to help plan the activity. The Nurse Planner ensures that the educational activity is developed in compliance with ANCC accreditation criteria.

Planning continues with further analysis of 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, however, and alternative, non-educational strategies may need to be considered.

Underlying Educational Needs

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 Nurse Planner and Planning Committee evaluate what registered nurses or members of the health care team do not know (knowledge deficit), do not know how to do (skill deficit), or are not able to do in practice (practice deficit). A backward-planning process, as described by Moore, Green, and Gallis (2009), is a useful method for determining the educational needs and targeting the educational activity appropriately to address the gap.

Target Audience

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.

Learning Outcome(s)

The Nurse Planner and Planning Committee then develop the desired learning outcome for participants in the target audience. A learning outcome is written as a statement that reflects what the learner will be able to do as a result of participating in the educational activity. The learning outcome must be observable and measurable. The learning outcome addresses 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. A learning outcome may be assessed short term or long term. There may be more than one learning outcome for an educational activity. (See also Appendix A, page 42.)

Content for Educational Activity

Content for the educational activity may be chosen by the Nurse Planner and Planning Committee, or it may be selected by others participating in the educational activity such as individual speakers or authors. 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 a 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 previously been 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 content meets criteria for best available evidence and is appropriate in relation to the identified practice gap, and that permission to use the content has been obtained as applicable.

Active Learner Engagement

As part of the design process, the Nurse Planner and Planning Committee develop ways to actively engage learners in the educational activity. Strategies to engage learners may include, but are not limited to, integrating opportunities for dialogue or question/answer, including time for self-check or reflection; analyzing case studies; and providing opportunities for problem-based learning. Active learner engagement may function as an opportunity for formative assessment during the educational activity by providing the presenter with immediate learner feedback.

Criteria for Awarding Contact Hours

During the planning process, the Nurse Planner and Planning Committee determine the criteria that learners must meet to earn contact hours. Criteria should be based on the desired learning outcome(s). Criteria may include, but are not limited to, participation in the activity, attendance for a specified period of time (e.g., 100% of activity, or missing no more than ten minutes of activity), successful completion of a post-test (e.g., attendee must score X% or higher), completion of an evaluation form, or successful completion of a return demonstration. No fewer than 0.5 contact hours can be awarded for an educational activity.

Evaluation

The Nurse Planner and Planning Committee determine the method that will be used to evaluate the educational activity. The evaluation components and method of evaluation should be relative to the desired learning outcome(s) of the educational activity. Evaluation may be formative and integrated within the educational activity. Evaluation is also summative at the conclusion of the educational activity. Evaluation methods include assessment of change in knowledge, skills, and/or practices of the target audience. Change in knowledge, skills, and/or practices may or may not occur based on a variety of factors; however, evaluation should assess for such change. Evaluation may also include collecting data that reflect barriers to learner change. Evaluations may include but are not limited to both short- and long-term methods, as illustrated below.

Following the conclusion of the educational activity, the Nurse Planner and/or Planning Committee review the summative evaluation data to assess the impact of the educational activity and determine how results may be used to guide future educational activities, as applicable.

Evaluation Options	
Short-Term	Long-Term
• Intent to change practice; • Active participation in learning activity; • Post-test; • Return demonstration; • Case study analysis; and • Role-play.	• Self-reported change in practice; • Change in quality outcome measure; • Return on investment (ROI); and • Observation of performance.

Independence from Commercial Interest Organizations

The educational planning process outlined in this chapter is designed to provide independent continuing education firmly rooted in the identification of professional practice gaps and learning needs of registered nurses and/or members of the health care team. In order to fully ensure independence of these CNE/IPCE activities and meet accreditation criteria, actions that ensure there is no commercial influence in the planning and execution of these activities are an important component of the overall process. The

next section focuses on conflict of interest, commercial support, and content integrity in the presence of commercial support.

Ensuring Independence and Content Integrity
The following is an abbreviated outline of the requirements for ensuring independence and content integrity when planning educational activities. See ANCC Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities, available at http://www.nursecredentialing.org/accreditation for full standard requirements.

Conflict of Interest
A conflict of interest exists when an individual is in a position to control or influence the content of an educational activity and has a financial relationship with a **commercial interest**, the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for identifying and resolving conflicts of interest during the planning and implementation phases of an educational activity. The Nurse Planner may engage the individual with the identified conflict of interest to participate in the resolution process through actions such as having the individual sign a speaker agreement outlining expected practice or submitting/ revising presentation materials, but the Nurse Planner must be actively engaged in the resolution process and is ultimately accountable for compliance. The Nurse Planner is also responsible for informing learners of the presence or absence of conflicts of interest for all individuals in a position to control content of the educational activity. If the Nurse Planner has a conflict of interest, he or she should recuse himself or herself from the role of Nurse Planner for the educational activity.

It is critical that all individuals in a position to control content of an educational activity are provided with the definition of a commercial interest organization prior to disclosing relevant relationships.

Commercial Interest
Any entity producing, marketing, reselling, or distributing health care goods or services consumed by or used on patients or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes health care goods or services consumed by or used on patients. Or an entity that advocates for use of the products or services of commercial interest organizations. Exceptions are made for nonprofit or government organizations and non-health-care-related companies.

Identification and Evaluation
The Nurse Planner is responsible for ensuring that all individuals who have the ability to control or influence the content of an educational activity disclose all relevant relationships with any commercial interest, including, but not limited to, members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relationships with commercial interest organizations are considered relevant if they existed within the past twelve months. Relationships of the individual's spouse/partner may be considered relevant and must be reported, evaluated, and resolved.

- Employees of commercial interest organizations ***are not permitted*** to serve as planners, speakers, presenters, authors, and/or content reviewers if the content of the educational activity is related to the products or services of the commercial interest organization.
- Employees of commercial interest organizations ***are permitted*** to serve as planners, speakers, presenters, authors, and/or content reviewers if the content of the educational activity is NOT related to the products of the commercial interest organization.
- Individuals who have *nonemployee relationships* with commercial interest organizations ***are permitted*** to serve as planners, speakers, presenters, authors, and/or content reviewers as long as the provider has implemented a mechanism to identify, resolve, and disclose the relationship as outlined in these standards.

Resolution of Conflict of Interest
When an individual has a relevant relationship with a commercial interest organization, the Nurse Planner must implement a process to resolve the conflict of interest. Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest **prior to** presenting/providing the

educational activity to learners. Such actions must be documented in the activity file, and documentation must demonstrate (1) the identified conflict and (2) how the conflict was resolved.

Resolution processes may include but are not limited to the following:

- Removing the individual with a conflict of interest from participating in all parts of the educational activity;
- Revising the role of the individual with a conflict of interest so that the relationship is no longer relevant to the educational activity;
- Not awarding continuing education contact hours for a portion or all of the educational activity;
- Undertaking review of the educational activity by the Nurse Planner and/or member of the Planning Committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation;
- Undertaking review of the educational activity by the Nurse Planner and/or member of the Planning Committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity;
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation; and
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

Commercial Support
Commercial interest organizations may provide monetary funding or other support (Commercial Support) for continuing nursing educational activities in accordance with the fundamental principles that:

1. Commercial Support must not influence the planning, development, content, implementation, or evaluation of an educational activity; **and**
2. Receipt of Commercial Support must be disclosed to learners.

Commercial Support may be used to pay for all or part of an educational activity and for expenses directly related to the educational activity, including, but not limited to, travel, honoraria, food, support for learner attendance, and location expenses. Commercial Support may be used to support more than one educational activity at the same time or multiple activities over a period of time.

Commercial Support is:

- Financial Support–money supplied by a commercial interest organization to be used by a provider for expenses related to the educational activity. Financial support may be provided as an unrestricted grant, educational grant, donation, or scholarship.
- “in-kind” Support – materials, space, or other nonmonetary resources or services used by a provider to conduct an educational activity, which may include, but are not limited to, human resources, marketing services, physical space, equipment such as audiovisual components, and teaching tools (for example, anatomic models).

Ensuring Content Integrity of an Educational Activity in the Presence of Commercial Support
Commercial interest organizations providing commercial support for continuing educational activities may not influence or participate in the planning, implementation, or evaluation of an educational activity. All of the following requirements to ensure content integrity must be satisfied by the provider when commercial support is accepted.

1. The commercial interest organization and accredited provider must have a written agreement setting forth the terms of the relationship and the support that will be provided. The written agreement will also reflect the requirements set forth in items 2-4, below.

2. All payments for expenses related to the educational activity must be made by the provider. The provider must keep a record of all payments made using Commercial Support funding. Commercial Support funds may only be used to support expenses directly related to the educational activity.

3. The provider is responsible for maintaining an accounting of expenses related to Commercial Support.

4. A commercial interest organization may not jointly provide educational activities.

Types of Activities

Three primary types of educational activities may be delivered live or via an enduring format:

1. Provider-directed, provider-paced: The provider controls all aspects of the learning activity. The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. (Examples include live activities and live webinars.)

2. Provider-directed, learner-paced: The provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. The learner determines the pace at which he or she engages in the learning activity. (Examples include print articles, online courses, e-books, and self-learning modules/independent studies.)

3. Learner-directed, learner-paced: With guidance from a Nurse Planner, an individual learner takes the initiative in identifying his or her learning needs, formulating learning outcomes, identifying resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which he or she engages in the learning activity. **CEAC Note:** *This type of learning activity is usually developed by an approved provider unit. It is possible for an applicant to design/develop such an activity for her/ his individual learning needs and submitted in the form of an individual activity application. All of the requirements for an individual activity application apply.*

Considerations for Live and Enduring Formats

Live educational activities, whether in-person or web-based, are provider-directed, provider-paced activities. There is no expiration date for a live activity; however, the provider is expected to evaluate repeated activities as needed to determine that the practice gap still exists, that the underlying educational needs are still relevant for the target audience, and that content is still based on current evidence. Live activities, or portions of live activities, may be repurposed for enduring materials. If repurposed, an expiration date is assigned to the enduring activity.

Enduring activities are provider-directed, learner-paced activities. Enduring materials have an expiration date, after which no contact hours may be awarded. The expiration date of enduring material should be based on the content of the material. Providers must review content of enduring materials at least once every three 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.

Upon completion of the enduring material review, a new expiration date should be established.

Joint Providership

Approved Providers and Individual Activity Applicants may jointly provide educational activities with other originations. The jointly providing organization **cannot** be a commercial interest. The Approved Provider or Individual Activity Applicant is referred to as the provider of the educational activity; the other(s) is referred to as the joint provider(s). In the event that two or more organizations are approved providers, one will assume responsibility for adherence to the ANCC criteria and is the provider; the other(s) is referred to as the joint provider(s). Materials associated with the educational activity, such as marketing materials, advertising, agendas, and certificates of completion, must clearly indicate the approved organization (Provider) awarding contact hours and responsible for adherence to ANCC criteria.

Awarding Contact Hours

Contact hours are determined in a logical and defensible manner. 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 = sixty minutes. No fewer than 0.5 contact hours can be awarded for an educational activity. 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). 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. Evidence may include, but is not limited to, agenda for the activity, outline of content to be delivered in the activity, and/or other marketing materials. Time for breaks and meals should be clearly delineated and not included in total contact hours awarded. For enduring materials such as print, electronic, web-include, but is not limited to, a pilot study, historical data, or complexity of content.

Contact hours may not be awarded retroactively except in the case of a pilot study. Participants in a pilot study assist in determining the length of time required for completing an educational activity contact hours once the number is determined.

Approved Provider Statement

Approved Providers are required to provide the official Approved Provider statement to learners prior to the start of each educational activity and on each certificate of completion. The official Approved Provider statement must be displayed clearly to the learner and worded according to the most current Accreditation Manual. When referring to contact hours, the phrase “accredited contact hours” should never be used. Contact hours are awarded.

The official ANCC approval statement must be written as follows, based on the provider of the educational activity:

[Name of Approved Provider] is approved as a provider of continuing nursing education by South Carolina Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center’s Commission on Accreditation.

***CEAC Note**: It is no longer required to have the official Approval statement stand alone on advertising materials, certificates, etc.*

Individual CNE Activities Approval Statement

Individual Activity Applicants are required to provide the official activity approval statement to learners prior to the start of each educational activity and on each certificate of completion. The official approval statement for Individual CNE Activities must be displayed clearly to the learner and worded according to the most current Accreditation Manual. When referring to contact hours, the term “accredited contact hours” should never be used—contact hours are awarded.

If advertising is released prior to approval AND after an application has been submitted, the following statement may be used:

This activity has been submitted to the South Carolina Nurses Association for approval to award contact hours. The South Carolina Nurses Association is accredited with distinction as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

If the advertising is to be released after approval is received, then use the following statement:
This continuing nursing education activity was approved by the South Carolina Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

***CEAC Note**: It is not required that the approval statement or the statement that the activity has been submitted to the South Carolina Nurses Association for approval be on advertising materials. Further, it is no longer required to have the official Approval statement stand alone on advertising materials, certificates, etc. Disclosing that an activity has been approved for nursing contact hours must take place before the activity begins and the official approval statement must be on the certificate of completion. Providing the learners with this information can be in the form of a poster at the entrance to the venue, a handout, a slide at the beginning of the program, etc. However the learner is provided with the information, it is to be included in the documentation of the activity.*

Certificate or Documentation of Completion
A certificate or documentation of completion is awarded to a participant who successfully completes the requirements for the individual education activity.

The certificate or document must include:

- Title and date of the educational activity;
- Name and address of the provider of the educational activity (web address acceptable);
- Number of contact hours awarded;
- Approval statement; and
- Participant name.

***CEAC Note**: It is no longer required to have the official approval statement stand alone on certificates.*

Required Information Provided to the Learner *(aka Disclosures)*

Learners must receive required information prior to the start of an educational activity. In live activities, required information must be provided to the learner prior to initiation of the educational content. In enduring materials (print, electronic, or web-based activities), required information must be visible to the learner prior to the start of the educational content. Required information may not occur or be located at the end of an educational activity.

Required information for learners includes:

- Approval statement of provider responsible for educational activity;
- Notice of requirements to receive contact hours: Learners are informed of the criteria that will be used to award contact hours, which may include, but are not limited to;
  - Actual time spent in the educational activity;
  - Required attendance time at activity (e.g., 100% of activity, or missing no more than ten minutes of activity);
  - Successful completion of post-test (e.g., attendee must score X% or higher); and
  - Completed evaluation form.
- Presence or absence of conflicts of interest for all individuals in a position to control content of the educational activity For individuals in a position to control content who ***have*** a relevant relationship with a commercial interest organization (conflict of interest is present), the following required information must be provided to learners:
  - Name of individual;
  - Name of commercial interest;

    - Nature of the relationship the individual has with the commercial interest.
- For individuals in a position to control content who ***do not have*** a relevant relationship with a commercial interest organization, the activity provider must inform learners that no conflict of interest exists.
- Additional required information, if applicable, includes:
    - Commercial support: Learners must be informed if a commercial interest organization has provided financial or in-kind support for the educational activity;
    - Expiration of enduring materials: Educational activities provided through an enduring format (e.g., print, electronic, web-based) are required to include an expiration date documenting the time period during which contact hours will be awarded; and
    - Joint providership: Learners must be informed of the provider of the educational activity and all other organizations that participated in joint planning of the activity.

CEAC Note: *Providing the learners with this information can be in the form of a poster at the entrance to the venue, a handout, a slide at the beginning of the program, etc. It can be read to the learners and one of the learners can sign that the information was read to the learners. However the learner is provided with the information, it is to be included in the documentation of the activity. If there is a doubt as to what to disclose, err on the safe side and disclose!*

Chapter 3: Approving Organizations as Providers

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This chapter outlines the eligibility and application requirements for Accredited Approvers (C/SNA or FNS) to approve organizations as providers (Approved Providers), including the criteria for submitting the narrative component of the application process. Organizations may be eligible for up to three years of approval.

Introduction

Organizations interested in submitting an application as an Approved Provider must complete the eligibility verification process and meet all eligibility requirements. The Accredited Approver (i.e., SCNA) is responsible for assessing that the applicant is eligible to apply.

APPROVAL AS A PROVIDER UNIT (APPROVED PROVIDER)

An organization interested in becoming approved as a Provider Unit (PU) (referred to after approval as an Approved Provider) must define both the structural and operational components of the Provider Unit.

A Provider Unit is defined structurally and operationally as the members of the organization who support the delivery of CNE activities. The Provider Unit may be a single-focused organization devoted to offering CNE activities or a separately identified unit within a larger organization. If the Provider Unit is within a larger organization, the larger organization is defined as a multifocused organization (MFO).

The applicant applying for approval is the Provider Unit (PU). The MFO is not the applicant. Therefore, all criteria that pertain to the applicant are demonstrated by the functions of the Primary Nurse Planner and Nurse Planners (if applicable) of the Provider Unit. Provider Units plan, implement, and evaluate CNE activities according to accreditation criteria and Approver Unit (SCNA) requirements.

Provider Unit
Comprises the members of an organization who support the delivery of continuing nursing education activities.

Multi-focused organization (MFO)
An organization that exists for other purposes in addition to providing CNE.

Primary Nurse Planner
A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent), has the authority within an Approved Provider Unit to ensure adherence to the ANCC and South Carolina Nurses Association accreditation program criteria in the provision of CNE.

Nurse planner
A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for assessing that appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Primary Accreditation Program.

To be eligible to apply for Approved Provider status, an organization must be one of the following:

- a C/SNA of the ANA,
- a college or university,
- a healthcare facility,
- a health-related organization,
- a multidisciplinary educational group,
- a professional nursing education group, or
- a specialty nursing organization.

The Provider unit must:

- Be administratively and operationally responsible for coordinating the entire process of planning, implementing, and delivering CNE.
- Identify one Nurse Planner who will act as the Primary Nurse Planner and serve as the liaison between the ANCC Accredited Approver and the Approved Provider.
- Have a Primary Nurse Planner who is a registered nurse, holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) and who has authority within the organization to ensure compliance with the

accreditation criteria and Approver Unit requirements in the provision of CNE.

- Have a Primary Nurse Planner who is responsible for the orientation of all Nurse Planners in the organization to the accreditation criteria and Approver Unit requirements.
- Ensure that all other Nurse Planners in the Approved Provider Unit are registered nurses who hold current, unencumbered nursing licenses (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent).
- Ensure that each CNE activity has a qualified Nurse Planner who is an active participant in the planning, implementation, and evaluation process.
- Be operational for a minimum of 6 months prior to application.
- Have completed, if initial applicants, the process of assessment, planning, implementation, and evaluation for at least three separate educational activities provided at separate and distinct events:
    - With the direct involvement of a Nurse Planner;
    - That adhered to the accreditation criteria and Approver Unit requirements;
    - That were each a minimum of one hour (sixty minutes) in length (contact hours may or may not have been offered); and
    - That were not jointly provided.
- *Not* be a commercial interest as defined in the glossary and the American Nurses Credentialing Center's *Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities*.
- Target the majority (>50%) of their CNE activities to nurses in a single HHS region and its contiguous states (based on the HHS regions: http://www.hhs.gov/aboutagencies/regioinal-offices). Applicants whose target audience is in multiple regions or in states that are not confined to a single region and its contiguous states, for more than 50% of its activities may **not** be an *Approved Provider.* Instead they must apply to ANCC as an **Accredited Provider** through the accreditation process.
- Be in compliance with all applicable federal, state, and local laws and regulations that affect the organization's ability to meet Accredited Approver criteria.
- Disclose previous denials, suspensions, and/or revocations received from other ANCC Accredited Approver Units and/or other accrediting/approving organizations.

Intent to Apply as a Provider Unit

Each organization who wishes to become an Approved Provider Unit or who wishes to apply again as a provider unit must first complete and submit an intent to apply or re-apply. The Chair of the Continuing Education Approver Committee will review your intent form and notify you if you are eligible to apply to SCNA as a provider unit. Once you receive approval, you may begin working on the provider application. The Intent to Apply or Re-apply form should be submitted at least three months prior to submitting the provider application.

PART ONE of the Provider Application: Organizational Self-Study/Written Documentation

The following four sections are required written documentation for new Approved Provider Unit applicants and those organizations currently approved as provider units and reapplying to maintain their status:

- Organizational Overview (OO)
- Approved Provider Criterion 1: Structural Capacity (SC)
- Approved Provider Criterion 2: Educational Design Process (EDP)
- Approved Provider Criterion 3: Quality Outcomes (QO)
- Approved Provider Activity Submission Requirements

Note: All documents will be reviewed for adherence to Accreditation criteria, and SCNA's guidelines at the time educational activities were planned, implemented, and evaluated.

Approved Provider Organizational Overview (OO)

The Organizational Overview (OO) is an essential component of the application process that provides a context for understanding the Approved Provider Unit/organization. The applicant must submit the following documents and/or narratives:

Structural Capacity

OO1. Demographics

- Submit a description of the features of the Approved Provider Unit, including but not limited to scope of services, size, geographical range, target audience(s), content areas, and the types of educational activities offered.
- If the Approved Provider Unit is part of a multi-focused organization, describe the relationship of these scope dimensions to the total organization.

OO2. Lines of Authority and Administrative Support

- Submit a **list** of the names, credentials, positions, and titles of the Primary Nurse Planner, other Nurse Planner(s) (if any), and all key personnel in the Approved Provider Unit.
- Submit **position descriptions** of the Primary Nurse Planner, Nurse Planners (if any), and key personnel in the Approved Provider Unit. Position descriptions should be specific to your role in the provider unit, not your "job description", unless they are the same. See examples in the appendix.
- Submit a **chart** depicting the structure of the Approved Provider Unit, including the Primary Nurse Planner, other Nurse Planner(s) (if any), and all key personnel.
- If part of a larger organization, submit an organizational chart, flow sheet, or similar kind of image that depicts the organizational structure and the Approved Provider Unit's location within the organization.

position description description of the functions specific to the role of Lead Nurse Planner, Nurse Planner, Nurse Peer Review Leader, Nurse Peer Reviewers, and Key Personnel that relate to the Provider Unit

Educational Design Process

OO3. Data Collection and Reporting

Approved Provider organizations report data, at a minimum, annually to SCNA: Required submissions include all of the following:

- Submit a complete list of all CNE offerings provided in the past 12 months, including activity dates; titles; target audience; total number of participants; number of contact hours offered for each activity; joint provider status; and any commercial support, including monetary or in-kind contributions.
- *New applicants: Submit a list of the CNE offerings approved by SCNA and provided within the past 12 months. If available, include the items listed above and the assigned SCNA number.*
- *Any additional requirements of the SCNA CEAC.*

CEAC Note: *New applicants should develop and submit with their self-study a list of quality outcome measures that will be collected, monitored, and evaluated.*

All of the remaining criteria ask you for descriptions and examples.

1) Your narrative should clearly and concisely describe your process for addressing the criteria so the reviewer will have a clear picture of what you do in relation to the criterion listed.

2) *Your example should describe one instance where the process was implemented.*

Approved Provider Criterion 1: Structural Capacity (SC)

The capacity of an Approved Provider is demonstrated by commitment to, identification of, and responsiveness to learner needs; continual engagement in improving outcomes; accountability; and

leadership. Applicants will *write narrative statements* that address each of the criteria under Commitment, Accountability, and Leadership to illustrate how structural capacity is operationalized.

Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

Commitment
The Primary Nurse Planner demonstrates commitment to ensuring RNs' learning needs are met by evaluating Provider Unit processes in response to data that may include, but are not limited to, aggregate individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback**.**

Describe and, using an example, demonstrate the following:

SC1. The Primary Nurse Planner's commitment to learner needs, including how Provider Unit processes are revised based on data.

Accountability.
The Primary Nurse Planner is accountable for ensuring that all Nurse Planners in the Provider Unit adhere to the ANCC accreditation criteria.

Describe and, using an example, demonstrate the following:

SC2. How the Primary Nurse Planner ensures that all Nurse Planner(s) of the Provider Unit are appropriately oriented/trained to implement and adhere to the ANCC accreditation criteria.

Leadership.
The Primary Nurse Planner demonstrates leadership of the Provider Unit through direction and guidance given to individuals involved in the process of assessing, planning, implementing, and evaluating CNE activities in adherence to ANCC accreditation criteria.

Describe and, using an example, demonstrate the following:

SC3. How the Primary Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with ANCC accreditation criteria.

Approved Provider Criterion 2: Educational Design Process (EDP)
The Provider Unit has a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating CNE. CNE activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics.

Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit.

Evidence must demonstrate how the Provider Unit complies with each criterion.
Assessment of Learning Needs. CNE activities are developed in response to, and with consideration for, the unique educational needs of the target audience.

Describe and, using an example, demonstrate the following:

EDP1. The process used to identify a problem in practice or an opportunity for improvement (professional practice gap).

EDP2. How the Nurse Planner identifies the educational needs (knowledge, skills, and/or practice(s)) that contribute to the professional practice gap.

Planning. Planning for each educational activity must be independent from the influence of commercial interest organizations.

Describe and, using an example, demonstrate the following:

EDP3. The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

Design Principles. The educational design process incorporates best available evidence and appropriate teaching methods.

Describe and, using an example, demonstrate the following:

EDP4. How content of the educational activity is developed based on best available current evidence (e.g., clinical guidelines, peer-reviewed journals, experts in the field) to foster achievement of desired outcomes.

EDP5. How strategies to promote learning and actively engage learners are incorporated into educational activities.

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. ***CEAC Note****: Evaluation is an essential part of each educational offering. The method of evaluation should be determined by the planning committee, included in the program planning process, and clearly indicated on the educational planning forms. While it is not required, a reasonable amount of time for evaluation can be included in the contact hours for the program.*

Describe and, using an example, demonstrate the following:

EDP6. How summative evaluation data for an educational activity are used to guide future activities.

EDP7. How the Nurse Planner measures change in knowledge, skills, and/or practices of the target audience that are expected to occur as a result of participation in the educational activity

Approved Provider Criterion 3: Quality Outcomes (QO)

The Approved Provider Unit engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its goals and operational requirements to provide quality CNE.

Provider Unit Evaluation Process. The Provider Unit must evaluate the effectiveness of its overall functioning as a Provider Unit.

Describe and, using an example, demonstrate the following:

QO1. The process utilized for evaluating effectiveness of the Provider Unit in delivering quality CNE.
CEAC Note: *This criterion requires the applicant to look at how well they are performing their functions as a unit. Think of it as a performance evaluation of how well the unit does what it is designed to do.*

Quality Outcomes

OO4. Evidence
A provider organization must demonstrate how its structure and processes result in positive outcomes for itself and for registered nurses participating in its educational activities.

a. Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past twelve months specific to the Provider Unit. **Outcomes must be written in measurable terms.**

- Cost savings for customers
- Cost savings for Provider Unit
- Volume of participants in educational activities
- Volume of educational activities provided
- Satisfaction of staff and volunteers
- Satisfaction of learners
- Satisfaction of faculty
- Change in format of CNE activities to meet the needs of learners
- Change in operations to achieve strategic goals
- Operational improvements
- Quality/cost measures
- Turnover/vacancy for Provider Unit staff and volunteers
- Professional development opportunities for staff and volunteers

b. Submit a list of the quality outcome measures the Approved Provider has collected, monitored, and evaluated over the past twelve months *specific to Nursing Professional Development*. **Outcomes must be written in measurable terms.**

- Professional practice behaviors
- Leadership skills
- Critical thinking skills
- Nurse accountability
- Nurse competency
- High-quality care based on best-available evidence
- Improvement in nursing practice
- Improvement in patient outcomes
- Improvement in nursing care delivery

- CEAC Note: *New applicants should develop and submit with their self-study a list of quality outcome measures that will be collected, monitored, and evaluated.*

QO2. How the evaluation process for the Provider Unit resulted in the development or improvement of an identified quality outcome measure for the Provider Unit. (Refer to identified quality outcomes list in OO4a.) **CEAC Note:** *For first time applicants who have not had to identify quality outcomes before should respond to this criterion by explaining how they intend to accomplish this requirement going forward.*

Value/Benefit to Nursing Professional Development. The Provider Unit shall evaluate data to determine how the Provider Unit, through the learning activities it has provided, has influenced the professional development of its nurse learners.

Describe and, using an example, demonstrate the following:

QO3. How, over the past twelve months, the Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4b.) **CEAC Note***: First time applicants who have not had to identify quality outcomes before should respond to this criterion by explaining how they intend to accomplish this requirement going forward. See QO2 note.*

PART TWO of the Provider Application: Individual Activity Files

APPROVED PROVIDER ACTIVITY SUBMISSION REQUIREMENTS

As a component of the educational design process, the Approved Provider applicant submits to the Accredited Approver CNE activity files that have been prepared within twelve months of the Approved Provider application date and comply with ANCC criteria. Accredited Approvers will provide the required number and type of CNE activity files to be submitted, the frequency of submission, and the review process to be followed.

For Currently Approved Provider Units

Submit documentation for three sample activities that have been presented within the past 12 months of the date of the application for provider status. Each activity must be at least one hour in length and cannot have been joint-provided. Include:

- Documentation form with all required attachments – bio forms, marketing sample, certificate, evidence of disclosures, joint provider agreement if applicable, commercial support/sponsorship agreement if applicable
- Summative evaluation

Note: For First Time Applicants Only: If you are a first time applicant for provider status, submit:

- Acknowledgement and approval letters from SCNA for the three activities SCNA has approved within the past 12 months of the date of the application to become an approved provider unit
- A copy of the FINAL certificate that was given to learners for each of these three activities
- A summative evaluation for each of these three activities
- Documentation for an activity that has been planned and will be presented **after** provider status has been achieved. Include all required attachments – bio data forms, marketing sample, certificate, evidence of disclosures to be made, commercial support/sponsorship agreement if applicable. The marketing material and certificate should contain the provider statement that will be used by your organization once provider status has been achieved.
- The sample certificate that you will use once you become an approved provider unit. The provider statement must be included on the certificate.

  [Name of Approved Provider Unit][Assigned Provider Number, Expiration Date] is an approved provider of continuing nursing education by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

  Note: The provider number will be assigned when your provider application is received. The expiration date (e.g., 6/1/2014) will be provided once you are approved as a provider unit.

Each activity file must include:

- A completed Individual Educational Activity Application Form---***CEAC Note***: *The CEAC has noted the following problem areas: the gap analysis portions of this form are not completed, and the 'Individuals in a Position to Control Content' is not completed and/or does not match the 'Role in Educational Activity' portion of the Conflict of Interest Form.*
- A completed Educational Planning Table/s---***CEAC Note***: It is necessary that all parts of this form be completed. *The CEAC has noted the following problem areas: the learning outcome is not measurable, and appropriate references are not listed.*
- Completed Conflict of Interest Forms for the nurse planner, content expert, faculty/presenter/author, content reviewer, etc.
- Template of evaluation tool/s used
- Marketing and promotional materials
- Means of ensuring content integrity in the presence of commercial support (if applicable)
- Commercial support agreement with signature and date (if applicable)
- Evidence in writing of disclosures to the learners

- Non-endorsement of products (if applicable)
- Expiration date (enduring materials only)
- Documentation of completion must include:
    - Title and date of the educational activity
    - Name and address of provider of the educational activity (web address acceptable)
    - Number of contact hours awarded
    - Approved Provider statement
    - Participant name
- Summative evaluation (A summative evaluation is a listing of the raw data collected from the participants on the evaluation form.)
- List of participant names (Include a representative sample of data collected in activity file to be reviewed.

The provider must maintain all participant data in a safe and secure manner.

Roles and Responsibilities Each Provider Unit Must Follow:

In preparation for becoming an Approved Provider Unit and throughout your approval period, you must meet each of the roles and responsibilities listed below. Each activity file will be reviewed to ensure that this is occurring.

1. Awarding Contact Hours

Contact hours are determined in a logical and defensible manner. 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. No fewer than 0.5 contact hours can be awarded for an educational activity. If rounding is desired in the calculation of contact hours, the provider must round down to the nearest 1/10th or 1/100th. Educational activities may also be conducted "asynchronously" and contact hours awarded at the conclusion of the activity.

Contact hours may **not** be awarded retroactively *except* in the case of a pilot study.

Participants in a pilot study assist in determining the length of time required for completing an educational activity in order to calculate the number of contact hours to award. Those participants may be awarded contact hours once the number is determined.

2. Approved Provider Statement

All communications, marketing materials, and other documents that refer to the Approved Provider status may, but are not required to, contain the official approval statement, written as follows:

[Name of Approved Provider Unit][Assigned Provider Number, Expiration Date] is an approved provider of continuing nursing education by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

3. Documentation of Completion

Participants receive written verification of their successful completion of an activity, which includes, at a minimum:

- Title and date of the educational activity
- Name and address of provider of the educational activity (web address acceptable)
- Number of contact hours awarded
- Approved Provider statement
- Participant name

4. Commercial Support and Sponsorship

The Provider Unit must adhere to the American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities at all times.

The Provider Unit must have a written policy or procedure and a signed, written agreement if commercial support or sponsorship is accepted.

Organizations providing commercial support or sponsorship may **not** provide or co-provide educational activities.

5. Conflicts of Interest

The Primary Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should excuse himself or herself from the role as Nurse Planner for the educational activity.

Note: Refer to Chapter 2: Educational Design Process, section titled *Conflicts of Interest*.

6. Disclosure Responsibilities

Disclosures in the *Planning Process*:
Signed Conflict of Interest Disclosure Form. All planners, presenters, faculty, authors, and content reviewers must disclose any conflicts of interest related to planning of an educational activity. Forms must be signed and dated. Disclosure must be relative to each educational activity. If a potential or actual conflict is identified, the planning process must include a mechanism for resolution.

Disclosures provided to the *Learner*:
Learners must receive disclosure of required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring print materials 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 an educational activity. Evidence of the disclosures to the learner must be retained in the activity file. All disclosures must be made in writing.

Disclosures always required include:

- **Notice of requirements for successful completion of the educational activity:** Prior to the start of an educational activity, learners must be informed of the **learning outcome/s** of the educational activity and the **criteria used to determine successful completion**, which may include but are not limited to:
  - Required attendance time at activity (e.g., 100% of activity, or miss no more than 10 minutes of activity)
  - Successful completion of post-test (i.e., attendee must score X% or higher)
  - Completed evaluation form
  - Return demonstration

- **Presence or absence of conflict of interest for planners, presenters, faculty, authors, and content reviewers.** Any influencing relationships, *or lack thereof*, of planners, presenters, faculty, authors or content reviewers in relation to the educational activity.

  Individuals must disclose:
  - Name of individual
  - Name of commercial interest
  - Nature of the relationship the individual has with the commercial interest

Disclosures required, if applicable, include:

- **Commercial Support.** Learners must be informed if a commercial interest has provided financial or in-kind support for the educational activity.

- **Non-Endorsement of Products.** Learners must be informed that accredited status does not imply endorsement by the provider of the educational activity, SCNA, or ANCC of any commercial products discussed or displayed in conjunction with the educational activity.

- **Expiration of Enduring Material.** Educational activities provided through an enduring format (e.g., print, electronic, Web-based) are required to include an expiration date documenting how long contact hours will be awarded. This date must be visible to the learner ***prior to the start*** of the educational content. The period of expiration of enduring material should be based on the content of the material but cannot exceed three years. ANCC requires review of each enduring material at least once every three years, or more frequently if indicated by new developments in the field specific to the enduring material. Upon review of enduring material for accuracy and current information, a new expiration date is established.

7. Approved Provider Unit Recordkeeping

The Approved Provider Unit is responsible for maintaining activity file records in a retrievable file (electronic or hard copy) accessible to authorized personnel for six years. The criteria delineated under the Provider Educational Design process must be followed consistently during the period of approval, and the recordkeeping files must include evidence in the form of:

- A completed Individual Educational Activity Application Form ***CEAC Note***: *The CEAC has noted the following problem areas: the gap analysis portions of this form are not completed, and the 'Individuals in a Position to Control Content' is not completed and/or does not match the 'Role in Educational Activity' portion of the Conflict of Interest Form.*
- A completed Educational Planning Table/s ***CEAC Note***: It is necessary that all parts of this form be completed. *The CEAC has noted the following problem areas: the learning outcome is not measurable, and appropriate references are not listed.*
- Completed Conflict of Interest Forms for the nurse planner, content expert, faculty/presenter/author, content reviewer, etc.
- Template of evaluation tool/s used
- Marketing and promotional materials
- Means of ensuring content integrity in the presence of commercial support (if applicable)
- Commercial support agreement with signature and date (if applicable)
- Evidence in writing of disclosures to the learners
- Non-endorsement of products (if applicable)
- Expiration date (enduring materials only)
- Documentation of completion must include:
  - Title and date of the educational activity
  - Name and address of provider of the educational activity (web address acceptable)
  - Number of contact hours awarded
  - Approved Provider statement
  - Participant name
- Summative evaluation (A summative evaluation is a listing of the raw data collected from the participants on the evaluation form.)
  List of participant names (Include a representative sample of data collected in activity file to be reviewed.

8. The Nurse Planner(s) of the Approved Provider Unit plans and provides CNE activities. The Approved Provider Unit may not approve its own activities or the activities planned by outside entities.

Part Three of the Provider Application: Attestation Statement

The provider application will require a signed attestation statement from the Primary Nurse Planner which addresses the following responsibilities:

I attest that I will adhere to the following criteria of ANCC and the South Carolina Nurses Association as defined in the SCNA Provider Manual:

1. Awarding of contact hours
2. Use of the Approved Provider Statement
3. Certificate/documentation of completion
4. Disclosures
5. Recordkeeping
6. Joint-providing
7. Adhering to laws/rules/ethical business practices
8. Educational requirements and responsibilities of the primary nurse planner and nurse planners
9. Timely communication about core changes and responses to requests for information from SCNA
10. Process to ensure meeting of all criteria and rules

Submitting the Provider Application:

Go to https://scna.fluidreview.com Follow the directions to establish an account. You will want to pick "Three Year Provider Application" from the category drop down menu.

1. Before completing the provider application, be sure you have completed your Intent to Apply as a Provider Unit (first time applicants) or Intent to Re-apply as a Provider Unit (currently approved provider units) on-line and have received approval to continue.
2. Complete the narrative component of the provider application on-line.
3. Include the attachments to the provider application as required on the Fluid Review Room Website and described throughout this chapter.
6. Ensure that all abbreviations are explained.
7. Pay the applicable SCNA CEAC Review fee by going to the SCNA On-line Store. If your organization can only pay by check please indicate "Bill Me" during the payment process. Please check the SCNA website for the current application fee for Approved Provider Units. (www.scnurses.org, Education, Approval for CE Programs, Approved Providers). Your fee is not refundable once the review process has begun. The review process is considered started 4 days after date of submission. If a refund is issued prior to the start of the review, an administrative fee of $25.00 will be deducted.
8. If you are applying again as a provider unit, be sure to submit the application by the due date (three months before expiration). Also be sure to include your provider number on all correspondence.

Mid Cycle Review

Half way into your provider approval, you will be required to submit one, newly-planned activity on the appropriate documentation form and include all required attachments. The CEAC will review the file to determine if your provider unit is adhering to the ANCC and SCNA CE criteria.

Annual Reporting

Each Approved Provider Unit is required to submit an annual report by February 15th. Information includes any changes, statistical data and additional information as determined by the CEAC.

Timelines

Newly Approved Providers	First Six Months	• Establish process and structure to create a provider unit. • Plan at least three activities totaling 3 contact hours or more, get them approved and presented • Submit an Intent to Apply as a Provider Unit
	After Six Months	• Submit provider application
	First Year	• Submit annual provider survey. • Review your progress in achieving your outcome measures.
	18 months after approval	• Submit one newly planned activity with all attachments
	Second Year	• Submit annual provider survey
	Six months prior to expiration	• Submit an Intent to Reapply as a Provider Unit
	Three months prior to expiration	• Submit new provider application
Currently Approved Providers	Six months prior to expiration	• Submit an Intent to Reapply as a Provider Unit
	Three months prior to expiration	• Submit new provider application
	First Year	• Submit annual provider survey. • Review your progress in achieving your outcome measures.
	18 months after approval	• Submit one newly planned activity with all attachments
	Second Year	• Submit annual provider survey. • Review your progress in achieving your outcome measures.

Chapter 4: Approving Individual Activity Applicants

Introduction

This chapter outlines the eligibility and requirements for Accredited Approvers to approve applicants for individual CNE activities. Individual educational activities may be approved for up to two years.

ELIGIBILITY FOR APPROVAL OF INDIVIDUAL CNE ACTIVITIES

The Individual Activity Applicant is defined as an individual, organization, or part of an organization submitting an educational activity for approval from an Accredited Approver. The Individual Activity Applicant must have a registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) who functions as the Nurse Planner for the activity. The **Nurse Planner** is responsible for ensuring that the educational activity is developed according to ANCC accreditation criteria and Approver Unit requirements.

Those interested in submitting a CNE activity for approval from an Accredited Approver must complete the eligibility verification process and meet all eligibility requirements. The Accredited Approver is responsible for assessing whether the applicant is eligible to apply. To be eligible to apply for activity approval, the applicant must:

Nurse Planner

A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Primary Accreditation Program.

- Have one Nurse Planner who is operationally responsible for coordinating the process of planning, implementing, and evaluating the CNE activity.
- The Nurse Planner must be a registered nurse and hold a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent).
- Plan the educational activity with at least one other planner. One planner needs to have appropriate subject matter expertise for the educational activity being offered. The Accredited Approver must document qualifications of the Nurse Planner and Content Expert (see glossary) for their respective roles including degree, credentials, and biographical data.
- *Not* be a commercial interest as defined in the glossary and the ANCC's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities.
- Be in compliance with all applicable federal, state, and local laws and regulations that affect the organization's ability to meet ANCC accreditation criteria.
- Disclose previous denials, suspensions, and/or revocations of ANCC accreditation or accreditation/approval by any other organization.
- Comply with all educational design requirements as noted by the Accredited Approver Unit.

Required Information Provided to the Learner (aka Disclosures)

Learners must receive required information prior to the start of an educational activity. In live activities, required information must be provided to the learner prior to initiation of the educational content. In enduring materials (print, electronic, or web-based activities), required information must be visible to the learner prior to the start of the educational content. Required information may not occur or be located at the end of an educational activity.

Required information for learners includes:

- Approval statement of provider responsible for educational activity;
- Notice of requirements to receive contact hours: Learners are informed of the criteria that will be used to award contact hours, which may include, but are not limited to;
    - Actual time spent in the educational activity;

- Required attendance time at activity (e.g., 100% of activity, or missing no more than ten minutes of activity);
- Successful completion of post-test (e.g., attendee must score X% or higher); and
- Completed evaluation form.

- Presence or absence of conflicts of interest for all individuals in a position to control content of the educational activity For individuals in a position to control content who ***have*** a relevant relationship with a commercial interest organization (conflict of interest is present), the following required information must be provided to learners:
  - Name of individual;
  - Name of commercial interest;
  - Nature of the relationship the individual has with the commercial interest.
- For individuals in a position to control content who ***do not have*** a relevant relationship with a commercial interest organization, the activity provider must inform learners that no conflict of interest exists.
- Additional required information, if applicable, includes:
  - Commercial support: Learners must be informed if a commercial interest organization has provided financial or in-kind support for the educational activity;
  - Expiration of enduring materials: Educational activities provided through an enduring format (e.g., print, electronic, web-based) are required to include an expiration date documenting the time period during which contact hours will be awarded; and
  - Joint providership: Learners must be informed of the provider of the educational activity and all other organizations that participated in joint planning of the activity.

CEAC Note: *Providing the learners with this information can be in the form of a poster at the entrance to the venue, a handout, a slide at the beginning of the program, etc. It can be read to the learners and one of the learners can sign that the information was read to the leaners. However the learner is provided with the information, it is to be included in the documentation of the activity. If there is a doubt as to what to disclose, err on the safe side and disclose!*

Recordkeeping

The individual activity applicant is responsible for maintaining activity file records in a retrievable file (electronic or hard copy) accessible to authorized personnel for six years. The criteria delineated under the Provider Educational Design process must be followed consistently during the period of approval, and the recordkeeping files must include evidence in the form of:

- A completed Individual Educational Activity Application Form ***CEAC Note***: *The CEAC has noted the following problem areas: the gap analysis portions of this form are not completed, and the 'Individuals in a Position to Control Content' is not completed and/or does not match the 'Role in Educational Activity' portion of the Conflict of Interest Form.*
- A completed Educational Planning Table/s ***CEAC Note***: It is necessary that all parts of this form be completed. *The CEAC has noted the following problem areas: the learning outcome is not measurable, and appropriate references are not listed.*
- Completed Conflict of Interest Forms for the nurse planner, content expert, faculty/presenter/author, content reviewer, etc.
- Template of evaluation tool/s used
- Marketing and promotional materials
- Means of ensuring content integrity in the presence of commercial support (if applicable)
- Commercial support agreement with signature and date (if applicable)
- Evidence in writing of disclosures to the learners
- Non-endorsement of products (if applicable)
- Expiration date (enduring materials only)
- Documentation of completion must include:
  - Title and date of the educational activity
  - Name and address of provider of the educational activity (web address acceptable)
  - Number of contact hours awarded
  - Approved Provider statement
  - Participant name

- Summative evaluation to be submitted at the conclusion of the activity (A summative evaluation is a listing of the raw data collected from the participants on the evaluation form.)
- List of participant names (Include a representative sample of data collected in activity file to be reviewed.

Individual Activity File/Application

Go to https://scna.fluidreview.com Follow the directions to establish an account. You will want to pick "Individual Activity Application" from the Category drop down menu.

Each file/application must include:

- A completed Individual Educational Activity Application Form---***CEAC Note***: *The CEAC has noted the following problem areas: the gap analysis portions of this form are not completed, and the 'Individuals in a Position to Control Content' is not completed and/or does not match the 'Role in Educational Activity' portion of the Conflict of Interest Form.*
- A completed Educational Planning Table/s---***CEAC Note***: It is necessary that all parts of this form be completed. *The CEAC has noted the following problem areas: the learning outcome is not measurable, and appropriate references are not listed.*
- Completed Conflict of Interest Forms for the nurse planner, content expert, faculty/presenter/author, content reviewer, etc.
- Template of evaluation tool/s used
- Marketing and promotional materials
- Means of ensuring content integrity in the presence of commercial support (if applicable)
- Commercial support agreement with signature and date (if applicable)
- Evidence in writing of disclosures to the learners
- Non-endorsement of products (if applicable)
- Expiration date (enduring materials only)
- Documentation of completion must include:
    - Title and date of the educational activity
    - Name and address of provider of the educational activity (web address acceptable)
    - Number of contact hours awarded
    - Approved Provider statement
    - Participant name
- Summative evaluation (A summative evaluation is a listing of the raw data collected from the participants on the evaluation form.)
- List of participant names (Include a representative sample of data collected in activity file to be reviewed.

The individual activity applicant must maintain all participant data in a safe and secure manner.

APPENDICES

The following appendices are included for general information about the continuing education process and to provide assistance in meeting the criteria.

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Appendix A -- Learning Outcomes

(Written by Weatherly Brice, MSN, RN-BC)

The 2015 ANCC accreditation criteria have required a shift in focus from formulating objectives to determining outcome statements for continuing education offerings. In travel terms, objectives can be viewed as specific points on a map that aid in learner progression, where outcome statements should be viewed as arrival at your final destination. Specifically, outcome statements are defined as "learner focused and reflects what the learner will observably demonstrate as a result of participating in the education activity" (Dickerson, 2015). Learning outcomes should be measurable and upheld by the objectives, content, and instructional strategies of the education activity.

To determine outcome statements, additional aspects of the education design from the ANCC accreditation criteria must first be considered. The needs assessment and data analysis by the nurse planner are critical elements in the design criteria of any education activity. The professional practice gap in the design process should be identified prior to start of any learning activity. Typically, this represents a variance in current and ideal state of knowledge, skill, or practice. Once the professional gap is identified, the learner outcome can be identified. The activity outcome should represent an indication to bring closure to the identified practice gap for the learner.

One design technique to consider when determining learner outcomes is found in answering the following set of questions to assist in determining the learner outcome (Dickerson, 2015):

1. Would the education activity or intervention address a practice gap?
2. Who is the identified target audience where the gap exists?
3. Determine if a practice gap exists and opportunities to support: What is opportunity for improvement or desired best practice? Identify evidence, data, or new practice guidelines to support need for activity.
4. What is the learning outcome: At the end of the activity, **what will the learner know, do, or apply in practice**

Examples of Learning Objectives and Learning Outcomes:

Learning Objective	Learning Outcome
Describe communication skills utilized within the TeamSTEPPS© model	Knowledge: At conclusion of the educational activity, participants will report knowledge gain of communication skills in the TeamSTEPPS© model using a Likert scale
Review implementation plan for utilizing TeamSTEPPS© to resolve interprofessional conflict	Competence/Skill: At conclusion of the educational activity, participants will report intent to change practice by applying TeamSTEPPS© communication principles to resolve interprofessional conflict
Apply principles of TeamSTEPPS©	Performance: During post program evaluation, participants will report change in practice utilizing principles of TeamSTEPPS©

Learning Objective	Learning Outcome
Describe 3 side effects for tocolytic medications	Knowledge: Demonstrate increased knowledge of tocolytic medication treatment by successfully passing post knowledge assessment test with score of $\geq$ 85%
Review risks associated with untreated preterm labor	Competence/Skill: Correctly identify required actions to manage patients in preterm labor by examining obstetric case study
State normal tocolysis regimen	Performance: Utilize an evidence based tocolysis protocol when caring for pre-term labor patients

References:

American Nurses Credentialing Center's Commission on Accreditation (2012). The Value of Accreditation for Continuing Nursing Education: Quality Education Contributing to Quality Outcomes. Silver Spring, MD: American Nurses Credentialing Center.

Dickerson, P.S. (2015). How to Write an Outcome Statement. *The Journal of Continuing Education in Nursing*, 46(9), 1-8.

Chappel, K. (2016, April 8). American Nurses Credentialing Center Approver Unit (Webinar). Silver Spring, MD.

UNIVERSITY OF Southampton

Quality Handbook

Writing Aims and Learning Outcomes

Introduction

Programme Specifications are required for each taught programme on offer at every level of undergraduate and postgraduate study.

Much of the challenge of that task is writing educational aims for the programme as a whole and for each level, which relate very closely to the learning outcomes in terms of what the student will be able to do by the end of a session, module, level or programme. The University's policy is that all programmes and modules should be described in terms of learning outcomes in a language directed towards the student. All this information must be made available to students and be accessible in printed and/or electronic form (or other alternative formats as appropriate) both to help potential students decide whether they wish to take the module or programme concerned and to guide them in taking responsibility for their own learning.

Aims

Aims are a General statement of Intent, in broad terms, directions for the content of the course:

1. What is the purpose of this programme/module of study?
2. What is the programme/module intended to achieve?

Learning Outcomes

The learning outcomes of a programme or module should specify the knowledge and skills (and, where appropriate, any other attributes) that someone will be required to demonstration in order to pass the programme or module successfully.

Learning outcomes can be constructed in three domains: knowledge (cognitive), skills (psychomotor) and attitudes (affective). The latter domain is important in some programmes, e.g. professionally based disciplines such as social work, health and education. In these programmes, for example, learning outcomes need to include an evaluation of a students' capacity to appreciate cultural diversity and its implications for professional practice.

The published learning outcomes of a programme or module thus answer the question "What has a graduate of this programme or module demonstrated they know and can do?" .

A well-formed learning outcome does not specify the content or syllabus but rather the level to which the skills and/or knowledge should be demonstrated, and says something about the context in which they should be demonstrated. The context should create an inclusive approach to learning and value a diversity of perspectives in learning. Where it is appropriate disciplines should include issues relating to equal opportunities within the curriculum with appropriate presentation and language. In such instances this should be reflected in learning outcomes.

What is the Relation between Aims and Learning Outcomes?

Learning outcomes must be achievable by students within the time available and at the level the students are at. The learning outcome of a module of study should link back closely to, and be consistent with, the aims.

A useful way of drafting learning outcomes is to use the stem: '*On successful completion of the module you will be able to:*'

For the average module of study you probably should aim to have between five and eight learning outcomes. If you have more than ten, you probably have too much detail and assessing them all will get unmanageable.

Do Learning Outcomes replace the Syllabus?

No. A syllabus describes the content, topics, and subject matter. Learning outcomes describe what students will be able to do with that content.

How to Write Learning Outcomes

A clear learning outcome does three things:

- It says what students should be able to do;
- It says something about the conditions under which they should be able to do it;
- It says something about how well they should be able to do it.

Therefore a well-written learning outcome is likely to contain the following components:

- An **active verb** that indicates what the learner is expected to be able to know, think or do by the end of the period of learning which is often qualified by adding a **condition** and a **standard**.

Learning outcomes are normally written at threshold level; ie a description of what must be demonstrated to pass.

So, for example, a learning outcome might be:

On successful completion of the module you will be able to:

- describe the principal mechanisms of action and use of drugs to treat diseases of the nervous, locomotor, respiratory, cardiovascular and renal systems

The **verb** is 'to describe'.

The **standard** is 'principal mechanisms of action and use'.

The **condition** is 'to treat diseases of the nervous, locomotor, respiratory, cardiovascular and renal systems

Other examples are:

1) By the end of the year you should have acquired and refined skills so that you can:
   - work as part of a small group or team in a professional manner
   - engage in self-directed and reflective learning
   - complete a project which benefits a community organisation

2) By the end of the course you should have explored and reflected upon your attitudes and behaviour so you can:
   - develop your communication skills
   - demonstrate your concern for the interests and dignity of other people including patients
   - develop your skills of independent study, including time management and IT skills
   - develop your skills in team working, professional and personal responsibility, and personal contributions to the successful functioning and development of your School and the University
   - appreciate the importance of diversity in both the student population and the healthcare context.

You may find the list of verbs in the appendix helpful.

Point of Good Practice

- Keep learning outcomes simple, normally use only one active verb per sentence and avoid jargon.
- Develop learning outcomes for each level of study separately even if two levels are combined in terms of content; different levels must have separate assessment and learning outcomes that relate to assessment.
- Learning outcomes are written at threshold standards of what's acceptable to pass/fail. There must be a very clear relationship between the learning outcomes, the method of assessment and the assessment criteria used to judge levels above threshold.
- Grading a student's performance is separate from judging whether they have attained to learning outcome; if the learning outcome is met, the student passes; if they do better than the threshold standard, the assessment criteria should guide the assigning of the exact mark.
- In principle, if learning outcomes are deemed essential, they must be assessed.
- Not all learning must be specified in the learning outcomes, as a lot of learning is general to all modules and does not have to be specified.

- Learning outcomes need to be realistic about what students can achieve and not set at the level to suit the best students.

Communicating to Students

A very important purpose in specifying aims and learning outcomes is to communicate clearly to students what they are expected to achieve as a result of studying the programme or module, and thus what they will be expected to demonstrate at assessment. Aims and learning outcomes should thus be written in terms that can be understood by an intending or potential student and very technical language should be avoided. It is the normal expectation in the University that learning outcomes will be addressed to students – i.e. 'you will be able to…'

Learning Outcomes and Assessment

Assessment must be consistent with the learning outcomes. The assessment should test some or all of the published learning outcomes of the module. Assessment should not test skills that are not described in the learning outcomes. Assessment criteria are needed to help students understand what they have to do to pass, and beyond that to get a particular grade.

The inter relationship between aims, learning outcomes and assessment criteria needs to be at the heart of curriculum design and staff need to explicitly introduce these links into students' thinking.

Helpful References for Further Reading

Baume C. and Baume D. (1996) 'Assessing Students' Work', Briefing Document from Oxford Brookes University.

Gosling D. and Moon J. (2001) How to Use Learning Outcomes and Assessment Criteria, Southern England Consortium for Credit Accumulation and Transfer (SEEC).

Revision History

1. QA Unit Guidance, September 2001
2. AQSC approved, November 2001
3. Revised August 2003
4. Revised in the light of RRAA June 2005
5. revised for new website 16 April 2007
6. New Brand added July 2008
7. Slight modifications to guidance and addition of the appendix of verbs – Jan 2010

Keywords

Assessment
Learning outcomes
Performance
Programme aims
Syllabus

Verbs for Setting Learning Outcomes/Assessment Criteria

'Creative' Behaviours

Alter	Paraphrase	Reconstruct	Rephrase	Rewrite
Ask	Predict	Regroup	Restate	Simplify
Change	Question	Rename	Restructure	Synthesize
Design	Rearrange	Reorganise	Retell	Systematise
Generalise	Recombine	Reorder	Revise	Vary
Modify				

Complex, Logical, Judgemental Behaviours

Analyse	Conclude	Deduce	Formulate	Plan
Appraise	Contrast	Defend	Generate	Structure
Combine	Criticise	Evaluate	Induce	Substitute
Compare	Decide	Explain	Infer	

General Discriminative Behaviours

Choose	Detect	Identify	Match	Place
Collect	Differentiate	Indicate	Omit	Point
Define	Discriminate	Isolate	Order	Select
Describe	Distinguish	List	Pick	Separate

Social Behaviours

Accept	Communicate	Discuss	Invite	Praise
Agree	Compliment	Excuse	Join	React
Aid	Contribute	Forgive	Laugh	Smile
Allow	Cooperate	Greet	Meet	Talk
Answer	Dance	Help	Participate	Thank
Argue	Disagree	Interact	Permit	Volunteer

Language Behaviours

Abbreviate	Edit	Punctuate	Speak	Tell
Accent	Hyphenate	Read	Spell	Translate
Alphabetise	Indent	Recite	State	Verbalise
Articulate	Outline	Say	Summarise	Whisper
Call	Print	Sign	Write	Capitalise
Pronounce				

'Study' Behaviours

Arrange	Compile	Itemise	Mark	Record
Categorize	Copy	Label	Name	Reproduce
Chart	Diagram	Locate	Note	Search
Cite	Find	Look	Organise	Sort
Circle	Follow	Map	Quote	Underline

Music Behaviours

Blow	Compose	Hum	Pluck	Strum
Bow	Finger	Mute	Practise	Tap
Clap	Harmonize	Play	Sing	Whistle

Physical Behaviours

Arch	Bend	Catch	Climb	Float
Bat	Carry	Chase	Face	Grab
Grasp	Kick	Pull	Skip	Swim
Grip	Knock	Push	Somersault	Swing
Hit	Lift	Run	Stand	Throw
Hop	March	Skate	Step	Toss
Jump	Pitch	Ski	Stretch	Walk

Arts Behaviours

Assemble	Dot	Illustrate	Press	Stamp
Blend	Draw	Melt	Roll	Stick
Brush	Drill	Mix	Rub	Stir
Build	Fold	Mould	Sand	Trace
Carve	Form	Nail	Saw	Trim
Colour	Frame	Paint	Sculpt	Varnish
Construct	Hammer	Paste	Shake	Wipe
Cut	Handle	Pat	Sketch	Wrap
Dab	Heat	Pour	Smooth	

Drama Behaviours

Act	Display	Express	Pass	Show
Clasp	Emit	Leave	Perform	Sit
Cross	Enter	Move	Proceed	Start
Direct	Exit	Mime	Respond	Turn

Mathematical Behaviours

Add	Derive	Group	Number	Square
Bisect	Divide	Integrate	Plot	Subtract
Calculate	Estimate	Interpolate	Prove	Tabulate
Check	Extrapolate	Measure	Reduce	Tally
Compute	Extract	Multiply	Solve	Verify
Count				

Laboratory Science Behaviours

Apply	Demonstrate	Keep	Prepare	Specify
Calibrate	Dissect	Lengthen	Remove	Straighten
Conduct	Feed	Limit	Replace	Time
Connect	Grow	Manipulate	Report	Transfer
Convert	Increase	Operate	Reset	Weigh
Decrease	Insert	Plant	Set	

General Appearance, Health and Safety Behaviours

Button	Dress	Fasten	Taste	Unzip
Clean	Drink	Fill	Tie	Wait
Clear	Eat	Go	Unbutton	Wash
Close	Eliminate	Lace	Uncover	Wear
Comb	Empty	Stop	Untie	Zip
Cover				

Miscellaneous

Aim	Erase	Lead	Relate	Stake
Attempt	Expand	Lend	Repeat	Start
Attend	Extend	Let	Return	Stock
Begin	Feel	Light	Ride	Store
Bring	Finish	Make	Rip	Strike

Buy	Fit	Mend	Save	Suggest
Come	Fix	Miss	Scratch	Supply
Complete	Flip	Offer	Send	Support
Consider	Get	Open	Serve	Switch
Correct	Give	Pack	Sew	Take
Crease	Grind	Pay	Share	Tear
Crush	Guide	Peel	Sharpen	Touch
Designate	Hand	Pin	Shoot	Try
Determine	Hang	Position	Shorten	Twist
Develop	Hold	Present	Shovel	Type
Discover	Hook	Produce	Shut	Use
Distribute	Hunt	Propose	Signify	Vote
Do	Include	Provide	Slip	Watch
Drop	Inform	Put	Slide	Weave
End	lay	Raise	Spread	Work

(Source not known)

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Appendix B--Sample Joint Providership Agreement

CEAC Note: *A joint providership agreement is not required; however, it may be good business practice to use one. This sample joint providership agreement is for those providers or individual activity applicants who wish to us such a document. It can be modified or changed in any way to suit the needs of the approved provider or individual activity applicants.*

ACTIVITY TITLE: _____

PROGRAM DATE(S): _____(THROUGH)_____

This agreement made the _____day of_____ by and between the (name of organization/s) and represents the mutual understanding of said providers and recognition of specific responsibilities set forth hereinafter.

In signing this agreement, the said providers will assume final responsibility for designated activities listed as follows:

ACTIVITY	**REPONSIBLE PARTY**
Administration of the activity budget (including collection of all monies and payment of all expenses)	Organization
Determination of objectives and content	Organization /Joint provider
Selection of faculty/presenters	Organization /Joint provider
Determination of number/awarding of contact hours	Organization
Record keeping for activity	Organization
Learner evaluation	Organization
Negotiating/Contracting of meeting location	Organization
Negotiating faculty compensation	Organization /Joint provider
Arranging faculty travel arrangements	Organization /Joint provider
Arranging faculty lodging	Organization /Joint provider
Transporting faculty from airport to hotel/site	Organization /Joint provider
Development of brochure	Organization
Printing and mailing of brochure	Organization /Joint provider
Obtaining mailing labels	Organization /Joint provider
Media announcement other than brochure	Organization /Joint provider
Handling registration/refunds/exhibits	Organization
Providing refreshments, working with caterer	Organization /Joint provider
Obtaining audiovisuals	Organization /Joint provider
Copying Handouts	Organization /Joint provider
Registration on day of activity	Organization /Joint provider
Conference Management	Organization

Please describe below in detail the sharing/not sharing in net profit of designated event.

_____

_____

_____

Organization	**Responsible Individual**	**Title**

Joint providers: **Organization**	**Responsible Individual**	**Title**

Signature, Organization Responsible Individual: _____ Date _____

Signature, Joint provider: _____ Date _____

APPENDIX C -- SAMPLE POSITION/ROLE DESCRIPTIONS

Some provider units may have nurse planners who are in a position other than continuing education/staff development or are volunteers in an association type of provider unit. In these situations, there may be no job description or the person's job description may not describe his/her role in the provider unit. Below are samples of a primary nurse planner's and a nurse planner's position description in such an organization as described above. ***CEAC Note:*** *These position/role descriptions are only an example of meeting the criteria.*

Position Description for Primary Nurse Planner

Qualifications:

1. A minimum of a BSN
2. Experience with the Assessment, Planning, Implementation and Evaluation of continuing education activities

Responsibilities:

1. Participate in and ensure that the ANCC COA/SCNA CEAC criteria are met in regards to the assessment, planning, implementation and evaluation of all continuing education events offered for nurses.
2. Serve as resource and/or content expert when asked.
3. Select and orient new nurse planners and reviewers.
4. Oversee the functioning of the provider unit.
5. Implement the overall evaluation plan for the provider unit.

Position Description for Nurse Planners

Qualifications:

1. A minimum of a BSN
2. Experience with the Assessment, Planning, Implementation and Evaluation of continuing education activities

Responsibilities:

1. Participate in and ensure that the ANCC COA/SCNA CEAC criteria are met in regards to the assessment, planning, implementation and evaluation of all continuing education events offered for nurses.
2. Serve as resource and/or content expert when asked.
3. Discuss concerns/issues regarding programming with the Lead Nurse Planner.
4. Provide the Lead Nurse Planner with ideas/issues that may be developed into continuing education for nurses.
5. May be called upon, under extraordinary circumstances, to serve as a reviewer when not involved in the planning of that event.

APPENDIX D -- ANCC Content Intergrity Standards for Industry Support in CNE Activities

American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities (Effective date: 1/1/2013) (Updated: 5/1/2013) (Updated: 8/8/2014)

A. Introduction

B. Definition of a Commercial Interest Organization

C. Related Organizations
- 1. Separate federal tax ID number
- 2. Separate legal entity
- 3. Operational structure separation
  - a. Phone, fax line, email
  - b. Web sites/links to web sites;
  - c. Electronic databases and hard copy documents;
  - d. Written policies and procedures
  - e. Governance structure and personnel;
  - f. Independent decision making
- 4. Control of educational content

D. Types of Commercial Support for Continuing Nursing Educational Activities
- 1. Financial Support
- 2. "In-Kind" Support

E. Ensuring Content Integrity of an Educational Activity in the Presence of Commercial Support
- 1. Written agreement between Commercial Interest and Provider
- 2. Payments
- 3. Unused Funds
- 4. Accounting of Expenses
- 5. Joint Providership

F. Conflict of Interest Evaluation and Resolution

G. Additional Criteria for Ensuring Content Integrity
- 1. Promotion
- 2. Advertisements
- 3. Recruitment
- 4. Confidentiality
- 5. Advertising an Educational Activity
- 6. Acknowledgement of Commercial Support
- 7. Distribution of the Educational Activity
- 8. Content of the Educational Activity
  - a. Slides, handouts or other materials
  - b. Live (in-person) activities – Logos and trademarks
  - c. Enduring materials - Logos and trademarks
  - d. Web-based materials – Logos and trademarks
  - e. Evaluations
  - f. Learner recruitment

H. Exhibits, Promotions and Sales

I. Giveaways

J. Failure to Comply

K. Complaints

A. Introduction

The American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities serves as a resource for Providers* to plan, implement and evaluate quality continuing nursing educational activities with integrity, free from the undue influence of commercial interest organizations. Federal law, core values for the Accreditation Program (2009 and 2013 Application Manuals, Accreditation Program) and the Code of Ethics for Nurses with Interpretive Statements (ANA, 2001) create the foundation for these standards, which are designed to help Providers comply with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities.
**"Provider" refers to an ANCC Accredited Provider or an organization or individual approved by an ANCC Accredited Approver (Approved Provider or Individual Activity Applicant).*

B. Definition of a Commercial Interest Organization

The American Nurses Credentialing Center (ANCC) defines an organization as having a commercial interest ("Commercial Interest Organization")* if it:

- Produces, markets, sells or distributes health care goods or services consumed by or used on patients;
- Is owned or operated, in whole or in part, by an organization that produces, markets, sells or distributes health care goods or services consumed by or used on patients; or
- Advocates for use of the products or services of commercial interest organizations

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

Commercial Interest Organizations are ***ineligible*** for accreditation.

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients.
- Liability insurance providers
- Health insurance providers
- Group medical practices
- Acute care hospitals (for profit and not for profit)
- Rehabilitation centers (for profit and not for profit)
- Nursing homes (for profit and not for profit)
- Blood banks
- Diagnostic laboratories

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food

and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

C. **Related Organizations**

- Parent Organization – An organization that owns one or more subsidiary organizations. A parent organization that is a Commercial Interest Organization is ***not eligible*** for accreditation.
- Subsidiary Organization – An organization that is owned by a parent company. A subsidiary of a Commercial Interest Organization is ***not eligible*** for accreditation.
- Sister Organizations – Two organizations that share a common parent owner are "sister organizations." An organization ***may be eligible for accreditation*** if it establishes and maintains an adequate corporate firewall to shield it from the influence of a sister organization that is a Commercial Interest Organization.

Adequacy of a corporate firewall will be evaluated by examining evidence demonstrating independence, based on the following factors:
1. The commercial interest organization and its non-commercial interest sister organization (the "educational organization") have separate federal tax ID numbers;

2. The commercial interest organization and the educational organization are separate legal entities;

3. The operational structure of the commercial interest organization and the educational organization are separate and distinct, including but not limited to:

- Phone, fax and email communication;
- Web sites/links to web sites;
- Electronic and hard copy documents;
- Written policies and procedures that may impact the delivery of continuing education;
- Separate governance structures and personnel; and
- Independence in decision making;

4. Educational content for activities is planned, developed, implemented and controlled exclusively by the educational organization. The commercial interest organization may have no influence over content of the educational activity.

D. Types of Commercial Support for Continuing Nursing Educational Activities

Commercial Interest Organizations may provide monetary funding or other support ("Commercial Support") for continuing nursing educational activities in accordance with the following fundamental principles:
(1) Commercial Support must not influence the planning, development, content, implementation or evaluation of an educational activity; AND
(2) Receipt of Commercial Support must be disclosed to learners.

Commercial Support may be used to pay for all or part of an educational activity and for expenses *directly related* to the educational activity, including but not limited to: travel, honoraria, food, support for learner attendance and location expenses. Commercial Support may be used to support more than one educational activity at the same time or multiple activities over a period of time.
Commercial Support is:

1. Financial Support - money supplied by a Commercial Interest Organization to be used by a Provider for expenses related to the educational activity. Financial support may be provided as an unrestricted grant, educational grant, donation or scholarship.

2. "In-Kind" Support – materials, space or other non-monetary resources or services used by a Provider to conduct an educational activity; which may include and is not limited to human resources, marketing services, physical space, equipment such as audio-visual materials and teaching tools (for example, anatomic models). In-kind donations may not bear the trade names, logos or other identifying insignia of the Commercial Interest Organization. In-kind support may not include promotion of goods or services of the Commercial Interest Organization. In the event

that the trade name, logo or other identifying insignia cannot be removed (i.e. embedded in the piece of equipment), the Provider must ensure that learners are aware of similar products produced by other companies. In addition, disclosure of the in-kind donation must be provided to learners.

E. Ensuring Content Integrity of an Educational Activity in the Presence of Commercial Support

Commercial Interest Organizations providing Commercial Support for continuing educational activities may not influence the planning, implementation or evaluation of an educational activity. The following requirements to ensure content integrity must be satisfied by the Provider when Commercial Support is accepted:

1. Written Agreement. There must be a written agreement between a Commercial Interest Organization providing Commercial Support and the Provider utilizing Commercial Support. The written agreement must include the following:

a. Name of the Commercial Interest Organization;

b. Name of the Provider;

c. Complete description of all Commercial Support provided, including both financial and in-kind support;

d. Statement that the Commercial Interest Organization will not participate in planning, developing, implementing or evaluating the educational activity;

e. Statement that the Commercial Interest Organization will not recruit learners from the educational activity for any purpose;

f. Description of how Commercial Support must be used by the Provider

i. Unrestricted Use: Commercial Support given freely and without constraint by the Commercial Interest Organization and the Provider has sole discretion to administer Commercial Support as appropriate for planning, developing, implementing or evaluating the educational activity;

ii. Restricted Use: Commercial Support given to support a specific aspect of an educational activity such as meals, breakout sessions or speaker honoraria

g. Signature of a duly authorized representative of ***the*** Commercial Interest Organization with authority to enter into binding contracts on behalf of the Commercial Interest Organization;

h. Signature of a duly authorized representative of the Provider with authority to enter into binding contracts on behalf of the Provider; and

i. Date on which the written agreement was signed.

2. Payments. All payments for expenses related to the educational activity must be made by the Provider. The Provider must keep a record of all payments made using Commercial Support funding. Commercial Support funds may only be used to support expenses directly related to the educational activity.

3. Unused Funds. The Commercial Interest Organization may request the return of unused Commercial Support funds.

4. Accounting of Expenses. The Commercial Interest Organization may request that the Provider submit a record of how Commercial Support funding was spent.

5. Joint Providership. In the event that more than two organizations will be providing an educational activity receiving Commercial Support (jointly providing), the organization identified as the “Provider” of the activity is responsible for managing Commercial Support funds in adherence with the ANCC Accreditation criteria. A Commercial Interest Organization *may not* jointly provide educational activities.

F. Conflicts of Interest Evaluation and Resolution

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

*_Commercial interest_, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

- *Employees* of commercial interest organizations ***are not permitted*** to serve as planners, speakers, presenters, authors and/or content reviewers if the content of the educational activity is related to the products or services of the commercial interest organization.
- *Employees* of commercial interest organizations ***are permitted*** to serve as planners, speakers, presenters, authors and/or content reviewers if the content of the educational activity is NOT related to the products of the commercial interest organization.
- Individuals who have *non-employee relationships* with commercial interest organizations (see financial benefits bullet below) ***are permitted*** to serve as planners, speakers, presenters, authors and/or content reviewers as long as the Provider has implemented a mechanism to identify, resolve and disclose the relationship as outlined in these standards.

The Nurse Planner is responsible for ensuring that all individuals who have the ability to control or influence the content of an educational activity disclose all relationships with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. *Relevant relationships* **must** be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Evaluation

The Nurse Planner is responsible for evaluating whether any relationship with a commercial interest is considered relevant to the content of the educational activity. Disclosures may be categorized in the following ways:

- No relationship with a commercial interest exists. No resolution required.
- Relationship with a commercial interest exists. The relationship with the commercial interest is evaluated by the Nurse Planner and determined not to be relevant to the content of the educational activity. No resolution required.
- Relevant relationship with a commercial interest exists. The relevant relationship is evaluated by the Nurse Planner and determined to be pertinent to the content of the educational activity. Resolution is required.

Resolution and Activity Assessment
Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest **prior to** presenting/providing the educational activity to learners. Such actions must be documented and the documentation must demonstrate (1) the identified conflict, and (2) how the conflict was resolved. Actions may include but are not limited to the following:

- Removing the individual with conflicts of interest from participating in all parts of the educational activity.
- Revising the role of the individual with conflicts of interest so that the relationship is no longer relevant to the educational activity.
- Not awarding continuing education contact hours for a portion or all of the educational activity.

- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

Disclosure

Individuals refusing to disclose relationships with Commercial Interest Organizations may not participate in any part of the educational activity.

G. Additional Criteria for Ensuring Content Integrity

1. Promotion. A Commercial Interest Organization may not promote its goods or services in relation to the content of an educational activity at any time during which the educational activity takes place including the introduction and conclusion of the activity, regardless of the format of the educational activity.
2. Advertisements for the Commercial Interest Organization. Advertisements promoting the products or services of a Commercial Interest Organization in relation to the content of an educational activity must be physically separated from the educational activity, regardless of the format of the educational activity.
3. Recruitment. A Commercial Interest Organization\may not recruit learners from an audience for any reason.
4. Confidentiality. Providers may not share contact information related to learners without written permission from the learner.
5. Advertising an Educational Activity. A Commercial Interest Organization may advertise an educational activity for which it has given Commercial Support. Examples of advertising may include but are not limited to: Save the Date cards, flyers and emails.
6. Acknowledgement of Commercial Support. Providers may acknowledge Commercial Support provided by a Commercial Interest Organization on marketing materials for the educational activity.
7. Distribution of the Educational Activity. A Commercial Interest Organization may not distribute educational activities directly to learners.
8. Content of the Educational Activity. Content is the responsibility of the Provider of the educational activity. All materials used for the educational activity must be free from commercial bias. To guard against the presence of commercial bias, the Provider is responsible for ensuring the following:
    a. Slides, handouts or other materials presented to the learner related to the educational activity do not display any logos or other trademarks of a Commercial Interest Organization;
    b. Live (in-person) educational activities are presented without reference to a Commercial Interest Organization; acknowledgement of commercial support is limited to the name of the entity providing support
    c. Enduring materials do not include logos, trademarks or other insignia of, or references to, a Commercial Interest Organization; acknowledgement of commercial support is limited to the name of the entity providing support
    d. Web-based materials do not include logos, other trademarks or other insignia of, or reference to, a Commercial Interest Organization; acknowledgement of commercial support is limited to the name of the entity providing support
    e. Evaluations of the educational activity make no reference to a Commercial Interest Organization or its products or services; and
    f. Learners are not recruited for any purpose during the activity or evaluation.

H. Exhibits, Promotions and Sales

Commercial Interest Organizations may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an

educational activity, regardless of the format of the educational activity. Exhibits, promotion and sales must be separated from the educational activity. The following standards apply to exhibiting, promoting and selling products or services:

- 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 that is physically separated from the area where educational content is delivered.

I. Giveaways

Commercial Interest Organizations may provide giveaways for learners, as long as there is physical separation between accessing the giveaway and learner engagement in the educational activity. Educational materials for an activity may not be packaged in items bearing logos, trademarks of a Commercial Interest Organization.

J. Failure to Comply

Failure to comply with the American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities may result in suspension or revocation of accreditation or approval.

K. Complaints

All complaints related to a Provider's compliance with the American Nurses Credentialing Center's Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities will be investigated by the ANCC Accreditation Program Office.

APPENDIX E -- RECONSIDERATION AND APPEAL PROCEDURE

Policy: Applicants may ask for reconsideration of a decision by the original decision making body.

An applicant may appeal a decision of the CEAC; there are three (3) stages of an appeal:

RECONSIDERATION (APPEAL)

The reconsideration process allows the sponsor to obtain reconsideration by the Continuing Education Approver Committee of an adverse decision on an application for approval of a CE activity.

PROCEDURE

The sponsor must file a request for reconsideration by the CEAC with the Committee within fourteen (14) days of the date on the letter notifying the applicant of the original adverse decision on the application. A request for reconsideration is considered filed by the sponsor when the CEAC receives the following:

- At the option of the sponsor, clarifying materials that address the deficiencies found in the application. Clarifying materials are an expansion of existing information but do not include new or revised information.
- A statement by the sponsor as to why the decision on the application was incorrect and remedial action desired by the sponsor.

The CEAC will consider a properly filed request for reconsideration at its next regularly scheduled meeting. The applicant and/or representative of the applicant maybe present, at the applicant's option and expense, at the meeting at which the request is considered. If the applicant and/or representative attend this meeting, opportunity will be given to speak and to answer any questions posed by members of the CEAC.

Within fourteen (14) days following the meeting at which the request for consideration is reviewed, the CEAC will render a decision on approval status. Upon direction of the CEAC, the support staff will notify the sponsor of the decision and the reasons therefore in writing.

FIRST APPEAL

The appeal process allows the applicant to obtain a re-determination by the Appeal Panel with regard to an adverse decision made by the CE Approver Committee. An Appeal Panel will consist of two of the regular members of the CEAC who *were not original reviewers of the CE application in question.*

PROCEDURE

An applicant can invoke the appeal process only after the applicant has requested the reconsideration and received a decision with regard to that request. The applicant must file an appeal within fourteen (14) days of the date on the letter notifying the applicant of the decision on the reconsideration by the CEAC. An appeal is considered filed by an applicant when the Appeal Panel has received the following:

- a copy of all documentation submitted to the CE Approver Committee and a copy of the reconsidered decision rendered by that body, and
- a statement by the applicant as to why the reconsidered decision on the application was incorrect and the remedial action desired by the applicant.

The Appeal Panel shall consider a properly filed appeal at its next regularly scheduled meeting. The Appeal Panel may require that a representative of the CE Approver Committee be present at the meeting that the appeal is heard to answer questions. The applicant and/or a representative of the applicant may be present, at the applicant's option and expense, at the meeting at which the appeal is heard. If the applicant and/or representative attends such meeting, opportunity will be given to the

applicant and/or representative to speak and to answer any questions posed by members of the Appeal Panel.

Within seven (7) days following the meeting at which the appeal is heard, the Appeal Panel will render a decision and notify the applicant of the decision and rationale in writing. The decision of the Appeal Panel is not limited to granting or denying the remedial action requested by the applicant. All aspects of the application and the decision of the CEAC are within the jurisdiction of the Appeal Panel that may take such action with regard to the application and any decisions thereon, as it deems appropriate.

FINAL APPEAL

The appeal process allows the applicant to obtain a final re-determination by the SCNA Board of Directors with regard to an adverse decision by the Appeal Panel. The appellate decision of the SCNA Board is final.

PROCEDURE

An applicant can invoke this phase of the appeal process only after the applicant has requested the first appeal and received a decision with regard to that request. The applicant must file this appeal within fourteen (14) days of the date of the written notification of the decision on the appeal by the Appeal Panel. A Final appeal is considered filed by a applicant when the SCNA Board of Directors received the following:

- a copy of all documentation submitted to the Appeal Committee and a copy of the appellate decision rendered by that body, and
- a statement as to why the appellate decision of the Appeal Panel was incorrect and the remedial action desired by the applicant.

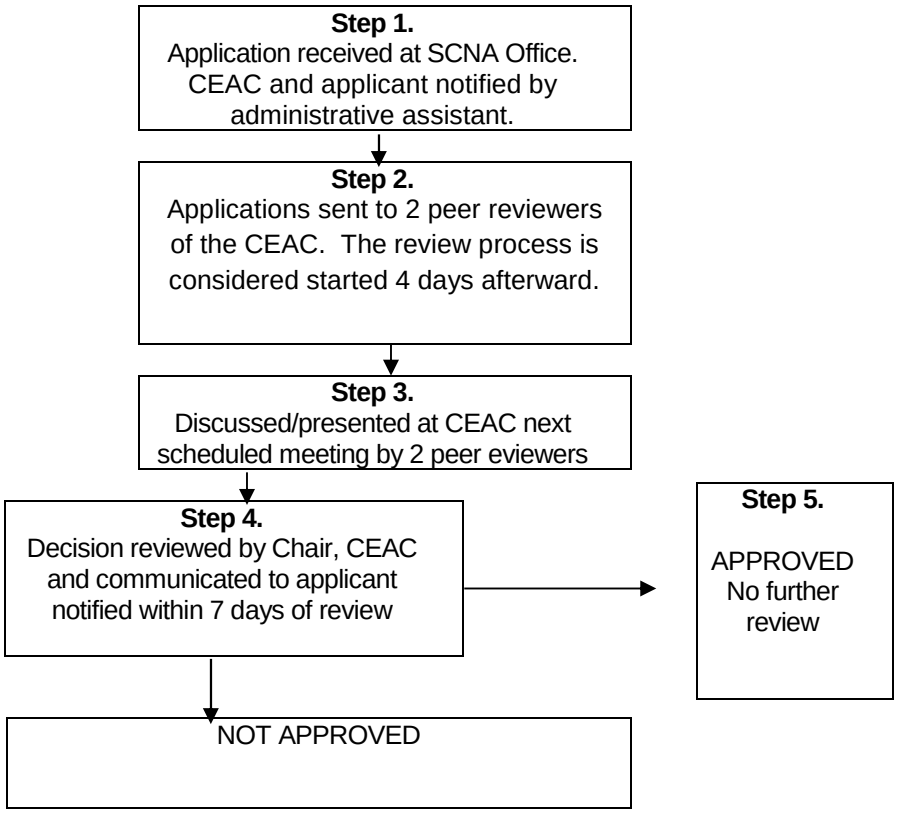
The SCNA Board of Directors shall consider properly filed final appeal at its next regularly scheduled meeting. The applicant and/or representative of the applicant may be present, at the applicant's option and expense, at the meeting at which the final appeal is heard. If the applicant and/or representative attends such a meeting, opportunity will be given to the applicant and/or representative to speak and to answer any questions posed by members of the SCNA Board. Within seven (7) days following the meeting at which the final appeal is heard, the SCNA Board will render a decision and notify the applicant of the decision and rationale in writing.

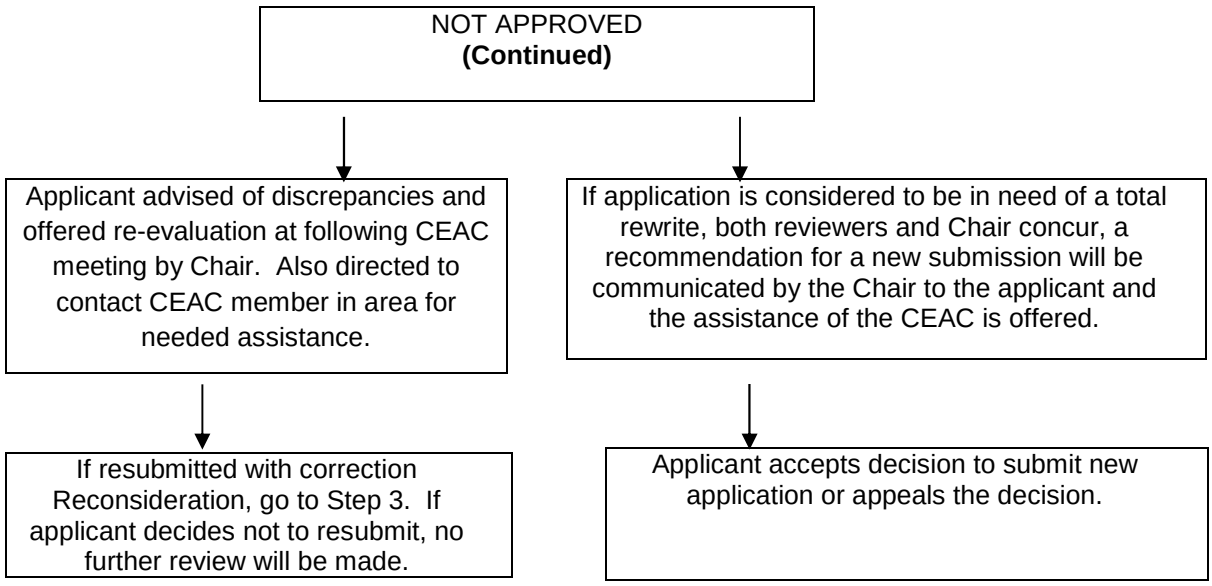
The decision of the SCNA Board is not limited to granting or denying the remedial action requested by the applicant. All aspects of the application and decisions by the CE Approver Committee and the Appeal Panel are within the jurisdiction of the SCNA Board, and the Board may take such action with regard to the application and any decisions thereon, as it deems appropriate.

All meetings for consideration, review and action are considered confidential. Aside from CEAC members, only those invited or, in the case of requested attendance, those permitted shall be in attendance. Then, these guests shall only be present for that portion of the discussion that pertains to them or their application. No materials from review packages may be removed from the review nor provided to others except by the applicant or with express written permission of the applicant.

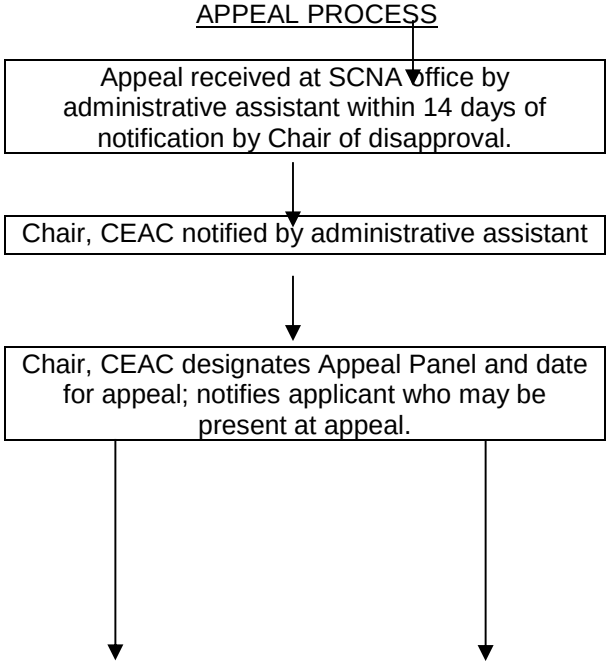
No member of CEAC shall review CE Activities for which there is an identified conflict of interest, either actual or perceived. Neither shall any person with a conflict of interest sit as a member of an appeals process committee or board.

Review and Approval Process Flow Diagram

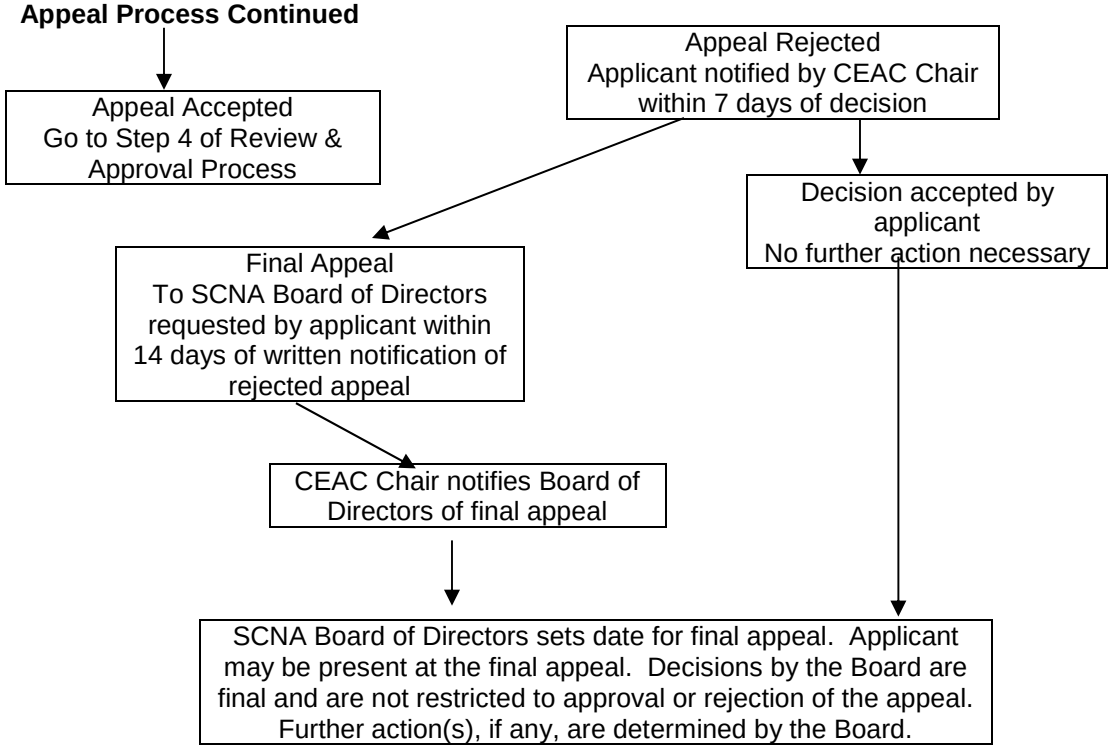



NOT APPROVED
(Continued)
Applicant advised of discrepancies and offered re-evaluation at following CEAC meeting by Chair. Also directed to contact CEAC member in area for needed assistance.
If application is considered to be in need of a total rewrite, both reviewers and Chair concur, a recommendation for a new submission will be communicated by the Chair to the applicant and the assistance of the CEAC is offered.
If resubmitted with correction Reconsideration, go to Step 3. If applicant decides not to resubmit, no further review will be made.
Applicant accepts decision to submit new application or appeals the decision.

APPEAL PROCESS



Appeal Process Continued



Appendix F -- Gap Analysis

Helping Applicants Assess Practice Gaps and Determine Educational Needs

Differentiating EDP 1 and EDP 2 for Approved Providers (same criteria for accredited providers)

EDP 1 reads "The process used to identify a problem in practice or an opportunity for improvement (professional practice gap)"

This criterion addresses WHAT. What is the issue that has created the stimulus for the request for the educational activity? There might be a problem in practice – the nurse is not doing something that he/she should be doing, or perhaps is doing something that should not be done. There might be a new opportunity for professional development – a national organization has issued new guidelines and nurses are not familiar with them.

One strategy to identify the professional practice gap is to ask "what is the current state" – where is the learner now – and "what is the desired state" – where should the learner be in relation to the issue at hand. While differentiating the current and desired states is not required in order to identify a professional practice gap, many nurse planners find it helpful. A gap analysis worksheet (shown below) is one resource that might be used to critically analyze a professional practice gap.

Identification of a professional practice gap is a critical first step in developing an educational activity, though it historically has been overlooked. Nurse planners often receive a request for an activity and immediately jump into planning logistics – when the class will be held, who will be the speaker, and what content will be covered. This can lead to wasted time, energy, and money on the part of both the activity planners and the learners, because the educational activity is often not targeted specifically to address the problem at hand – therefore, no change or improvement in practice occurs.

The applicant responding to EDP 1 will be addressing the process used to determine the professional practice gap. Peer reviewers might see examples of questions the nurse planner asks, types of surveys or data analyses that are done, or an explanation of the critical thinking process used by the nurse planner to evaluate a request for an educational activity. The related example will provide a specific instance illustrating the steps taken by the nurse planner to determine what professional practice gap exists.

EDP 2 reads "How the Nurse Planner identifies the educational needs (knowledge, skills, and/or practice (s)) that contribute to the professional practice gap.

This criterion addresses WHY. Why does the gap exist between where the learner is now and where he/she should be in relation to the issue? What factors are contributing to this gap? Are there knowledge deficits? Skills deficits? Difficulty in transferring what the nurse knows and is able to do into the practice setting?

Once the professional practice gap has been identified, the nurse planner, often in conjunction with the planning committee, completes a needs assessment to determine the cause for the disconnect between where the learner is and where he/she should be. This process may involve such things as observing practice behaviors, collecting data from risk managers, reviewing the literature for evidence of best practices, or doing pre-tests. Collecting and analyzing data helps to identify whether the immediate need for the learner is knowledge (gaining new knowledge or perhaps letting go of knowledge that is no longer current), skills (improving the ability to demonstrate competent performance), or application in practice. This critical step helps to assure that the educational intervention is targeted at the appropriate level to address the gap and therefore improve practice.

Failure to complete this step often results in implementation of inappropriate educational activities for two reasons. Picture this scenario: A critical care manager tells the educator that nurses are having difficulty with 12-leads. A class is held to teach 12-lead interpretation to experienced critical care nurses, only to find the nurses frustrated because they already knew this information – the problem they were having was related to communicating need for change in plans of care to other members of the healthcare team based on their findings. The educational need contributing to the practice gap was not technical knowledge, it was about communication. Properly addressing the "why" question helps to target the intervention at the appropriate level.

The other issue is that the needs assessment may show that the issue is not educational at all – it's related to a policy and procedure that needs to be changed, equipment that is not available or not in working order, or staffing issues that preclude carrying out desired plans. Determining this as part of the needs assessment process again saves educators, learners, and organizations time and money.

The applicant responding to EDP 2 will be addressing the process used by activity nurse planners to analyze data related to why a professional practice gap exists. Peer reviewers might see examples of questions nurse planners ask, information about stakeholders who provide input into the reason for an existing problem, types of resources and references that are used to substantiate findings, or mechanisms for collecting needs assessment data at levels of knowledge, skill, or practice. The example will show a specific instance where the nurse planner made a determination of the appropriate educational intervention based on verification of a learner deficit in knowledge, skill, or practice.

Application of EDP 1 and EDP 2 at the Individual Activity Level

(also applies to activity planning for accredited providers)

Both approved providers and individual activity applicants address the above issues in planning their activities. On both the application form for individual activity applicants and the activity documentation form for approved or accredited providers, nurse planners are required to start the planning process by identifying the professional practice gap and analyzing the evidence to support an educational need. This clear correlation between what is expected at the activity level and what is included in the provider self-study should be very helpful to the approved provider. For individual activity applicants, additional assistance will be required initially, as the tendency for many applicants is to plan the activity, then fill out the application for approval. Encouraging individual activity nurse planners to use the form as a planning tool is a helpful first step.

There are times when an educational activity is designed to reinforce knowledge, skills, or practices that are already satisfactory. While there is not a gap in relation to a deficit, the activity is developed to prevent a gap from occurring. Similarly, there may be opportunities for improvement – there is not a current problem in practice, but new data is available to support a modification of current practice to improve performance or patient outcomes.

Helping individual activity and approved provider nurse planners understand professional practice gaps and analysis of educational needs will lead to higher quality educational activities and better outcomes. Nurse planners must understand that they play a crucial role in the activity design process – their job is to be critical thinker and data analysts, not “form-filler-outers”.

GAP ANALYSIS WORKSHEET

Current State – Where is the learner right now in relation to the issue at hand?	**Desired State** – where should the learner be? What should he/she know, do, or practice differently?	**Gap** – what is the difference between where the learner is now and where he/she needs to be ?	**Type of Gap** – Knowledge? Skill? Application in practice?	**Desired Outcome** – What will the learner know or do differently *at the end of this educational activity* that will help to close the identified gap?	**Outcome Measure –** How will the educator measure change in knowledge skill or practice?

An important note about the desired outcome: Too often, an attempt is made to move from “deficit” to “perfection” in one educational activity. In many cases, an identified gap is multifaceted, with knowledge, skill, and application in practice components. Realistically, educational activities need to be designed to incrementally move the learner toward a higher level of knowledge, skill, or practice, rather than to “fix” everything at once. It may be that activities are “stair-stepped” to first close the knowledge gap, then move to the level of skill development, and ultimately address change in practice. This might occur over a span of several weeks or months. The desired outcome statement should reflect the incremental change expected as a result of one educational intervention. The outcome measure, then, provides a mechanism for the nurse planner and educator to determine whether that desired improvement has occurred. Realistic assessment, analysis, and planning by the nurse planner will help to build educational interventions that address the needs of learners, contribute to the professional development of nurses, and ultimately impact the quality of the work of the nurse clinician, administrator, educator, or researcher.

Received via email September 27, 2015 from:

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Appendix G Forms

Individual Activity Application

Example of what the on-line Individual Activity Application looks like.
DO NOT USE THIS PAPER FORM ONLY USE ON-LINE FORM FOUND ON HTTPS://SCNA.FLUIDREVIEW.COM

There are portions of the application that require uploading documents or filling out separate forms. These will be available to you upon completion of this application form. Click on the Resources link at the top right hand side to get access to the SCNA Individual Activity Manual and other required forms.

Submission Due Date

☐ February XX, XXXX for programs April X, XXXX or later

☐ May XX, XXXX for programs July X, XXXX or later

☐ August XX, XXXX for programs October X, XXXX or later

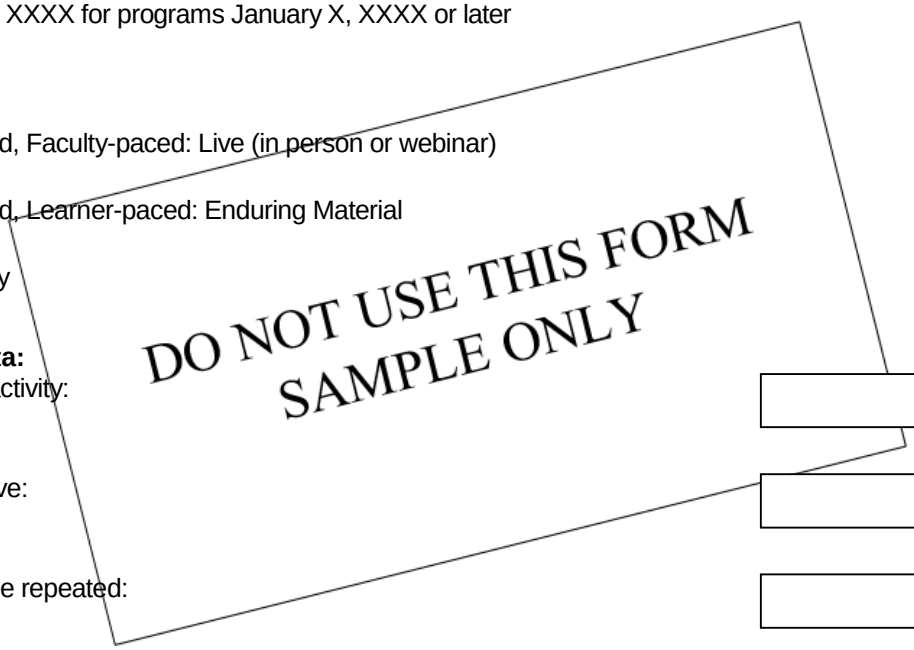
☐ November XX, XXXX for programs January X, XXXX or later

Activity Type

☐ Faculty-directed, Faculty-paced: Live (in person or webinar)

☐ Faculty-directed, Learner-paced: Enduring Material

☐ Blended activity



Demographic Data:

1. Title of learning activity:

2. Date of event if live:

Will this live event be repeated:

Start date if enduring material:

Expiration/end date if enduring material:

Date of enduring material if blended activity:

Date of live portion of activity if blended activity:

3. Name of organization/applicant:

4. Contact hours:

5. Contact person's name and credentials for this activity. Note: If this person is also on the planning committee, be sure to include his/her name on the list of individuals in a position to control content.

Address:

City, State, Zip Code:

Daytime Phone including extension:

Email Address:

Alternate Email Address:

6. Nurse Planner (must have a minimum of BSN) who actively planned this activity with the planning committee:

Name & Credentials:

The Nurse Planner is current on CE criteria through:

Address:

Daytime Phone including extension:

Email Address:

Alternate Email Address:

State(s) in which licensed as an RN:

RN license number:

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☐ Reviewed the most current SCNA Individual Activities CE Manual

☐ Other, Describe: _____

7. My organization is a:

☐ Hospital

☐ School/college of nursing

☐ Professional association

☐ Home health agency

☐ Business providing services to the healthcare industry

☐ Long term care facility

☐ Government agency

☐ Continuing education company

☐ Health care office or practice

☐ Other, Describe: _____

DO NOT USE THIS FORM
SAMPLE ONLY

8. Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by SCNA?

☐ Yes

☐ No

If yes, please explain what happened.

9. Have you ever been denied approval by or had approval revoked for an individual activity or a provider application by another approver (state or national)?

☐ Yes

☐ No

Please explain what happened.

10. Commercial Entities are not eligible to submit applications for continuing education activity approval. A commercial entity is a company that produces, markets, re-sells or distributes a product that is used on or by patients or is owned or controlled by a company that produces, markets, re-sells or distributes a product that is used on or by patients. Do you meet this definition?

☐ Yes

☐ No

If yes, Stop. Contact the Chair of the SCNA CEAC.

11. Is this continuing education? Does it enable the learner to acquire or improve knowledge or skills that promote professional or technical development to enhance the learner's contribution to quality health care and pursuit of professional career goals?

☐ Yes **If No, Stop. An activity for nursing contact hours must be CNE..**

☐ No

12. Description of the professional practice gap (e.g. change in practice, problem in practice, opportunity for improvement)

Describe the current state (What is going on now)

Describe the desired state (What change would you like to see from the current state?)

Identified gap (What is the cause of the difference between current and desired future state? – Knowledge, Skill, or Practice - Describe):

13. Evidence to validate the professional practice gap (check all methods/types of data that apply)

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☐ Survey data from stakeholders, target audience members, subject matter experts or similar

☐ Input from stakeholders such as learners, managers, or subject matter experts

☐ Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement

☐ Evaluation data from previous education activities

☐ Trends in literature, law and health care

☐ Direct observation

☐ Other—Describe: _____

Please provide a brief summary of data gathered that validates the need for this activity:

14. Educational need that underlies the professional practice gap (e.g. knowledge, skill and/or practices)

☐ Gap in Knowledge (knows)

☐ Gap in Skills (knows how)

☐ Gap in Practice (shows/does)opportunities for improvement

☐ Other—Describe: _____

15. Description of the target audience. (You can select more than one target audience).

☐ All RNs

☐ Advanced Practice RNs

☐ RNs in Specialty Areas (Identify specialty): _____

☐ Interprofessional (Describe): _____

☐ Other-(Describe): _____

16. Desired learning outcome(s) (What will the outcome be as a result of participation in this activity?)

17. What is the desired impact area of the learning outcome (check all that apply):

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SAMPLE ONLY

☐ Nursing Professional Development

☐ Patient Outcome

☐ Other-(Describe): _____

18. Outcome Measure(s) (A statement as to how the outcome will be measured):

19. Content of activity: A description of the content with supporting references or resources

Content for an educational activity might be chosen from any or all of the following: - Information available from the following organization/web site (organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health)- Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years)- Clinical guidelines (example - www.guidelines.gov)- Expert resource (individual, organization, educational institution) (book, article, web site)- Textbook references Use the Educational Planning Table to provide this information.Click on the Resources link at the top right hand side to get access a blank Educational Planning Table form.

20. Learner engagement strategies
Learner engagement strategies might include any or all of the following: - Integrating opportunities for dialogue or question/answer- Including time for self-check or reflection- Analyzing case studies- Providing opportunities for problem-based learning Use the Educational Planning Table to provide this information.Click on the Resources link at the top right hand side to get access a blank Educational Planning Table form.

21. Criteria for Awarding Contact Hours
Criteria for awarding contact hours for live and enduring material activities include: (Check all that apply)

☐ Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)

☐ Attendance at 1 or more sessions

☐ Completion/submission of evaluation form

☐ Successful completion of a post-test (e.g., attendee must score % or higher): _____

☐ Successful completion of a return demonstration

☐ Other-(Describe): _____

22. Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience was assessed
Suggestions for short-term evaluation methods include but are not limited to the following: - Learner statement of Intent to change practice- Post-test- Return demonstration- Case study analysis- Role-play Suggestion for long-term evaluation methods include but are not limited to the following: - Self-reported change in practice- Change in quality outcome measure- Return on Investment (ROI)- Observation of performance

23. Joint-providership (must provide an answer)
- As the Approved Provider Unit, we will maintain responsibility for the adherence to criteria for this activity.- Our name as the provider and the names of the joint providers will be prominently listed on the advertising.

☐ This activity will not be jointly provided.

☐ Joint providership of this activity has been arranged with: List organization _____

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SAMPLE ONLY

24. Commercial support/sponsorship:

☐ No commercial support or sponsorship received. (No statement needed)

☐ Information provided on advertising.

☐ Information provided in handouts.

☐ Other, Describe: _____

25. Individuals in a position to control content
How many Nurse Planners, Content Experts and Presenter were in the creation and presentation of this activity? Must be more than one person If you have more than 30 people please contact SCNA for an extra form.

Complete the table below for each person in a position to control content of the educational activity and include name, credentials, educational degree(s), role on the planning committee, and expertise that substantiates their role. There must be one Nurse Planner and one other planner to plan each educational activity. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered (Content Expert). The individuals who fill the roles of Nurse Planner and Content Expert must be identified.

Name of Individual & Credentials	Individual's Role in Activity	Planning Committee Member? (Yes/No)	Name of Commercial Interest If Any	Nature of Relationship If Any

The following information needs to be submitted with this application. There is a place to upload these required materials with-in the tasks of this on-line application.

Attachment 1 Conflict of interest documentation form from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable.

Attachment 2 Educational Planning Table – Live /Enduring Material Number of contact hours awarded for activity, including method of calculation

Attachment 3 Attendance Sign In Sheet (Provider must keep a record of the number of contact hours earned by each participant.)

Attachment 4 If the activity is longer than 3 hours, attach the agenda for the entire activity.

Attachment 5 Documentation of completion and r certificate. Must include the following: - Title and date of the educational activity - Name and physical address of the provider of the educational activity - Number of contact hours awarded - Approval statement - Participant name

Attachment 6 Commercial Support Agreement with signature and date (if applicable)

Attachment 7 Evidence of required information provided to learners: - Accreditation statement of provider awarding contact hours - Criteria for awarding contact hours - Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers) - Commercial support (if applicable) - Expiration date (enduring materials only) - Joint Providership (if applicable) (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the name of the Provider awarding contact hours and responsibility for adherence to ANCC criteria).

Attachment 8 Copy of evaluation method used

Signature of applicant

DO NOT USE THIS FORM
SAMPLE ONLY

SAMPLE Individual Activity Conflict of Interest Form will be downloaded from the Fluid Review Site
DO NOT USE THIS PAPER FORM

Individual Activity Conflict of Interest Form 2015 Criteria

Title of Educational Activity: _____ Educational Activity Date: _____

Role in Educational Activity: (Check all that apply)

- ☐ Nurse Planner
- ☐ Content Expert
- ☐ Faculty/Presenter/Author
- ☐ Content Reviewer
- ☐ Other – Describe: _____

Section 1: Demographic Data

Name with Credentials/Degrees: _____

If RN, Nursing Degree(s): _____ AD _____ Diploma _____ BSN _____ Masters _____ Doctorate

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SAMPLE ONLY

Address: _____

Phone Number: _____ Email Address: _____

Current Employer and Position/Title: _____

Section 2: Expertise - Planning Committee

If a planning committee member, select area of expertise specific to the educational activity listed above:

Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)

Content Expert

Other

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

_____

_____

Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer

An "X" on this line identifies the expertise information the same as listed above.

Please describe expertise and years of training specific to the educational activity listed above. (If the description of expertise does not provide adequate information, the Accredited Approver may request additional documentation.)

_____

_____

Section 4: 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** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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

Commercial Interest Organizations are ***ineligible*** for accreditation.

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SAMPLE ONLY

An organization is NOT a Commercial Interest Organization* if it is:

- A government entity;
- A non-profit (503(c)) organization;
- A provider of clinical services directly to patients, including but not limited to hospitals, health care agencies and independent health care practitioners;
- An entity the sole purpose of which is to improve or support the delivery of health care to patients, including but not limited to providers or developers of electronic health information systems, database systems, and quality improvement systems;
- A non-healthcare related entity whose primary mission is not producing, marketing or selling or distributing health care goods or services consumed by or used on patients;
- A liability insurance provider;
- A health insurance provider;
- A group medical practice;
- An acute care hospital (for profit and not for profit);
- A rehabilitation center (for profit and not for profit);
- A nursing home (for profit and not for profit);
- A blood bank; or
- A diagnostic laboratory.

(*Reference: Accreditation Council for Continuing Medical Education (ACCME) Standards of Commercial Support, August 2007 (www.accme.org) - ANCC's definition is intended to ensure compliance with Food and Drug Administration Guidance on Industry-Supported Scientific and Educational Activities and consistency with the ACCME definition)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships******* with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

*****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.

- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.

- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

DO NOT USE THIS FORM
SAMPLE ONLY

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

_____ Yes _____ No

If yes, complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

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

Section 5: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

_____ _____

Typed or Electronic Signature: Name and Credentials (Required) **Date**

Section 6: Conflict Resolution (to be completed by Nurse Planner)

A. Procedures used to resolve conflict of interest if applicable for this activity: (Check all that apply)

____ Not applicable since no conflict of interest.
____ Removed individual with conflict of interest from participating in all parts of the educational activity.
____ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
____ Not awarding contact hours for a portion or all of the educational activity.
____ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
____ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
____ Other - Describe: ____

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_____ _____

Nurse Planner Signature (* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Conflict of Interest Form.

_____

_____ **Typed or Electronic Signature: Name and Credentials (Required)** **Date**

MEANT TO BE BLANK

SAMPLE Individual Activity Educational Planning Table will be downloaded from the Fluid Review Site
DO NOT USE THIS PAPER FORM

DO NOT USE THIS FORM
SAMPLE ONLY

Title of Activity: _____

Identified Gap(s): _____

Description of current state: _____

Description of desired/achievable state: _____

Gap to be addressed by this activity: ☐ **Knowledge** ☐ **Skills** ☐ **Practice** ☐ **Other: Describe** _____

Learning Outcome (s) _____

Select all that apply: ☐ **Nursing Professional Development** ☐ **Patient Outcome** ☐ **Other: Describe** _____

CONTENT (Topics)	**TIME FRAME (if live)**	**PRESENTER/ AUTHOR**	**TEACHING METHODS/LEARNER ENGAGEMENT STRATEGIES**
Provide Title of Topic With Outline of Content *Insert additional rows as needed*	Approximate time required for content	List the Presenter/Author	List the learner engagement strategies to be used by Faculty, Presenters, Authors
_____	_____	_____	_____
_____	_____	_____	_____
List the evidence-based references used for developing this educational activity:			

If Live:

Note: Time spent evaluating the learning activity may be included in the total time when calculating contact hours.

Total Minutes _____ **divided by 60=** _____ **contact hour(s)**

If Enduring:

Method of calculating contact hours:

☐ **Pilot Study** ☐ **Historical Data** ☐ **Complexity of Content** ☐ **Other: Describe** _____

Estimated Number of Contact Hours to be awarded: _____

Completed By: Name and Credentials **Date**

SAMPLE Individual Activity Commercial Support Agreement can be downloaded from the Fluid Review Site if applicable
DO NOT USE THIS PAPER FORM

Commercial Support Agreement

A commercial interest, as defined by the American Nurse's Credentialing Center (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. Nonprofit or government organizations, non-healthcare-related companies, and healthcare facilities are not considered commercial interests.

Commercial support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.

Note: Organizations providing commercial support may *not* provide or joint provide an educational activity.

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SAMPLE ONLY

Title of Educational Activity:
Activity Location (if live): | Activity Date (if live):
Name of Commercial Interest Organization:
Name of Approved Provider:
Total amount of Commercial Support:
Area(s) of activity Commercial Interest organization would like to support: ☐ Unrestricted ☐ Restricted* o Speaker honoraria o Speaker expenses o Meal o Other (please list):

** Commercial interest may request that funds be used to support a specific part of an educational activity. The Approved Provider may choose to accept the restriction or not accept the commercial support. The Approved Provider maintains responsibility for all decisions related to the activity as described below.*

Terms and Conditions	
1.	All organizations must comply with the *ANCC Content Integrity Standards for Industry Support in Continuing Educational Activities* which is available on the ANCC Accreditation web page.
2.	This activity is for educational purposes only and will not promote any proprietary interest of a Commercial Interest organization providing financial or in-kind support.
3.	The Individual Activity Applicant is responsible for all decisions related to the educational activity. The Commercial Interest organization providing financial or in-kind support may **not** participate in any component of the planning process of an educational activity, including:

	▪ Assessment of learning needs ▪ Selection or development of content ▪ Selection of planners, presenters, faculty, authors and/or content reviewers ▪ Selection of teaching/learning strategies ▪ Evaluation methods
4.	The Individual Activity Applicant will make all decisions regarding the disposition and disbursement of commercial support in accordance with ANCC criteria.
5.	All commercial support associated with this activity will be given with the full knowledge and consent of the Approved Provider. No other payments shall be given to any individuals involved with the supported educational activity.
6.	Commercial support will be disclosed to the participants of the educational activity.
7.	Commercial Interest Organizations may not exhibit, promote or sell products or services during the introduction of an educational activity, while the educational activity takes place or at the conclusion of an educational activity, regardless of the format of the educational activity.

Statement of Understanding

An "X" in the boxes below serves as the electronic signatures of the representatives duly authorized to enter into agreements on behalf of the organizations listed and indicates agreement of the terms and conditions listed in the Commercial Support Agreement above.

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SAMPLE ONLY

Individual Activity Applicant Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ Electronic Signature (Required)	**Date:**
Completed By: (Name and Credentials)	

Commercial Interest Name:	
Address:	
Name of Representative:	
Email Address:	
Phone Number:	
Fax Number:	
_____ Electronic Signature (Required)	**Date:**
Completed By: (Name and Credentials)	

Provider Unit Application

Example of what the on-line Provider Unit Application looks like.
DO NOT USE THIS PAPER FORM ONLY USE ON-LINE FORM FOUND ON HTTPS://SCNA.FLUIDREVIEW.COM

Introductory Information

Date of this application:

Name of organization:

Address:

Identify the person with whom SCNA should correspond.

Contact person:

Title or position:

Role in provider unit:

- ○ Administrator
- ○ Primary Nurse Planner
- ○ Both an Administrator and a Primary Nurse Planner
- ○ Other

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Please specify

Phone Number including area code:

Email Address:

Alternate Email Address:

Identify the Primary Nurse Planner

Name:

Credentials:

Title of position:

Phone number including area code:

Email Address:

Alternate Email Address:

State(s) in which licensed as an RN:

Nursing license number(s):

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SAMPLE ONLY

Does your provider unit have a website that publicly addresses your CE activities?

○ Yes

○ No

If yes, the address is:

The Intent to Apply or Re-apply form was submitted to SCNA and we were notified that we are eligible to apply as a provider unit.

○ Yes

○ No

For those provider units transferring from another approver unit, what was the name of previous approver unit:

For provider units who have been approved as a provider through SCNA, please check if and when one or more of your nurse planners attended the following: Provider Updates (held each year)

○ Yes

○ No

If yes,
year(s) attended since last provider approval:

Records will be kept at (location to include address):

Approved Provider Organizational Overview

The Organizational Overview (OO) is an essential component of the application process that provides a context for understanding the Provider Unit. The applicant must submit the following documents and/or narratives:

Structural Capacity

OO1. Demographics
Submit a description of the features of the Provider Unit, including but not limited to scope of services, size, geographical range, target audience(s), content areas, and the types of educational activities offered. If your Provider Unit is part of a multi-focused organization, describe the relationship of these scope dimensions to the total organization.

OO2. Lines of Authority and Administrative Support Submit a list of the names, credentials, positions, and titles of the Primary Nurse Planner, other Nurse Planner(s) (if any), in the Approved Provider Unit.

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Submit position descriptions of the Primary Nurse Planner and Nurse Planners (if any), in the Approved Provider Unit.

○ I would like to provide my response in a text box.

○ I would like to upload my responses in a document.

Upload position descriptions of the Primary Nurse Planner and Nurse Planner(s) (if any).

Submit position descriptions of the Primary Nurse Planner, Nurse Planners (if any), in the Approved Provider Unit.

You will be required to submit a chart depicting the structure of the Approved Provider Unit, including the Primary Nurse Planner, other Nurse Planner(s) (if any).

If part of a larger organization, you will be required to submit an organizational chart, flow sheet, or similar kind of image that depicts the organizational structure and the Approved Provider Unit's location within the organization

Educational Design Process OO3.

Data Collection and Reporting Approved Provider organizations report data, at a minimum, annually to SCNA. You will be required to submit a complete list of all CNE offerings provided in the past 12 months, including activity dates; titles; target audience; total number of participants; number of contact hours offered for each activity; co-provider status; and any sponsorship or commercial support, including monetary or in-kind amount. New applicants: Submit a list of the CNE offerings approved and provided within the past 12 months. If available, include the items listed above. Include the assigned SCNA number for those activities approved by SCNA.

Quality Outcomes OO4. Evidence A. Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past 12 months specific to the Provider Unit. Outcomes must be written in measureable terms. New applicants: Develop and submit a list of quality outcome measures that will be collected, monitored, and evaluated. Examples of

outcomes Cost savings for customers Cost savings for Provider Unit Volume of participants in educational activities Volume of educational activities provided Satisfaction of staff and volunteers Satisfaction of faculty Change in format of CNE activities to meet the needs of learners Change in operations to achieve strategic goals Operational improvements Quality/cost measures Turnover/vacancy for Provider Unit staff and volunteers Professional development opportunities for staff and volunteers

B. Submit a list of the quality outcome measures the Provider Unit has collected, monitored, and evaluated over the past 12 months specific to Nursing Professional Development New applicants: Develop and submit a list of quality outcome measures that will be collected, monitored, and evaluated. Examples of outcomes Professional practice behaviors Leadership skills Critical thinking skills Nurse competence High-quality care based on best-available evidence Improvement in nursing practice Improvement in patient outcomes

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Approved Provider Criterion 1: Structural Capacity (SC) The capacity of a Provider Unit is demonstrated by commitment to, identification of, and responsiveness to learner needs; continual engagement in improving outcomes; accountability; leadership; and resources. Applicants will write narrative statements that address each of the criteria under Commitment, Accountability, Leadership, and Resources to illustrate how structural capacity is operationalized. Each narrative must include a specific example that illustrates how the criterion is operationalized within the Provider Unit. Commitment. The Primary Nurse Planner demonstrates commitment to ensuring RNs' learning needs are met by evaluating Provider Unit goals in response to data that may include but is not limited to aggregate individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback. Describe and, using an example, demonstrate: SC 1. The Primary Nurse Planner's commitment to learner needs, including how Provider Unit processes are revised based on aggregate data which may include but is not limited to individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

Description:

Example:

Accountability. The Primary Nurse Planner is accountable for ensuring that all Nurse Planners and key personnel in the Approved Provider Unit adhere to the ANCC accreditation criteria. Describe and, using an example, demonstrate: SC2. How the Primary Nurse Planner ensures that all Nurse Planners of the Provider Unit are appropriately oriented and trained to implement and adhere to the ANCC accreditation criteria.

Description:

Example:

Leadership. The Primary Nurse Planner demonstrates leadership of the Provider Unit through direction and guidance given to individuals involved in the process of assessing, planning, implementing, and evaluating CNE activities in adherence to ANCC accreditation criteria.SC 3. How the Primary Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with ANCC accreditation criteria.

Description:

Example:

Approved Provider Criterion 2: Educational Design Process (EDP)The Approved Provider Unit has a clearly defined process for assessing needs as the basis for planning, implementing, and evaluating CNE. CNE activities are designed, planned, implemented, and evaluated in accordance with adult learning principles, professional education standards, and ethics. Assessment of Learning Needs. CNE activities are developed in response to, and with consideration for, the unique educational needs of the target audience. Describe and, using an example, demonstrate each of the following:

EDP 1. The process used to identify a problem in practice or an opportunity for improvement (professional practice gap).

Description:

Example:

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SAMPLE ONLY

EDP 2. How the Nurse Planner identifies the educational needs (knowledge, skills and/or practice(s)) that contribute to the professional practice gap.

Description:

Example:

Planning. Planning for each educational activity must be independent from the influence of commercial interest organizations Describe and, using an example, demonstrate each of the following: EDP 3. The process used to identify and resolve all conflicts of interest for all individuals in a position to control educational content.

Description:

Example:

Design Principles. The educational design process incorporates best-available evidence, and appropriate teaching methods. EDP 4. How content of the educational activity is developed based on the best-available current evidence (e.g. clinical guidance, peer-reviewed journals, and experts in the field) and to fosters achievement of desired outcomes.

Description:

Example:

EDP 5. How strategies used to promote learning and actively engage learners are incorporated into educational activities.

Description:

Example:

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. Describe and, using ONE example, demonstrate the following: EDP 6. How summary evaluation data for an educational activity were used to guide future activities.

Description:

Example:

EDP 7. How the Primary Nurse Planner measures change in knowledge, skills and/or practices of the target audience that are expected to occur as a result of participating in the educational activity.

Description:

Example:

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Approved Provider Criterion 3:

Quality Outcomes (QO) The Approved Provider Unit engages in an ongoing evaluation process to analyze its overall effectiveness in fulfilling its goals and operational requirements to provide quality CNE. Approved Provider Unit Evaluation Process. The Approved Provider Unit must evaluate the effectiveness of its overall functioning as an Approved Provider Unit. Describe and, using an example, demonstrate each of the following: QO1. The process utilized for evaluating effectiveness of the Approved Provider Unit in delivering quality CNE.

○ I would like to provide my response in a text box.

○ I would like to upload my responses in a document.

Describe and, using an example, demonstrate: QO1. The process utilized for evaluating effectiveness of the Approved Provider Unit in delivering quality CNE.

Description:

Example:

Upload a description and an example of: QO1. The process utilized for evaluating effectiveness of the Approved Provider Unit in delivering quality CNE.

QO2. How the evaluation process for the Approved Provider Unit resulted in the development or improvement of an identified quality outcome measure. (Refer to identified quality outcomes list in OO4a on page 2 of the application).

○ I would like to provide my response in a text box.

○ I would like to upload my responses in a document.

O2. How the evaluation process for the Approved Provider Unit resulted in the development or improvement of an identified quality outcome measure. (Refer to identified quality outcomes list in OO4. on page 2 of the application).

Description:

Example:

Upload a description and an example of: QO2. How the evaluation process for the Approved Provider Unit resulted in the development or improvement of an identified quality outcome measure. (Refer to identified quality outcomes list in OO4 on page 2 of the application).

Value/Benefit to Nursing Professional Development. The Provider Unit shall evaluate data to determine how the provider unit, through the learning activities it has provided, has influenced the professional development of its nurse learners. Describe and, using an example, demonstrate: QO3. How, over the past 12 months, the Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4b on page 2 of the application).

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SAMPLE ONLY

○ I would like to provide my response in a text box.

○ I would like to upload my responses in a document.

Describe and, using an example, demonstrate: QO3. How, over the past 12 months, the Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4b on page 2 of the application).

Description:

Example:

Upload a description and an example of: QO3. How, over the past 12 months, the Provider Unit has enhanced nursing professional development. (Refer to identified quality outcomes list in OO4b on page 2 of the application).

ATTESTATION STATEMENT: attest that we will adhere to the following criteria of ANCC and SCNA CEAC as defined in the SCNA Provider Manual. Awarding of contact hours Use of the Approved Provider Statement Certificate/documentation of completion Disclosures Recordkeeping Co-providing Adhering to laws/rules/ethical business practices Educational requirements and responsibilities of the primary nurse planner and nurse planners Timely communication about core changes and responses to requests for information from SCNA Process to ensure meeting of all criteria and rules Planning and providing CE, not approving CE

Signature of Primary Nurse Planner:

Left click on mouse, hold down and move the mouse to sign your name.

Date
____/__/__ (YYYY/MM/DD)

Provider Unit Documentation Forms

The following 2015 Approved Provider documentation forms need to be used for the planning, implementation, and evaluation of all Provider Unit activities.

These forms can be downloaded from http://www.scnurses.org/?page=DocumentationForms

Provider Unit Documentation Form 2015 -- required

Educational Planning Table 2015 -- required

Conflict of Interest (COI) Form 2015 – required

Commercial Support Agreement Form 2015 -- if applicable

Other Forms
2015 Provider Personnel Change Form

Approved Provider Educational Activity Evaluation Summary

APPENDIX H GLOSSARY OF TERMS

This glossary is drawn from the glossary in the American Nurses Association Scopes and Standards of Practice for Nursing Professional Development, ANCC Commission on Accreditation's Application Manual (2015). The selected definitions are frequently used in the context of accreditation and approval and may in some cases require further elaboration in order to carry out the accreditation and approval processes. The definitions from the standards and rules are in ordinary type; operational elaboration or, if necessary, definition by the ANCC Commission on Accreditation is *printed in italics*.

accountability
Responsibility for adherence to the ANCC accreditation criteria as they apply to providing quality CNE.

accreditation
The voluntary process by which a nongovernmental agency or organization appraises and grants accredited status to institutions and/or programs or services that meet predetermined structure, process, and outcome criteria (time-limited).

accredited approver
An eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to assess and monitor other organizations' compliance with ANCC accreditation criteria that support the provision of quality CNE activities, and to assess and monitor applicants' compliance with ANCC accreditation criteria as Approved Providers (C/SNA and FNS only) and Individual Activity Applicants (C/SNA, FNS, and SNO).

accredited provider
An eligible organization credentialed by ANCC after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over an extended period of time.

approved provider
An eligible organization approved by an ANCC Accredited Approver after having submitted to an in-depth analysis to determine its capacity to provide quality continuing education over an extended period of time.

approver unit
Comprises the members of an organization who support the approval of other organizations and/or continuing nursing education activities.

best available evidence
Choosing evidence based on an evidence hierarchy, with higher levels of the hierarchy consistent with a stronger evidence base (Polit and Beck, 2008).

bias
Tendency or inclination to cause partiality, favoritism, or influence.

biographical data
Information required from Nurse Planners and content experts for Individual Activity Applications. The data provided should document these individuals' qualifications relevant to the continuing education process or a specific activity with respect to their education, professional achievements and credentials, work experience, honors, awards, and/or professional publications.

commercial bias
Favoritism or influence shown toward a product or company in relation to an educational offering.

commercial interest
Any entity producing, marketing, reselling, or distributing health care goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes health care goods or services consumed by or used on patients. Or an entity that advocates

for use of the products or services of commercial interest organizations. Exceptions are made for nonprofit or government organizations and non-health-care-related companies.

commercial support
Financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity. Providers of commercial support may not be providers or joint providers of an educational activity.

commission on accreditation (COA)
Appointed by and accountable to the ANCC Board of Directors, this body is responsible for development and implementation of the ANCC program for accreditation of CNE. The COA is composed of at least nine members selected from CNE stakeholder communities and represent expertise from across the field of continuing education, including academia, educational companies, domestic and international nursing associations, and governmental organizations.

commitment
Duty or responsibility of those providing or approving continuing education to meet learner needs, provide quality CNE, and support Provider Unit goals and improvements.

conflict of interest
An affiliation or relationship of a financial nature with a commercial interest organization that might affect a person's ability to objectively participate in the planning, implementation, or review of a learning activity.

constituent / state nurses association (C/SNA)
Those organizations at the state level that are part of the American Nurses Association

contact hour
A unit of measurement that describes sixty minutes of an organized learning activity. One contact hour = sixty minutes.

content
Subject matter of an educational activity that is based on the best available evidence and reflects the desired learning outcomes.

content expert
An individual with documented qualifications demonstrating education and/or experience in a particular subject matter. ***CEAC NOTE:*** *There must be a content expert on every planning committee.*

content reviewer
An individual selected to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners for quality of content, bias, and any other aspects of the activity that may require evaluation.

continuing education unit (CEU)
The ANCC Accreditation Program does not utilize this term when referring to the CNE unit of measurement. The CEU is an educational measurement utilizing criteria of the International Association for Continuing Education and Training (IACET).

continuing nursing education (CNE) activities
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 RNs' pursuit of their professional career goals.

credentialing
A generic term for licensure, certification, and registration. It can also be used as a term for a voluntary recognition process under the auspices of private-sector associations.

eligibility
An applicant's ability to meet the requirements established by ANCC as a prerequisite to evaluation for accreditation or re-accreditation in order to be considered qualified to apply for accreditation.

enduring materials
A non-live CNE activity that lasts over time. Examples of enduring materials include programmed texts, audiotapes, videotapes, monographs, computer-assisted learning materials, and other electronic media that are used alone or with printed or written materials. Enduring materials can also be delivered via the Internet. The learning experience by the nurse can take place at any time and in any place rather than only at one time or in one place.

evaluation—formative
Systematic evaluation in the process of curriculum construction, teaching, and learning for the purpose of improving any of these three processes (Bloom et al, 1971).

evaluation—summative
Samples the entire range of outcomes associated over a long period and assesses student mastery of those skills (Bloom et al., 1971).

evidence-based practice
Applying the best available research results (evidence) when making decisions about health care. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. Systematic reviews (summaries of health care research results) provide information that aids in the process of evidence-based practice (http://effectivehealthcare.ahrq.gov/index.cfm/glossary-of-terms).

federal nursing services (FNO)
Any nursing serves provided by the federal government

gap analysis
The method of identifying the difference between current knowledge, skills, and/or practices and the desired best practices.

in-kind support
Nonmonetary support (e.g., marketing assistance, meeting room, event registration assistance) provided by the giver to the taker. (In the accreditation community, the "taker" is the provider of CNE.)

interprofessional continuing education
Education that occurs when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes (www.jointaccreditation.org).

interprofessional education
When students from two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (WHO, 2010).

joint providership
Planning, developing, and implementing an educational activity by two or more organizations or agencies.

jointly provided activities
Educational activities planned, developed, and implemented collaboratively by two or more organizations or agencies.

leadership

The provision of direction and guidance to individuals involved in the process of assessing, planning, implementing, and evaluating CNE activities in adherence to the ANCC accreditation criteria.

learner-directed, learner-paced activity
An educational activity in which the learner takes the initiative in identifying his or her learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which he or she engages in the learning activity. Learner-directed activities may be developed with or without the help of others, but they are undertaken in on an individual basis.

marketing materials
Method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, email, intranet posting, electronic message, or website.

multi-focused organization (MFO)
An organization that exists for more than the purpose of providing CNE.

needs assessment
The process by which a discrepancy between what is desired and what exists is identified.

nurse peer review leader
A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a graduate degree, with either the baccalaureate or graduate degree in nursing (or international equivalent), who has the authority within the organization to evaluate adherence to the ANCC Primary Accreditation Program criteria in the approval of CNE.

nurse peer reviewer
A registered nurse who holds a current, unencumbered license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in evaluating each Approved Provider or Individual Activity Applicant to evaluate adherence to the ANCC criteria.

nurse planner
A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and processes are consistent with the requirements of the ANCC Primary Accreditation Program.

nursing professional development
A specialized nursing practice that facilitates the professional development and growth of nurses and other health care personnel along the continuum from novice to expert.

organizational chart
A diagram or other schematic used to depict informal and formal lines of communication and relationships within the overall organization, as well as within the Provider Unit.

outcome
The impact of structure and process on the organization as an approver and the value/benefit to nursing professional development. Also applies to Approver Unit assessment of an approved provider.

outcome measurement
The process of observing, describing, and quantifying the predefined indicator(s) of performance after an intervention designed to impact the indicator.

planning committee

At least two individuals responsible for planning each educational activity; one individual must be a Nurse Planner, and one individual must have appropriate subject matter expertise (content expert).

position description (approver unit)
Description of the functions specific to the roles of Nurse Peer Review Leader and Nurse Peer Reviewers that relate to the Approver Unit.

position description (approved provider unit)
Description of the functions specific to the roles of Primary Nurse Planner and Nurse Planners (if any) that relate to the Approved Provider Unit.

primary nurse planner
A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a baccalaureate degree or higher in nursing (or international equivalent), and who has the authority within an Approved Provider Unit to ensure adherence to the ANCC Accredited Approver Unit and Accreditation Program criteria in the provision of CNE.

process
For Approved Providers, process is the development, delivery, and evaluation of CNE activities. For Accredited Approvers, process is the evaluation of providers of CNE and/or individual CNE activities.

provider unit
Comprises the members of an organization who support the delivery of continuing nursing education activities.

provider-directed, learner-paced
An educational activity in which the provider controls the content of the learning activity, including the learning outcomes based on a needs assessment, the content of the learning activity, the method by which it is presented, and the evaluation methods. Learners determine the pace at which they engage in the activity (examples include print article, self-learning module/independent study).

provider-directed, provider-paced
An educational activity in which the provider controls all aspects of the learning activity. The provider determines the learning outcomes based on a needs assessment, and chooses the content of the learning activity, the method by which it is presented, and evaluation methods (examples include live activities, live webinars).

relevant relationship
A relationship with a commercial interest is considered relevant if the products or services of the commercial interest are related to the content of the educational activity. The individual's spouse/partner's financial relationship with any commercial interest is also considered a relevant relationship.

resources
Available human, material, and financial assets used to support and promote an environment focused on quality CNE and outcome measures.

single-focused organization (SFO)
An organization that exists for the sole purpose of providing CNE.

specialty
A concentration in an area of nursing that has standards and that reflects a well-defined base of knowledge within the overall discipline of nursing.

specialty nursing organization (SNO)
A national nursing body that has a majority of voting members who are RNs practicing in a specialized nursing area, as so defined in the organization's governing documents.

structure
Characteristics of an organization, including commitment, accountability, and leadership, that are required to support the delivery of quality CNE.

target audience
The group for which an educational activity has been designed.

teaching strategies
Instructional methods and techniques that are in accord with principles of adult learning.

virtual visit
A conference between the applicant and the appraiser team via teleconference, telephone, or other electronic means to validate application findings. The appraiser team may request additional supporting evidence to seek clarification and verify compliance with accreditation criteria.

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