

Applicants of Continuing Education for Nurses

Guidelines and Application Packet for Continuing Education Contact Hour Approval Through Rhode Island State Nurses Association

Rhode Island State Nurses Association
700 Butler Drive
Providence, RI 02906
Tel: 401-331-5644
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E-mail: ceu@risnarn.org
WEB: www.risnarn.org

**RHODE ISLAND STATE NURSES ASSOCIATION
CABINET ON NURSING EDUCATION
APPLICATION PACKET FOR CONTINUING EDUCATION (CE) ACTIVITY
FACE SHEET**

1. Applicant: Western City Memorial Hospital
Address: 2 October Drive, Fall City, Maine 02135
Phone: (254)-615-4532

2. CE Activity previously approved No Yes Date: _____

Has this program been previously approved by another ANCC Provider No Yes
If yes give name of ANCC Provider: _____ Date: _____

3. **TITLE OF ACTIVITY:** _____

TYPE OF ACTIVITY: **Live Presentation (i.e. conference, teleconference, etc.)**

Packaged Program (i.e. enduring materials, online modules, articles etc)

Presentation time: _____ 1 hour _____

Contact hours to be awarded 1

Contact hours are awarded to participants for those portions of the activity devoted to didactic or clinical experience or to evaluation components of the activity. One contact hour equals 60 minutes. Contact hours may be awarded in ½ hour increments. As an example 120 minutes of a learning activity equals 2.0 contact hours or a learning activity that consists of 30 minutes equals 0.5 contact hours. If rounding is desired, contact hours will be rounded down.

Presentation date(s): October 10, 2010

Presentation location(s): Falls Auditorium Western City Memorial Hospital

4. (a) CE Activity Coordinator/Nurse Planner: : Mary Smith RN BSN
(Administratively responsible person)
Address: 2 October Drive, Fall City, Maine 02135
Phone (W) (254)-615-4532 Ext. 2051 Fax: (254)-453-7670 Email: msmith @wcmh.org

Alternate Contact Person (Must Be Included): Joan Day

Address: 2 October Drive, Fall City, Maine 02135

Phone: (254)-615-4532 Ext 2053

(b) Planning Committee: **must be comprised of a Designated Nurse Planner, Target Audience Representative and Content Expert** (Attach a current biographical data form for each member.)

Mary Smith RN BSN Joan Day RN BSN

5. Presenter(s) (Attach a current biographical data).
Joan Day RN BSN _____

6. Application Fee enclosed: Contract Applicant Individual Applicant

7. E-mail completed packet to: ceu@risnarn.org and mail one packet with appropriately signed pages to Rhode Island State Nurses Association, 700 Butler Dr, Providence, RI 02906

Instructions/Tips for filling out the application:

1. Documentation of the application needs to be completed as part of the planning process and not retrospectively.
2. Make sure that you have as part of your planning committee a designated person that is a Nurse Planner (plans, implements and evaluates activity), a Target Audience Representative and a person who is considered to be an expert/educator of the content of your program
3. Use action verbs to begin your objective see list posted on RISNA website.
4. Use an outline format for the Content (Topic) column of the Documentation form, describe what is being reviewed and avoid single words when able.
5. Answer all of the questions in the evaluation section
6. Application must be submitted in a typed word document.

Planner
 Present

Peer Reviewer

Approver
 Provider

**RHODE ISLAND STATE NURSES ASSOCIATION
BIOGRAPHICAL DATA FORM**

Name, Degree, & Credentials: Mary Smith RN BSN

If, RN, Nursing degree(s): AD Diploma BSN Masters PhD

Home OR Business Address: 2 October Drive, Fall City, Maine 02111
(Number and Street) (City, State, Zip)

Day Telephone: (254)-615-4532 Ext. 2051 Email Address: msmith @wcmh.org

Present Position (Title) & Employer: Nurse Educator- Western City Memorial Hospital

Planners-- Describe your familiarity with the target audience:

I have been an RN for the past twenty five years and have been in nursing education for the past ten. Currently I am responsible for educating nursing students from all of the local college programs.

Faculty/Presenters-- Describe your expertise in this topic:

Peer Reviewer—Describe your experience in relation to the nursing education field.

Education (include basic preparation through highest degree held)

	Degree	Institution (Name, City, State)	Major Area Of Study	Year Degree Awarded
1.	<u>MSN</u>	<u>Maine Winter College</u>	<u>Nursing</u>	<u>1982</u>
2.	<u>High School Diploma</u>	<u>Portland High School</u>	<u>College Prep</u>	<u>1977</u>
3.	<u></u>	<u></u>	<u></u>	<u></u>

Interest Declaration

Having an interest in or affiliation with a commercial company does not preclude involvement in a continuing education activity, but the relationship must be made known. Please select one of the following:

- I do not** have any financial arrangements or affiliations with any commercial company, which has a direct interest in the subject matter of my presentation(s) at this continuing education activity.
- I do** have a financial interest/arrangement or affiliation with the following commercial companies, which provide products or services directly related to the subject matter of my presentation(s) at this continuing education activity.
- I will** be presenting information on using a product for off label use.

Name of Commercial Company _____

Relationship:

- Grant/Research Support
- Consultant
- Speakers' Bureau
- Major Stock Shareholder
- Other Financial Support
- Spouse/Significant Other

How will any conflict of interest be resolved?

- **Each Nurse Planner, Presenter and Planning Committee member are required to submit a biographical form.**

CONTINUING EDUCATION ACTIVITY DOCUMENTATION FORM*

Instructions: Use this five-column format to provide documentation on Educational Education Activity Criteria Objectives, Content, Time Frames, Presenters, and Teaching Strategies. **NO Trademark names on Technical or Media Products** (e.g. state presentation slides instead of *PowerPoint*).

Title of Activity: **Introduction to Nursing Informatics**

Total Number of Contact Hours: _____ 1 _____

Objectives	Content (Topics)	Time Frame	Presenter	Teaching Strategies
List the educational objectives in behavioral terms	Provide an outline of the content/topics for each objective. It requires more than a restatement of the objective	Provide a time frame for each objective.	List the presenter for each topic or content area.	Describe the teaching methods, materials and resources for each objective
1. Define "Nursing Informatics"	a. History of informatics and how it has impacted nursing practice	15 minutes	Joan Day RN MSN	Lecture and Slides
	b. Using informatics to increase efficiency, safety and efficacy	15 minutes	Joan Day RN MSN	Lecture and Slides
2. Describe challenges experienced by nurses dedicated to the field of informatics	a. Involvement of nurse from different generations	15 minutes	Joan Day RN MSN	Lecture and Slides
	b. Building a foundation for a fully paperless electronic medical record	15 minutes	Joan Day RN MSN	Lecture and Slides

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- This format may be adapted to an organization's own word-processing package and printed landscape or portrait, or the form may be reproduced and the information typed directly on the form

**RHODE ISLAND STATE NURSES ASSOCIATION
PLANNING FORM**

Title: Introduction to Nursing Informatics

Target Audience: • All RN's APNs RNs in Specialty areas (Identify)

Other: Describe:

Needs Assessment: How was need assessed, including how learner input was considered in such areas as content.

Check all that apply:

- | | |
|--|---|
| • Expressed need (written/verbal) | Recommendations from: |
| <input type="checkbox"/> Program evaluations | <input type="checkbox"/> Quality/Performance Improvement Activities |
| <input type="checkbox"/> Survey | <input type="checkbox"/> Education committee |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Nursing management |
| <input type="checkbox"/> Trends in Literature, Law & Health Care | |

Purpose/Goal(s): State the overall purpose /goals of this activity

To provide an overview of one of the newest nursing careers and how informatics will influence the future of healthcare

Promotional Materials included: _____

Presenter(s) Participation in Planning: How will presenter(s) take an active part in planning and evaluating presentations?

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Received needs assessment data | <input type="checkbox"/> Received objectives |
| <input type="checkbox"/> Will review evaluation | <input checked="" type="checkbox"/> Developed objectives |
| <input type="checkbox"/> Established content | <input type="checkbox"/> Not involved |

Evaluation:

1. Check or describe the methods of evaluation to be used: (Check all that apply)

- Evaluation Form
- Pre and /or Post-Test
- Return Demonstration
- Other: Describe _____

2. Category of evaluation to be used for this activity is: (Check all that apply)

- Learner satisfaction
- Knowledge enhancement (e.g. testing)
- Skill and attitude change (e.g. return demonstration)
- Change in practice/performance (usually done 3 months after learning)
- Relationship of the practice change to quality of service (most complex, usually done 6 months after event; look at final outcomes)

3. Include supporting documentation for description and category

4. Applicants must submit a copy of the evaluation tool, which must include:

- Learner's achievement of **each** objective
- Teaching effectiveness of **each** presenter
- Relationship of objectives to the overall purpose/goal(s) of activity
- Effectiveness of teaching strategies
- Appropriateness of physical facilities with recommendation for location and scheduling

5. Evaluation tool meets criteria listed above? Yes _____

6. Evaluation tool is included? Yes _____

(Sample evaluation tool is available on RISNA website)

7. How will evaluation data be utilized to improve activities that are ongoing or to improve the continuing education product? All evaluations will be reviewed and summarized, programs will be changed accordingly.

Criteria for Successful Completion

Participants will be made aware of the method for determining successful completion prior to participation by a verbal announcement before each continuing education program.

Successful completion includes: (Check all that apply)

- **Attendance at entire educational activity.**
- Attendance at least 80 % of the educational activity**
- Completion/submission of evaluation form**
- Achieving passing score on post-test**

Verify Participation: (Check all that apply)

- **Sign-in sheets will verify attendance.**
- Check-off Sheet**
- Other: Describe _____**

Documentation of Completion:

A defined method for determining (certificate) that the educational activity exists must be submitted with the application. The following must be included on the certificate.

- Title, date of completion, and location of educational activity
- Applicant of educational activity
- Number of contact hours awarded
- Official accreditation statement

Accreditation Statement

Submit with the application a copy of the advertising material including any relevant pages of the web site (when applicable).

For activities >3 contact hours include brochure and agenda for the entire activity. Ensure that the accreditation statement stands alone and is worded exactly as the packet sample on the RISNA web site

Type of Advertising: (Check all that Apply)

- Flyer/Brochure
- Memo/Letter
- Meeting Notice
- E—mail
- Web site
- Other: (Describe) _____

Conflict of Interest (i.e. financial, professional, personal relationship)

To ensure that all continuing education activities are free from bias, all presenters must declare any conflict of interest (i.e. financial, professional, personal relationship)

Does anyone involved in the planning or presenting of the program have a conflict of interest? Yes _____
No

If yes, describe nature of the conflict of interest and methods used to maintain the integrity of the educational activity (**disclosures must be provided verbally or written to the activity participants prior to the start of the program**).

If a written disclosure provide a sample form and any actions that took place to resolve the conflict.

For further clarification of Conflict of Interest guidelines, please refer to the RISNA website.

Disclosures provided to activity participants:

Attach copies of documents or describe methods used to inform activity participants of the following:

1. Goal/purpose and criteria for successful completion: (Check all that apply)

- Information on advertising material
- Verbal statement at beginning of activity
- Written information on handouts
- Other: Describe:

2. Conflicts of interest or lack thereof for planners and presenters, to include financial relationships and resolution of such. (Note: Not applicable is not an acceptable response). (Check all that apply)

Announcement at beginning off session (If this is selected, another person must document in writing that it occurred. Name of the person who will do this is Mary Smith. **Note: Announcer and documenter may NOT be the same person**).

- Information provided on advertising
- Information provided in handouts
- Signs placed inside or outside the of presentation room
- Other: Describe:

3. Commercial support/sponsorship (Note: Not applicable is not an acceptable response). (Check all that apply)

Announcement at beginning of session (If this is selected, another person must document in writing that it occurred. Name of the person who will do this is Mary Smith. **Note: Announcer and documenter may NOT be the same person**).

- No commercial products are being displayed (No statement needed)
- Information provided on advertising
- Information provided in handouts

- Signs placed inside or outside the of presentation room
- Other: Describe

4. *Non-endorsement of products displayed in conjunction with the activity (Check all that apply)*

- No commercial products are being displayed
- Information provided on advertising
- Information provided in handouts
- Verbal statement at beginning of activity made
- Other: Describe

5. *Discussion of off-label use: (Check all that apply)*

- Faculty/Presenter have attested that they will not discuss off-label usage of products (No statement needed)
- Faculty/Presenter will state at the beginning of their session that there will be discussion of off-label use of products
- Information will be provided in the handouts
- Other: Describe:

6. *Expiration date for awarding contact hours for enduring materials:*

- Not enduring materials so not applicable
- Information provided directions page
- Information provided on advertising
- Other: Describe

Co providership (for Approved Providers only)

The following is completed:

- Copy of co-provider agreement submitted
- Objectives and content are determined
- Selection of content specialist planners and activity presenters are chosen collaboratively
- Awarding of contact hours is appropriate
- Recordkeeping is documented
- Evaluation methods and categories are submitted

Enduring Materials Continuing Nursing Education Activity

<i>Objectives</i>	<i>Content (Topics)</i>	<i>Methods</i>
<i>List in behavioral terms</i>	<i>Provide an outline for each objective, do not restate the objective</i>	<i>Describe teaching strategies, materials and resources for each objective</i>

CERTIFICATE OF ATTENDANCE and SUCCESSFUL COMPLETION

**Western City Memorial Hospital
2 October Drive
Fall City, Maine 02135
Applicant Name, Address, City and State**

Awards

Name of Participant

1.0 Contact Hour

Introduction to Nursing Informatics

October 10, 2010

Date

**2 October Drive, Fall City, Maine 02135
Place, City and State**

****Mary Smith RN BSN***

Signature

THIS CONTINUING NURSING EDUCATION ACTIVITY WAS APPROVED BY THE RHODE ISLAND STATE NURSES ASSOCIATION, AN ACCREDITED APPROVER BY THE AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION.

*** (Hand Signature Required of BSN on Planning Committee)**

RISNA Continuing Education Program Evaluation

Each participant must complete an evaluation to receive a Contact hour certificate for this educational activity. Please be as honest and objective as possible.

1. Rate the extent to which the objectives were met by circling the appropriate number.

Learner's achievement of each objective (list each objective below)	Met	Partially met	Not met
1. Define "Nursing Informatics"	1	2	3
2. Describe challenges experienced by nurses dedicated to the field of informatics	1	2	3

2. Rate the relevance of the objectives to overall purpose/goals.

	Yes related	Yes Partially related	No Not related
Relevance of the objectives to overall purpose/goals of the educational activity.	1	2	3

3. Rate the teaching expertise of the presenter.

Evaluation of presenter (list each speaker followed by the 2 ratings below)	Met	Partially met	Not met
Joan Day RN BSN			
Speaker's expertise enhanced the activity.	1	2	3
Teaching strategies were appropriate for the objectives and content.	1	2	3

4. Rate the appropriateness of physical facilities.

	Appropriate	Somewhat appropriate	Not appropriate
Appropriateness of physical facilities	1	2	3

5. Conflict of interest disclosure

	Met	Not met	N/A
Conflict of Interest disclosed	1	2	3

Comments:

ANCC COMMISSION ON ACCREDITATION GLOSSARY

These selected definitions are frequently used in the context of the ANCC Commission on Accreditation system of accreditation and to carry out the accreditation processes. In some instances, definitions from the Scope and Standards of Practice for Nursing Professional Development (ANA, 2002) are also useful to understand or explain a term.

Accreditation *A voluntary process in which an institution, organization, or agency submits to an in-depth analysis to determine its capacity to provide or approve quality continuing education over an extended period of time.*

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

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.*

Adult Learning Principles *The basis for, or the beliefs underlying, the teaching and learning approaches to adults as learners based on recognition of the adult individual's autonomy and self-direction, life experiences, readiness to learn, and problem orientation to learning. Approaches include mutual, respectful collaboration of educators and learners in the assessment, planning, implementation, and evaluation of education activities.*

Appeal *A process that allows the applicant/accredited organization to obtain a redetermination by an appellate body with regard to an adverse decision made by an original decision-making body.*

Approval *A decision made by an accredited approver that the criteria for approval of continuing education have been met.*

Approved Provider *Recognition by an ANCC accredited approver of a provider's capacity to award contact hours for continuing education activities, planned, implemented, and evaluated by the provider.*

Approver Unit *Within the organization, the distinct body responsible for coordinating all aspects of the continuing education approval process.*

Beliefs *Opinions, doctrines, or principles held to be true; may be stated as a philosophy, mission, vision, or within a strategic plan.*

Biographical Data Information required of persons involved in the peer review process or the planning and delivery of continuing education activities. The data provided should document their 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 Support Grants provided by industry in support of continuing education activities.

Commission on Accreditation Appointed by and accountable to the ANCC Board of Directors, this body is responsible for development and implementation of the ANCC program for accreditation and approval of continuing education in nursing. The Commission is composed of nine (9) members representing accredited organizations, consumers, the ANA Congress on Nursing Practice and Economics, nursing evaluation, and adult education/society.

Constituent Providers that an accredited federal nursing service or specialty nursing organization identifies as being eligible to submit continuing education activities to its approval body, e.g., individual members, chapters, districts, or those providers offering continuing education in the nursing specialty content area. Constituency must be identified at the time of application for accreditation.

Constituent Member Association A member of the American Nurses Association.

Contact Hour A unit of measurement that describes 60 minutes of an organized learning activity that is either a didactic or clinical experience.

Content Subject matter or definitive information about an education activity that relates to the educational objectives.

Content Specialist An individual with documented qualifications that demonstrate education, knowledge, and experience in a particular subject matter.

Continuing Education Systematic professional learning experiences designed to augment the knowledge, skills, and attitudes of nurses therefore enrich the nurses' contributions to quality health care and their pursuit of professional career goals.

Continuing Education Unit (CEU) A specific, standard measure (ten (10) clock hours) of educational achievement used by many universities and professional organizations under the criteria of the International Association for Continuing Education and Training (IACET) to attest to clock hour completion of continuing education activities.

Denial An accreditation action taken when an applicant's written application materials and site visit substantiate that the organization is not in compliance with the ANCC Commission on Accreditation criteria and will not be able to comply within a definite time frame of two (2) years; a decision made by an accredited approver not to approve an application.

Directory of Accredited Organizations An electronic listing that serves as public notification of an organization's status as an accredited approver and/or provider of continuing nursing education. All accredited organizations appear in the directory that is updated twice a year. See www.nursingworld.org/ancc/accred/accredorgs.htm.

Education Activity A planned, organized effort, either learner directed or provider directed, aimed at accomplishing educational objectives.

Educational Objective A statement of a learner outcome(s) of an education activity that is measurable and achievable within the designated time frame.

Evaluation The process of determining significance or quality by systematic appraisal and study.

Evidence Specific indicators that document compliance with accreditation/approval criteria.

Federal Nursing Service A governmental entity that is national in scope and provides nursing services, e.g., the Army Nurse Corps.

Monitor To periodically assess and evaluate continuing compliance with the operational requirements and criteria.

Needs Discrepancy between what is desired and what exists.

Nurse Planner A registered nurse who is responsible for planning, developing, implementing, and evaluating continuing education activities. For an accredited provider, the "Nurse Planner" must be prepared at the graduate level, with one degree-baccalaureate or graduate-in nursing; for an approved provider, the "Nurse Planner" must have a baccalaureate or higher degree in nursing.

Nursing Professional Development The lifelong process of active participation by nurses in learning activities that assists in developing and maintaining their continuing competence, enhancing their professional practice, and supporting achievement of their career goals.

Off-Label Use Using a pharmaceutical agent for a purpose other than the purpose for which it was approved by the FDA.

Operational *Functioning under Commission on Accreditation operational requirements and criteria, and with essential approver and/or provider unit personnel in place.*

Operational Requirements *Requirements that must be implemented by an organization throughout the period of accreditation.*

Oral Report *An informal summary of site visit findings presented by the team leader prior to the team's departure from the site.*

Organization *The overall administrative and functional structure that includes the approver unit and/or provider unit – e.g., hospital, college, association, or private business.*

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 the approver and/or provider unit.*

Outcomes *The end result of any activity of the Provider Unit measured by written evaluation or change in practice.*

Peer Review *Professional judgment on the quality of the continuing education offered based on designated standards and criteria for continuing education in nursing.*

Progress Report *Written follow-up documentation required as a stipulation of accreditation.*

Provider *An individual, institution, organization, or agency responsible for the development, implementation, evaluation, financing, record keeping, and quality of nursing continuing education activities.*

Provider Unit *Within the organization, the distinct body responsible for coordinating all aspects of the nursing continuing education activities.*

Provisional Accreditation *An accreditation action indicated when the written application and the site visit substantiate limitations in meeting criteria that can be resolved with a definite time frame of two years.*

Purpose *A statement describing why and for whom an educational program has been designed.*

Resubmission *A process that provides for review and action on applications that had been previously submitted and withdrawn prior to action.*

Revoke *To rescind approval/accredited status.*

Self-study *A process whereby an applicant for accreditation conducts a self-examination to determine program effectiveness and outcomes.*

Site Visit *An on-location review of an applicant to verify, clarify, and amplify documentation of a written application and thus to establish the applicant's capacity to meet the criteria.*

Specialty Nursing Organization *A national nursing body that has a majority of voting members who are registered nurses practicing in a specialized nursing area, as so defined in the organization's scope of practice statement. The organization has in place bylaws that identify as its purpose and function the improvement of health care and the advancement of nursing.*

Teaching Strategies *Instructional methods and techniques in accord with principles of adult learning.*

Team Leader *The Team Leader is responsible for conducting the site visit, coordinating with the applicant Team Member.*

Team Member *The Team Member is responsible for assisting the Team Leader in preparing for and conducting all aspects of the site visit.*

Withdrawal *Termination of an application, without prejudice to any future applications, prior to the date on which an official decision is made.*

File RISNA Applicant Packet 11-98 - Updated 2-00 - Updated 7-02 - 2-03 11-06 3-07 1-08 10-08 7-09