

Provider Name  
CE Provider Documentation Checklist

Title of Program: \_\_\_\_\_

Program Date(s): \_\_\_\_\_

Nurse Planner(s): \_\_\_\_\_

Documents to be on file *by the start* of a program:

- CE Flyer/Promotional advertising (Title of Event, Instructor, Goal/Objectives, Disclosers)
- Education Design Document, E-5
- Course Information Form, E-6
- Planner(s) CV Information Form, E-8 (minimum of 2 Planners)
- Instructor CV Information Form, E-8
- Conflict of Interest Disclosure Form, E-16
- Blank Attendance Roster, E-11
- Program Evaluation Sheet, E-9
- Sample CE Certificate E-10

Additional documents to be filed *after completion* of a program:

- Signed Attendance Roster, E-11
- Program Evaluation Summary

Progress Notes (Document why the above items are not completed):

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I have read and reviewed the above material, and I certify that it is complete.

\_\_\_\_\_  
Printed Name (CE Administrator)      Signature      Date



## GUIDELINES FOR WRITING LEARNING OBJECTIVES

APPENDIX E-12

Program planners often write the purpose of an educational program from the perspective of their *instructional* intent; therefore, it is difficult to measure participants' achievements against such a general statement. What we need is a further breakdown of the purpose into measurable *learner behaviors* that we can evaluate. In other words, objectives serve as the criteria to measure whether or not the learner has achieved the intended purpose or outcomes of the program.

*Objectives should:*

- Be stated in terms of the learner, not in terms of the teacher
- Contain an action verb that describes the behavior to be shown by the learner
- Include only one action verb per objective

When objectives are written well, learners will know exactly what they will-be able to do at the conclusion of the continuing education activity. Objectives serve as the foundation of evaluation. Therefore, it is the objectives that must be measured at the conclusion of the activity.

*Educational objectives can be classified into three parts or domains:*

Cognitive ..... Dealing with knowledge, understanding, and higher intellectual skills such as critical thinking

Affective ..... Dealing with feelings, emotions, and values

Psychomotor ..... Dealing with performing or manipulating skills

Most program planners only deal with objectives from the cognitive domain. This is unfortunate since psychomotor and affective domains are important aspects of the learning needs of participants.

It is advisable to use an *active* verb that states expected learner outcomes when writing behavioral objectives. Choose an action verb by the type of objective written. In other words, ask yourself, what it is that you want the learner to accomplish and how you want them to accomplish it.

The table on the next page lists action verbs that are most appropriate for objectives from the three major domains. The table also subdivides domains into smaller classes.

Objectives such as “the learner will ‘understand,’ ‘grasp the significant of,’ or ‘demonstrate understanding of” are vague and allow a variety of interpretations. These phrases are extremely difficult to measure because they are subjective. Avoid using such phrases.

# GUIDELINES FOR WRITING LEARNING OBJECTIVES

## EXAMPLES OF WELL-WRITTEN OBJECTIVES

*The learner will be able to:*

- List principles of adult learning
- Define the term assessment as used in the nursing process
- Analyze a case study using a specific ethical decision making model
- Correctly perform endotracheal suctioning of a patient as evidenced by a score of 90% or higher on a psychomotor checklist

<b>Verbs for Use in Stating Cognitive, Psychomotor and Affective Objectives</b>			
<b>Domains</b>	<b>Associated Verbs</b>		
<b>COGNITIVE</b>			
Knowledge or Comprehension	define, list, identify, indicate	recall, explain, contrast, classify	record, name, describe, report
Application	interpret, demonstrate	illustrate, assess	predict, dramatize
Analysis, Synthesis or Evaluation	design, compose, organize	judge, appraise, generalize	question, analyze, summarize
<b>PSYCHOMOTOR</b>			
perception	Assemble, attend, check	observe, imitate	reproduce, use, make
Performance	act, administer, care for	demonstrate, direct, manage	organize, perform, set up
Complex Reposes	activate, compile, communicate	guide, operate, reorganize	separate, align, examine
<b>AFFECTIVE</b>			
Receiving or Responding	attend, prefer	Accept, receive, perceive	notice, react, consider
Value	support, develop	defend, emphasize	implore, praise
Organization or Characterization	adhere, affirm, appreciate	convince, forgive, ignore	motivate, judge, verify

## CONTENT

The content consists of the topics and subject matter essential for learners to achieve the stated objectives. The outcome defined in the objective cues the program planner to the choice of content.

*Guidelines for writing content:*

- Describe each topic.
- Include sufficient detail.
- Make sure material is directly related to the objectives.

## GUIDELINES FOR WRITING LEARNING OBJECTIVES

### FORMAT FOR WRITING BEHAVIORAL OBJECTIVES

- A. Audience: Who is to be doing the learning?
- B. Behavior: What observable action will the learner perform?
- C. Conditions: What resources will be used? What time or resource limitations will be placed on the learner?
- D. Degree: Has the learner mastered the objective(s) satisfactorily?

Example of putting A, B, C, and D together in a behavioral objective:

- (C) By the end of instruction,  
(A) the nurse  
(B) will be able to construct  
(D) all of the major components of a comprehensive history & physical assessment for a patient with diabetes

Behaviorally-stated action verbs that **can be used** in writing terminal (behavioral) objectives include, but are not limited to:

chart	demonstrate	instruct	predict
compare	describe	list	prepare
compute	differentiate	measure	recite
conduct	evaluate	name	select
contrast	formulate	outline	state
construct	identify	perform	write

Verbs that **cannot be used** in writing terminal (behavioral) objectives, because they cannot be measured and are open to too many interpretations, include:

appreciate	enjoy	understand
become aware of	know	realize
believe	learn	

PROVIDER NAME: Medical Center XYZ

1. COURSE TITLE: Self-Directed Staff Development and Orientation Programs	2. DATE(S) TO BE OFFERED: MM/DD/YY	3. Total Contact Hrs: 4.5
3. TARGET AUDIENCE: RNs who participate as preceptors or instructors in hospital-based education departments		
4. INSTRUCTIONAL GOALS OR COURSE DESCRIPTION: To provide nurses with knowledge and skills to help other nurses to optimize their own learning opportunities using computer-assisted technology and other educational tools		
6. TYPE OF OFFERING: <input type="checkbox"/> Academic <input type="checkbox"/> Workshop <input checked="" type="checkbox"/> Seminar <input type="checkbox"/> Other:		

SAMPLE

Objectives (Behavioral Terminology) By the end of instruction, the participant will:	Content Outline (Topic area to be covered) Describe content in enough detail to determine consistency with objectives and appropriateness of time allotted.	Time Frame Indicate for each topic area	Faculty Presenter for each topic area	Teaching Method • Lecture • Discussion • Skill Practice • Written exercises • Case Studies
I. Describe at least 3 uses of computers in staff development	I. Diversity of Computer Applications in Staff Development A. Overview of computer capabilities B. Applications in testing C. Applications in record keeping D. Applications in evaluation	60 minutes	Leslie Dick, MSN	Lecture and discussion
II. Describe at least one example of a model for leadership development used at XYZ Medical Center hospitals	II. Leadership Development for the Staff Nurse A. Structure of the leadership model 1. Length 2. Learner population 3. Teaching methods 4. Phases B. Content of the model 1. Managed care/Care management theory a. Communication skills b. Decision-making skills c. Problem-solving skills d. Organizational delegation skills e. Leadership skills f. Power and influence 2. Common issues a. Making assignments b. Use of resources	60 minutes	Patricia McLaughlin, BSN	Lecture and discussion  Handouts
III. Identify variables affecting orientation methods	III. Alternative Paths to Orientation A. Learner characteristics B. Setting C. DRGs	60 minutes	Alice Gianella, BSN	Lecture

<u>Objectives</u> (Behavioral Terminology) By the end of instruction, the participant will:	<u>Content Outline</u> Topic area to be covered. Describe content in enough detail to determine consistency with objectives and appropriateness of time allotted.	<u>Time Frame</u> Indicate for each topic area	<u>Faculty</u> Presenter for each topic area	<u>Teaching Method</u> <ul style="list-style-type: none"> <li>• Lecture</li> <li>• Discussion</li> <li>• Skill Practice</li> <li>• Written exercises</li> <li>• Case Studies</li> </ul>
IV. Describe orientation methods used in specific agencies	IV. Benchmarks of Success A. What works/What does not? B. Innovative strategies to promote recruitment and retention C. Intrinsic and extrinsic motivators to enhance job satisfaction	60 minutes	PANEL: Lilleith Clark Sr. Teresa McGrath Lois Ricci Barbara Smith	Panel Discussion  Question and Answer
V. Identify strengths and weaknesses of a modular based self-directed orientation program	V. Modular Based Self-Directed Orientation A. Strengths 1. Cost effective 2. Individualized, self-paced, flexible 3. Recognizes prior experience and learning B. Weaknesses 1. Feeling of isolation 2. Tiring for some 3. Test may be threatening	10 minutes	Barbara Smith	Lecture and discussion  Overhead transparencies
VI. Describe strategies to assist the learner who experiences difficulty with a self-directed approach	VI. Strategies to Assist Self-Directed Learners A. A/V presentations B. Seminars and workshops C. Include activities like CPR, mock codes, etc. D. Organize schedule to follow module with clinical work	10 minutes	Barbara Smith	Lecture and discussion  Overhead transparencies
VII. State methods for evaluating a self-directed learning experience	VII. Effective Evaluation methods for self-study A. Program B. Participant	10 minutes	Barbara Smith	Lecture and discussion  Overhead transparencies

<u>Evaluation Tool</u> <input type="checkbox"/> Written quiz <input checked="" type="checkbox"/> Structured Inquiry <input checked="" type="checkbox"/> Attitude/opinion scale <input type="checkbox"/> Skill performance <input type="checkbox"/> Other:	<u>Evaluation Category</u> <input type="checkbox"/> Learner satisfaction <input checked="" type="checkbox"/> Learning enhancement <input type="checkbox"/> Behavior change <input type="checkbox"/> Practice change R/T service quality <input type="checkbox"/> Other:
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CONTINUING EDUCATION ACTIVITY  
CO-PROVIDER AGREEMENT

SAMPLE

Primary Provider Name:	Co-Provider Name:
Address	Address
Phone	Phone
CE Activity Title/Description	
Program Location	Program Date(s)
<p>The Primary CE Provider will be responsible for:</p> <ol style="list-style-type: none"> <li>1. Administration of CE budget</li> <li>2. Determination of objectives and content</li> <li>3. Selection of faculty/presenters</li> <li>4. Awarding of contact hours</li> <li>5. Activity Evaluation</li> <li>6. CE record keeping</li> </ol>	

We, the undersigned, agree to the terms and conditions stated above.

\_\_\_\_\_  
Signature (Primary) Provider Representative

\_\_\_\_\_  
Signature Co-Provider Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## DISCLOSURES OF CONFLICT OF INTEREST AND/OR FINANCIAL RELATIONSHIPS

Faculty/Presenter/Planner Name: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

In the table below:

1. List the name of commercial interests, with the exception of non-profit or government agencies or non-healthcare-related companies, with which you or your spouse, partner have or have had a relevant financial relationship within the past 12 months. For this purpose, we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.
2. Indicate *what* you or your spouse/partner received (e.g. salary, honorarium, etc.). We do NOT want to know how *much* you received.
3. Indicate your role in the commercial interest.
  - Neither I, nor any member of my immediate family has any relevant financial relationships or interest with any proprietary entity producing health care goods or services
  - I have, or an immediate family member has a relevant financial relationships or interest with a proprietary entity producing health care goods or services. (Indicate the source(s) and check below all that apply):
4. Indicate below if you will present off-label use of drug/product information.

1. Who is the source of the Relevant Financial Support? (List organization(s) with which relationship exists)	2. What Was Received?	3. For What Role?
	<input type="checkbox"/> Honoraria	<input type="checkbox"/> Speaker
	<input type="checkbox"/> Salary	<input type="checkbox"/> Consultant
	<input type="checkbox"/> Royalties	<input type="checkbox"/> Board member
	<input type="checkbox"/> Ownership	<input type="checkbox"/> Independent contractor
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Advisor
	<input type="checkbox"/> Stock/bond/holdings	<input type="checkbox"/> Management position
	<input type="checkbox"/> Consulting fee	<input type="checkbox"/> Review panel
	<input type="checkbox"/> Research Grant	<input type="checkbox"/> Employee
	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):

#### 4. Off-Label Use of Drugs or Devices

- The content of my presentation(s)/material(s) in this activity will **not** include discussion of unapproved or investigational uses of drugs or products/devices.
- The content of my presentation(s)/material(s) in this activity **will include** discussion of unapproved or investigational uses of drugs or products/devices.

I have been informed of the activity planner's policy of full disclosure. If I have indicated a financial relationship or interest, I understand that this information will be reviewed to determine whether a conflict of interest may exist, and I may be asked to provide additional information. I understand that failure or refusal to disclose, false disclosure, or inability to resolve conflicts of interest will require the planner to identify a replacement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONTINUING EDUCATION ACTIVITY  
EDUCATIONAL DESIGN DOCUMENTATION  
APPENDIX E-5**

Complete the following educational design documentation for your activity:

(Title): \_\_\_\_\_

1. Describe the process of activity planning below (including the needs assessment, determination of target audience, objectives, content, teaching-learning strategies), identifying the Nurse Planner(s) and all other persons who participated in the planning process. Document content expertise of planners/presenters.

Needs Assessment: How are needs identified? (Check all that apply:)

- |  |   |
|--|---|
| <input type="checkbox"/> Expressed need (written/verbal) | Recommendations from:   |
| <input type="checkbox"/> Evaluation                      | <input type="checkbox"/> Continuous Quality Improvement Study |
| <input type="checkbox"/> Survey                          | <input type="checkbox"/> Education Committee                  |
| <input type="checkbox"/> Other (please specify) _____    | <input type="checkbox"/> Nursing Management                   |

2. Describe how learner input was involved in content, scheduling, and location:
3. Target Audience:
4. Determination of target audience, objectives, and content. Why was this learning format chosen?
5. List all planners for this activity (list at least two RNs, one with BSN or higher degree):
6. Is there an Instructor Information form for each presenter *and* planner?     Yes     No  
If no, please explain:
7. Does each Instructor Information form indicate how they took part in planning their presentation?     Yes     No
8. Identify the activity's purpose/goal, learner objectives, related content, and describe the teaching-learning strategies to be used, including resources, materials, delivery methods and evaluation strategies (i.e., evaluation categories). Attach the form: "*Continuing Education-Course Information*"

Adult learning principles are used in the following ways. Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Recognizes autonomy                         | <input type="checkbox"/> Uses inquiry-focused activity                |
| <input type="checkbox"/> Focuses on "real world" programs            | <input type="checkbox"/> Recognizes the need to share                 |
| <input type="checkbox"/> Recognizes readiness to learn               | <input type="checkbox"/> Meets comfort needs                          |
| <input type="checkbox"/> Relates activities to member goals          | <input type="checkbox"/> Involves learner in evaluation               |
| <input type="checkbox"/> Utilizes previous experience                | <input type="checkbox"/> Uses Experimental Learning Activity          |
| <input type="checkbox"/> Allows debate and challenge of ideas        | <input type="checkbox"/> Uses problem-oriented approach               |
| <input type="checkbox"/> Emphasizes how members can apply principles | <input type="checkbox"/> Will use additional on-site needs assessment |
| <input type="checkbox"/> Other (please specify): _____               |   |

9. Calculate the number of contact hours to be awarded for each activity.  
(60 minutes of didactic instruction = 1 contact hour; 60 minutes clinical practice = 1 contact hour)
10. Process used to verify completion of the education activity:  
Verification of participation:     Attendance sheets     Return of evaluation tool     Other \_\_\_\_\_
11. Verification of successful completion:  
 Written post-test  
 Return demonstration  
 Attendance at entire activity  
 Attendance at specific sessions     Other \_\_\_\_\_
12. How is the learner informed of criteria for completion?     Written instruction     Verbal instruction

**CONTINUING EDUCATION ACTIVITY  
EDUCATIONAL DESIGN DOCUMENTATION**

13. Submit a copy of the certificate to be awarded upon completion of the education activity.

*Certificate must include:*

Name and address of provider of CE activity

Name of learner

Title and date of the education activity

Number of contact hours awarded

Approved Provider number (or Activity number if single activity)

Official accreditation statement (which must also be used on all flyers and brochures)

Authorized Signature

14. Attach a copy of the evaluation form(s). (Make sure the objectives on the evaluation tool match the objectives as they appear in the Course Information form.)

*There must be a clearly defined method for evaluating the following:*

1. *Relationship of objectives to overall purpose/goals*
2. *Learner's achievement of each educational objective*
3. *Teaching effectiveness of each individual faculty member/presenter*
4. *Appropriateness of teaching methods (strategies)*
5. *Conduciveness of the physical environment (facility) to learning*
6. *How learning will be applied*

15. Describe how activity evaluation data will be used.

16. Submit copies of promotional materials developed for the continuing education activity.

Attached

17. For co-provided activities, (*Approved Provider activities only*) the provider's responsibilities will be maintained for:

- Determination of objectives and content*
- Selection of presenters/content specialists*
- Awarding of contact hours*
- Record keeping*
- Evaluation*

ACTIVITY WAS **NOT** CO-PROVIDED/CO-SPONSORED

ACTIVITY **WAS** CO-PROVIDED/CO-SPONSORED (attach signed agreement(s), as applicable)

18. For educational activities that receive commercial support, describe how the integrity of the activity will be maintained.

20. Complete and Sign:

I certify the above information to be an accurate description of the educational design of this activity and will keep all records as described.

\_\_\_\_\_  
Nurse Planner Signature

\_\_\_\_\_  
Date

PROVIDER NAME:

1. COURSE TITLE:	2. DATE(S) TO BE OFFERED:	3. Total Contact Hrs:
3. TARGET AUDIENCE:		
4. INSTRUCTIONAL GOALS OR COURSE DESCRIPTION:		
6. TYPE OF OFFERING: <input type="checkbox"/> Academic <input type="checkbox"/> Workshop <input type="checkbox"/> Seminar <input type="checkbox"/> Other (specify): Other:		

<u>Objectives</u> (Behavioral Terminology) By the end of instruction, the participant will:	<u>Content Outline</u> (Topic area to be covered) Describe content in enough detail to determine consistency with objectives and appropriateness of time allotted.	<u>Time Frame</u> Indicate for each topic area	<u>Faculty</u> Presenter for each topic area	<u>Teaching Method</u> <ul style="list-style-type: none"> <li>• Lecture/Discussion</li> <li>• Skill Practice</li> <li>• Written exercises</li> <li>• Case Studies</li> <li>• Other (specify)</li> </ul>

<u>Evaluation Tool</u> <input type="checkbox"/> Written quiz <input type="checkbox"/> Structured Inquiry <input type="checkbox"/> Attitude/opinion scale <input type="checkbox"/> Skill performance Other:	<u>Evaluation Category</u> <input type="checkbox"/> Learner satisfaction <input type="checkbox"/> Learning enhancement <input type="checkbox"/> Behavior change <input type="checkbox"/> Practice change R/T service quality Other:
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PROVIDER NAME:

1. COURSE TITLE:	2. DATE(S) TO BE OFFERED:	3. Total Contact Hrs:
4. TARGET AUDIENCE:		5. Average time for course completion hr(s)
6. INSTRUCTIONAL GOALS OR COURSE DESCRIPTION:		
7. TYPE OF OFFERING: <input type="checkbox"/> Academic <input type="checkbox"/> Workshop <input type="checkbox"/> Seminar <input type="checkbox"/> Home-study <i>(describe method used to determine number of contact hours)</i> <input type="checkbox"/> Other:		

<u>Objectives</u> (Behavioral Terminology) By the end of instruction, the participant will:	<u>Content Outline</u> (Topic area to be covered) Describe content in enough detail to determine consistency with objectives and appropriateness of time allotted.	<u>Time Frame</u> Indicate for each topic area	<u>Faculty</u> Presenter for each topic area	<u>Teaching Method</u> <ul style="list-style-type: none"> <li>• Literature review</li> <li>• Audiocassette</li> <li>• Videocassette</li> <li>• Written exercises</li> <li>• Case Studies</li> <li>• Annotated answer key</li> </ul>

<u>Evaluation Tool</u> <input type="checkbox"/> Written quiz <input type="checkbox"/> Attitude/opinion scale <input type="checkbox"/> Documented, precepted skill practice Other:	<u>Evaluation Category</u> <input type="checkbox"/> Learner satisfaction <input type="checkbox"/> Learning enhancement <input type="checkbox"/> Behavior change <input type="checkbox"/> Practice change R/T service quality Other:
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**CONTINUING NURSING EDUCATION – INSTRUCTOR/PLANNER INFORMATION**

**COURSE TITLE:**

**PLEASE TYPE (\*These sections must be completed):**

<b>*1. Name:</b>	<b>*3. Phone:</b> <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business
<b>*2. Address:</b>	<b>4. E-Mail Address:</b>
<b>City/State/Zip:</b>	

<b>*5. EDUCATION - College/University</b>	<b>Major</b>	<b>Degree</b>	<b>Year Granted</b>	<b>Specialty, if any</b>

<b>*6. PROFESSIONAL EXPERIENCE (Start with most recent)</b>				
<b>Agency</b>	<b>Position</b>	<b>Clinical Area</b>	<b>From: Mo/Yr</b>	<b>To: Mo/Yr</b>

<b>*7. TEACHING EXPERIENCE (Relevant to topic) **if none, complete section below.</b>			
<b>Title of Course</b>	<b>Description</b>	<b>Location</b>	<b>Mo/Yr</b>

<b>**8. Describe any other experience or education that qualifies you to teach/plan this/these course(s):</b>

<b>*9. Specify how you took part in planning this activity. Of the following, which components were you involved in?</b>		
<input type="checkbox"/> Developed objectives	<input type="checkbox"/> Received/reviewed objectives	<input type="checkbox"/> Developed content
<input type="checkbox"/> Evaluation review	<input type="checkbox"/> Other (specify):	

**CONTINUING NURSING EDUCATION – INSTRUCTOR/PLANNER INFORMATION**

**COURSE TITLE:**

**PLEASE TYPE (\*These sections must be completed):**

<b>*1. Name:</b>	<b>*3. Phone:</b> <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Business
<b>*2. Address:</b>	<b>4. E-Mail Address:</b>
<b>City/State/Zip:</b>	

<b>*5. EDUCATION - College/University</b>	<b>Major</b>	<b>Degree</b>	<b>Year Granted</b>	<b>Specialty, if any</b>

<b>*6. PROFESSIONAL EXPERIENCE (Start with most recent)</b>				
<b>Agency</b>	<b>Position</b>	<b>Clinical Area</b>	<b>From: Mo/Yr</b>	<b>To: Mo/Yr</b>

<b>*7. TEACHING EXPERIENCE (Relevant to topic) **if none, complete section below.</b>			
<b>Title of Course</b>	<b>Description</b>	<b>Location</b>	<b>Mo/Yr</b>

<b>**8. Describe any other experience or education that qualifies you to teach/plan this/these course(s):</b>

<b>*9. Specify how you took part in planning this activity. Of the following, which components were you involved in?</b>		
<input type="checkbox"/> Developed objectives	<input type="checkbox"/> Received/reviewed objectives	<input type="checkbox"/> Developed content
<input type="checkbox"/> Evaluation review	<input type="checkbox"/> Other (specify):	

**CONTINUING NURSING EDUCATION ACTIVITY PROGRAM EVALUATION**

**Course Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please circle the number that describes your rating:

**4 = completely    3 = mostly    2 = somewhat    1 = very little/not at all**

**Program Goal:**

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. How well do the objectives below relate to the program goal listed above?                  | 4 | 3 | 2 | 1 |
| 2. Rate your achievement of each objective listed below.                                      |   |   |   |   |
| Obj. 1  | 4 | 3 | 2 | 1 |
| Obj. 2  | 4 | 3 | 2 | 1 |
| Obj. 3  | 4 | 3 | 2 | 1 |
| Obj. 4  | 4 | 3 | 2 | 1 |
| Obj. 5  | 4 | 3 | 2 | 1 |
| Obj. 6  | 4 | 3 | 2 | 1 |
| Obj. 7  | 4 | 3 | 2 | 1 |
| Obj. 8  | 4 | 3 | 2 | 1 |
| Obj. 9  | 4 | 3 | 2 | 1 |
| Obj. 10   | 4 | 3 | 2 | 1 |
| 3. Please rate the effectiveness of each presenter in helping you understand the subject.     |   |   |   |   |
| Speaker #1:   | 4 | 3 | 2 | 1 |
| Speaker #2:   | 4 | 3 | 2 | 1 |
| Speaker #3:   | 4 | 3 | 2 | 1 |
| Speaker #4:   | 4 | 3 | 2 | 1 |
| 4. Did you detect commercial bias in any speaker presentation? (If so, describe in comments.) | 4 | 3 | 2 | 1 |
| 5. To what extent were the teaching methods effective?  | 4 | 3 | 2 | 1 |
| 6. To what extent did the handouts contribute to your learning?                               | 4 | 3 | 2 | 1 |
| 7. To what extent did the audiovisuals enhance your learning?                                 | 4 | 3 | 2 | 1 |
| 8. To what extent were the physical facilities conducive to learning?                         | 4 | 3 | 2 | 1 |
| 9. List an example of how you will apply this learning to your nursing practice:              |   |   |   |   |

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10. Describe a change in (or reinforcement of) attitude or belief as a result of this program:
- 
- 
- 
- 

**OTHER COMMENTS:**

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## HAWAII NURSES ASSOCIATION CONTINUING EDUCATION COMMITTEE ACTIVITY PLANNER GUIDELINES

(Keep this for future reference; you need not submit it with the application)

### INSTRUCTIONS FOR COMPLETING A CONTINUING NURSING EDUCATION ACTIVITY APPLICATION PREPARE ALL MATERIALS INCLUDING ATTACHMENTS IN TRIPLICATE

The CE committee (CEC) of HNA uses the American Nurses Credentialing Center's (ANCC) Commission on Accreditation criteria to evaluate applicant suitability as a presenter of continuing nursing education. Approval is based on an in-depth analysis of the quality of the offering to estimate the likelihood of the ability to plan and produce a quality offering. There are two sets of criteria to receive approval: *administrative criteria* and *educational design criteria*.

### APPLICATIONS:

**Applications for approval must be completed in triplicate and accompanied by the fee, indicating the original signature copy.** Incomplete applications will be returned. **Please allow two months for this process.** Be advised that the committee that reviews the applications is composed of RN volunteers.

### FEES

The application fees are on a sliding scale according to the number of contact hours you offer. If your application arrives within one month of the planned activity date, and you ask for an *expedited review*, you will be assessed an *additional \$50 fee*.

The fees are as follows for a single activity offered any number of times in 2 years:

**1 – 8 Contact Hours ..... \$75**

**8.25 – 16 Contact Hours \$150**

**16+ Contact Hours ..... \$200**

Checks are payable to "Hawaii Nurses Association."

An applicant has the right to withdraw their application from the process. However, once the review has begun, no refunds are possible.

### APPROVAL PROCESS

The application review consists of quantitative and qualitative elements, such as the completeness of the application and determination of whether the plans for the activity are congruent with sound educational principles. The reviewers may request additional information from the Nurse Planner during this period.

The activity number will be mailed to the nurse planner when the application has been approved. Approval will be granted for two years.

**Nurse planners will be expected to adhere to the Operational Requirements and Activity Educational Design Documentation (included with the application) during the period of approval. Failure to comply with these requirements may result in revocation of activity approval.**

### RE-APPLICATION

**After the expiration date of a particular activity, planners may not offer the activity for CE credit again unless the activity is submitted for review with all appropriate documentation and fees.** There is no automatic extension during any gap if one occurs.

**HAWAII NURSES ASSOCIATION** **APPENDIX F-2**  
**APPLICATION FOR APPROVAL OF A CONTINUING EDUCATION ACTIVITY**

The Hawai'i Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Please direct questions to:  
 Faith Rossman, MN, RN – HNA CE Committee Chairperson  
 Phone: (808) 325-0836 • E-mail: [alfait@hawaii.rr.com](mailto:alfait@hawaii.rr.com)

**Mail original PLUS 2 copies of application to:**  
**Hawaii Nurses Association CE Committee**  
**677 Ala Moana Blvd. Suite 301**  
**Honolulu, HI 96813**

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

(A) Activity # \_\_\_\_\_

Expiration Date \_\_\_\_\_

(D)

Date Letter Sent \_\_\_\_\_

Title of Activity: \_\_\_\_\_

**PLEASE TYPE OR PRINT**

1. ORGANIZATION OR INDIVIDUAL'S NAME:	8. ORGANIZATION/PERSON IS: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Health Facility <input type="checkbox"/> University, College or School <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:
2. MAILING ADDRESS:	9. NURSE PLANNER NAME/CREDENTIALS  PHONE #: (if different from #4) (     )
3. CITY/STATE/ZIP:	10. PLANNING COMMITTEE:  <u>NAMES</u> <span style="float: right;"><u>EDUCATION CREDENTIALS</u></span>
4. PHONE #: Business: (     ) Residence: (     )	5. E-Mail Address:
6. ADDRESS OF RECORD STORAGE (if different from above)	
7. HAVE YOU EVER PRESENTED EDUCATION FOR REGISTERED NURSES IN HAWAII? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the most recent titles, dates, & locations:	
8. HAS THIS OR ANY OTHER ACTIVITY OF YOURS EVER BEEN DENIED APPROVAL BY AN ANCC-ACCREDITED APPROVER? <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes, list program and date:	

Instructions: Complete this application form, with required documentation for the course you will offer. Submit the completed forms, proposed flyer or brochure, sample certificate of completion, PLUS your application fee.

**I have read, understand and agree to adhere to the Hawaii Nurses Association/ANCC criteria and policies governing continuing education for nursing.**

11. SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Operational Requirements for Organizations Submitting Continuing Nursing Education Activities for Approval by the Hawaii Nurses Association CE Committee

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APPENDIX F-3

**How to use this form:** This form describes the minimal administrative procedures to be followed when a CE activity is offered. File a copy signed by the Nurse Planner. If you repeat the same program during the approval period, you only need to submit a signed copy of this document once for each approval period. However, you must submit a separate signed and dated contract with every application for a *different* CE activity.

This organization: \_\_\_\_\_, offering continuing nursing education activities approved through an ANCC-Accredited Approver will:

1. Use the ANCC Commission on Accreditation education design criteria as provided by the ANCC accredited approver to plan and implement all continuing nursing education activities.
2. Maintain responsibility for the following activities:
  - a. Determination of objectives and content
  - b. Selection of presenters/content specialist
  - c. Awarding of contact hours
  - d. Record keeping
  - e. Evaluation
3. Maintain records of each activity for six (6) years in a secure and confidential manner.
  - a. Title of education activity
  - b. Number of contact hours awarded
  - c. Names, titles and expertise of persons responsible for planning the educational activity
  - d. Description of the needs assessment
  - e. Description of the target audience
  - f. Location(s) and date(s) of the activity
  - g. Names and addresses of participants and number of contact hours awarded to each
  - h. Purpose/goal of activity
  - i. Objectives and content of activity
  - j. Teaching/learning strategies, including resources, materials, delivery methods, and learner feedback
  - k. Method of evaluation and categories of evaluation
  - l. Process to verify completion of the education activity
  - m. Sample of the certificate awarded to participants
  - n. Copy of the evaluation tool(s)
  - o. Marketing/promotional materials
  - p. If applicable, documentation of how program integrity was maintained for an educational activity that received commercial support
  - q. Conflict of Interest/Vested interest forms

Describe the record keeping and storage system, including record retention, confidentiality, filing, storage and retrieval.  
Example:

*Retention: Records will be kept for six years.*

*Confidentiality: Data will be available only to authorized individuals.*

*Storage: The file cabinet will be in a location that is not accessible to the public.*

*Filing: Records will be kept at the address indicated on the application.*

*Retrieval: Record retrieval will occur through the authority of (list individuals by title)*

4. Verify participation and inform learners of requirements for successful completion of the educational activity prior to the activity.

***Event participants will not receive their certificate until the event is completed and they submit an evaluation. All participants will receive a description of the way successful completion is determined at the time of registration, either in writing or by announcement before the start of the program.***
5. Provide participants who successfully complete the activity with written verification of completion which includes the following elements:
  - a. Name and address of the Activity Planner
  - b. Name of participant/learner
  - c. Title and date of the educational activity
  - d. Number of contact hours awarded
  - e. Approved activity number (assigned by HNA)
  - f. Official approval statement: ***This continuing nursing education activity was approved by the Hawaii Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's commission on Accreditation***

***Note: Certificates will not be distributed until the participants name is added.***
6. Maintain timely communication with the accredited approver by providing any reports requested.

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7. Use appropriate language for the activity approval on all communications, marketing materials and certificates of completion.  
***This continuing nursing education activity was approved by the Hawaii Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation***
8. Implement the ANCC Commission on Accreditation system of awarding contact hour credit:
  - a. The appropriate measure of credit is the 60-minute contact hour.
  - b. An organized learning activity can consist of either a didactic or clinical experience, or evaluation component.
  - c. Fractions or proportions of the 60-minute hour may be calculated. For example, 30 minutes of learning experience, equals 0.5 contact hour; 45 minutes equals 0.75 contact hour, and 90 minutes equals 1.5 contact hours. Welcome, introductions, breaks, and meals are not included in calculation of contact hours. Evaluation is considered part of the learning activity and may be included in calculation of contact hours.
9. Require that all presenters declare any conflict of interest / vested interests to ensure that all continuing education activities are free from bias.
10. Maintain control of the educational content and disclose to the learners all financial relationships between commercial supporter(s) and the provider or presenters, in the event that any form of commercial support is provided for an educational activity.
  - a. Funds from a commercial source should be in the form of an educational grant to the activity planner and will be acknowledged in printed material and brochures.
  - b. Arrangements for commercial exhibits will not influence the planning of or interfere with the presentation of educational activities.
  - c. Learners will be made aware of the nature of all commercial support of all educational activities.
  - d. Educational activities are distinguished as separate from endorsement of commercial products. When commercial products are displayed, participants will be advised that approved status as a continuing nursing education planner refers only to its activities and does not imply HNA or ANCC endorsement of any commercial products.
  - e. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.
  - f. Learners will be informed of any off-label use of a commercial product or drug that is presented in educational activities.
- I agree to implement policies 1-10 above, and to maintain the records according to the system described above.
- As an employee, officer or agent of \_\_\_\_\_, I hereby attest this activity planner adheres to all state and federal laws and regulations. I further attest that the activity planner maintains and follows policies and procedures to ensure that its legal and ethical obligations and commitments (as they relate to human resources and financial affairs) are met.

\_\_\_\_\_  
Nurse Planner Signature/Title

\_\_\_\_\_  
Date

YOUR ORGANIZATION NAME HERE  
STREET ADDRESS  
CITY STATE ZIP

# ATTENDANCE CERTIFICATE

SAMPLE

This is to certify that

*Attendee Name*

---

has successfully completed this continuing education activity entitled:

**Title of CE Activity**

**Date**

Activity #: HI-000  
Contact Hours: 00.0

\_\_\_\_\_  
Authorized Signature

*This continuing nursing education activity was approved by the Hawaii Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's commission on Accreditation*

*Revised 9/07*



# CONTINUING EDUCATION COMMITTEE

## POLICIES AND CRITERIA FOR SINGLE ACTIVITIES

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## **ELIGIBILITY**

1. **Designated Nurse Planner.** At least one nurse planner must take responsibility for leadership and coordination of the educational design process and oversight of adherence to ANCC criteria. The nurse planner must have either a nursing baccalaureate or graduate degree, and *may be an employee* of the Provider Unit as staff, consultant, or volunteer.

## **APPLICATION PROCESS**

1. The Nurse Planner must complete the application forms provided by HNA and submit them along with any other required documents and a check or money order for the application fee to the Hawaii Nurses Association (HNA). The application fee is *not* refundable should an applicant choose not to complete the application process or if the application does not meet HNA's requirements. The information submitted must include:
  - Application form
  - Educational Design Documentation
  - Operational Guidelines contract
  - All course information forms for the educational activity that meet the HNA/ANCC CE criteria
2. The applicant must submit the application to HNA at least two months before the issuance of an activity number to allow adequate review and processing time. The applicant is advised that *careful preparation of the required documents will facilitate the review process.*
3. The applicant must disclose on the application if they have ever been denied approval by any other ANCC-accredited continuing nursing education approver.
4. The Nurse Planner will receive a determination letter notifying the applicant whether the application has been approved, deferred or denied within two weeks of committee action. If approved, the letter will contain the activity number, which must be used on all promotional materials and the activity certificate of completion.
5. Nurse Planners must notify HNA *within 30 days* of any change in mailing address, organizational structure, activity design, or the nurse planner responsible for coordinating the continuing education course(s). After the activity is approved, it is not necessary to submit the course again within the approval period, since the planner is expected to meet the ANCC criteria each time the same course is offered. If there are questions about the appropriateness of specific course content or about the application process, the nurse planner may call an HNA CE Committee member for guidance.
6. The activity will be approved for **two years**. The Nurse Planner will cease offering any CE contact hours once the activity approval status expires, is not renewed, or is withdrawn, revoked or denied. Any repeated educational activities following expiration of the approval status and *before* renewal of such status, must be submitted to, and approved by the HNA CEC with associated fees.
7. Once an activity's approval period expires, any CE certificates issued will be considered *invalid*. HNA will be held harmless from and against any and all liabilities, claims, demands, and causes of action resulting from or in any way connected with any negligent or willful acts or omissions by the Nurse Planner such as false advertising of its approval status or for certificates issued under false premise.

## **EDUCATIONAL DESIGN**

Continuing Nursing Education activities are assessed, planned, implemented and evaluated in accordance with adult learning principles, professional education standards and ethics. Educational design process includes procedures for protecting educational content from bias, for providing appropriate information to learners, documenting their participation, and maintaining records in a secure and confidential manner.

### **KEY ELEMENT 1. ASSESSMENT OF LEARNER NEEDS**

- The program planning process must be in direct response to unique learner needs and course content must be relevant to both the educational needs of the RN and health needs of the consumer.
- The content must be current and designed to include recent developments in the subject area being taught.

### **KEY ELEMENT 2. QUALIFIED PLANNERS**

- a. Program administrators must identify the Nurse Planner and all other persons who participated in the planning process, including the qualifications and content expertise of both planners and presenters.
- b. Each course must have at least two planners, one of whom is the designated Nurse Planner, who must hold at least a baccalaureate degree in Nursing.
- c. The planning group must possess the relevant expertise, represent the target audience, and take responsibility for oversight of adherence to ANCC Accreditation criteria.
- d. The Nurse Planner(s) must be responsible for both the CE activity implementation and analysis of the evaluation.
- e. Planners develop CE activities in response to and in consideration of the unique educational needs of the AP's target audience. The process of activity planning includes:
  - Needs assessment
  - Determination of target audience
  - Development of objectives, content and teaching learning strategies in response to needs assessment
- f. Program administrators must document:
  - Identified Nurse Planner(s) and all others participating in planning process
  - Content expertise of collaborating planners and activity presenters
  - Description of roles played by the designated planner(s) and any key personnel or groups involved in the process of ensuring the quality of educational activities
- g. **Identifying the Key Planner-Organization**
  - a. When there are two or more organizations supporting a CE activity, only one must assume responsibility for all applicable provisions of the HNA/ANCC criteria.
  - b. Only the responsible planner's name and activity number may be stated in any advertisement as the activity presenter.
  - c. The nurse planner retains ultimate responsibility for:
    - Design of the educational objectives and content
    - Selection of the content specialist planners and activity presenters
    - Awarding of contact hours
    - Recordkeeping procedures
    - Evaluation methods

h. **Qualified Presenters**

**Registered nurse instructors** need to be knowledgeable, current, and skillful in the subject matter as demonstrated by:

- A baccalaureate or higher degree from an accredited college or university and at least one (1) year of clinical or teaching experience within the last two years in the specialized area in which they are teaching, **or**
- A national certification in the area of expertise and at least one (1) year of clinical or teaching experience within the last two years in the specialized area in which they are teaching, **or**
- Acceptable, recent clinical experience in the specialized area in which they are teaching

**Non-nurse instructors:**

- Must be currently licensed or certified in the area of expertise *or*
- Show evidence of specialized training in the subject area, **and**
- Acceptable, recent experience of teaching in the specialized area

**EDUCATIONAL DESIGN**

**KEY ELEMENT 3. EFFECTIVE DESIGN PRINCIPLES**

**Purpose and Goal of Activity**

1. The nurse planner must provide a clear, concise course description, which includes the overall purpose and goal of the CE activity in brochures and other advertisement so that the participants will know in advance what they can expect to learn and to demonstrate that the goal is congruent with the needs assessment.
2. The nurse planner/planners must develop the content so that it is congruent with the activity's purpose and objectives.
3. The teaching methods and learning strategies must demonstrate support of the activity's objectives and content.
4. The nurse planner must develop the method for evaluating successful completion of an activity, such as written quiz, skill performance, self-appraisal of learning achievement, or other learner feedback.
5. The provider must develop a method for verifying and tracking attendance.

**Learning Objectives**

1. Learning objectives describe specific measurable behaviors or outcomes that the participant will demonstrate or achieve upon completion. An example of a participant's learning/behavioral objective or outcome is as follows:  
*“Upon completion of this program, the participant will be able to:*  
*a) Describe at least two treatment options for patients with . . .*  
*b) Identify at least three symptoms in a patient with . . .*  
*c) List at least one side effect of . . . therapy.”*
2. Instructional goals are **not acceptable** learning objectives or outcomes. For example:  
*“To inform the participant about the latest advances in the treatment of patients with...”* is an instructional objective, *not* a behavioral or learning outcome objective.

**Course Content**

1. The content for all CE courses must be relevant to the practice of registered nursing, congruent with the needs assessment, and must be:

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- Related to the scientific knowledge or technical skills required for the practice of nursing, OR
  - Related to direct and/or indirect patient or client care, AND
  - Expected to enhance the knowledge of registered nurses at a level **above that required for licensure.**
2. It is the responsibility of the nurse planner to clearly state through the course description, course objectives, and outline how the course content relates to the practice of nursing.
3. **Acceptable Course Content** Examples of general courses meeting content requirements are:
- Theoretical content related to scientific knowledge for the practice of nursing
  - Advanced courses in physical, social and behavioral sciences. Examples include:
    - Physical sciences-pathophysiology and psychology courses related to nursing sub-specialties
    - Social sciences-physical or cultural anthropology, sociology of the family, and social change
    - Behavioral sciences-psychology courses, including abnormal psychology, child psychology and mental health
  - Course where the primary focus is recent scientific knowledge applied to direct or indirect patient care
  - Content related to **Direct Patient/Client** Care can include, but not be limited to:
    - Advanced courses on any type of patient monitoring equipment (fetal, cardiac, respiratory, etc.)
    - Patient education strategies
    - Advanced certification/recertification skills, such as: ACLS, audiology, etc.
    - Skills course (stoma care, etc.)
    - Cultural and ethnic diversity
    - Foreign languages (conversational) and sign language
    - Therapeutic interpersonal relationship skills with patients/clients
    - Courses in any specialty area of nursing practicum including occupational health nursing, school nursing, office nursing, etc.
  - Course related to **Indirect Patient/Client** Care can include, but not be limited to:
    - Nursing administration or management, nursing education or nursing research
    - Health care statistics
    - Quality improvement
    - Legal aspects of nursing
    - Communication skills
    - Teaching multi-ethnic students and staff
    - Retention of nurses in Health Care Delivery systems including cross training
    - Current trends in nursing and health care
    - Establishing a professional nursing business or independent practice
    - Publishing for professional journal or books
    - Computer courses about specific computer programs for patients records
    - Instructor courses in CPR, BLS, ACLS, NRP, PALS
  - Other courses that deal with:
    - Grief
    - Human sexuality
    - Kinesiology
    - Nutrition
    - Alternative &/or complimentary health care modalities
    - Crisis intervention
    - Counseling, stress reduction
    - Burn-out syndrome
    - Advanced practice nursing & advanced pharmacology courses
4. **Unacceptable Course Content**
- Economic courses for financial gain, e.g. investment planning, retirement, preparing resumes, and techniques for job interviews, etc.

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- Courses which focus upon self-improvement, changes in attitude, self-therapy, self-awareness, weight loss, or yoga
- Courses designed for lay people
- Liberal Arts courses in music, art, philosophy, and others when unrelated to patient/client care
- Orientation programs-orientation meaning a specific series of activities designed to familiarize employees with the policies and procedures unique to an institution
- Courses which focus on personal appearance in nursing
- CPR (BLS) courses
- Facility-specific education, e.g., information systems, agency policies

**5. Independent or Home Study Courses**

- a. Nurse planners may offer independent or home study courses if they are in compliance with the HNA/ANCC CE criteria and policies.
- b. There is no limit to the number of contact hours that can be completed through independent or home study courses.
- c. A description of the methodology used to grant contact hours for this course must be developed and kept on file by the nurse planner so that the HNA CE Committee can address any questions or complaints raised by those taking the course.
  - 1) For example, contact hours may be awarded on the basis of word count for printed materials, such as one contact hour for every 2,750 words plus the actual running time of audiovisual materials.
  - 2) Another method might be a pilot program in which time is averaged from the number of participants who completed the independent learning module.

**6. Proof of Attendance/Completion**

- a. An attendance roster should be available during registration for record keeping purposes.
- b. Nurse planners must issue a document, such as a certificate, grade slip or transcript, or letter, to each participant to show that the individual has met the established criteria for successful completion of the course.
- c. A grade slip or a transcript can be accepted in lieu of a certificate for those enrolled in an approved academic course.
- d. Nurse planners who offer a multiple-day course or break out sessions may provide contact hours for each segment or full day successfully completed. Credit for completing part of a course (continuing education or academic) may *only* be granted if the participant attends complete segments.
- e. For *presenters* who want to earn contact hours:
  - 1) Documentation of completion may be provided to presenters who want to earn contact hours "less the session they are teaching," as long the program allows for a "sliding scale" of contact hours that can be awarded, and the promotional materials and other related documentation note such.
  - 2) For example, if you have a 6-hour activity, your materials state that the number of contact hours is 6, and the organization does not provide partial credit (for participants who arrive late or leave early), then you may not award less than the 6 hours to a presenter. However, if your program has several sessions with contact hours earned per session, and your materials state, "participants can earn *up to 6 contact hours*," for the entire program, then you may award presenters partial contact hours for the portions they did *not* provide.
  - 3) It is entirely up to your organization whether or not the registration and contact hours are complimentary to presenters.

## **EDUCATIONAL DESIGN**

### **KEY ELEMENT 4. CONTINUING EDUCATION CONTACT HOURS**

- a. The nurse planner shall demonstrate how contact hours of approved continuing education are based on portions of the educational activity that are devoted to didactic or clinical experiences, or to evaluating the activity.
- b. The provider shall demonstrate a logical and defensible method of calculating contact hours for each activity.

#### **Calculation of Contact Hours**

- Each 60 minutes of didactic instruction shall be accepted as one contact hour of continuing education.
- Each 60 minutes of course-related clinical practice will be accepted as one contact hour of continuing education, such as a clinical preceptorship or hands-on skills practice.
- Portions of contact hours may be awarded, such as in 30 minutes of instruction, which would be calculated as 0.5 contact hour.

## **EDUCATIONAL DESIGN**

### **KEY ELEMENT 5. ACTIVITY EVALUATION**

A clearly defined method that includes learner input is used to evaluate effectiveness of each educational activity and is documented.

- a. The nurse planner must determine the methodology to evaluate the effectiveness of the learning activity and describe the category of evaluation (i.e., learner satisfaction, knowledge enhancement, skill and attitude changes, practice/performance improvement, relationship of practice change to service quality) and submit sample forms.
- b. The nurse planner will evaluate educational activities for at least the following elements:
  - Relationship of objectives to the overall purpose/goal(s) of the activity
  - Learner's achievement of each objective
  - Effectiveness of each presenter
  - Appropriateness of teaching strategies/methods
  - Detection of commercial bias in any presentation
  - Appropriateness of physical facilities (room, space, lighting, acoustics, audiovisuals, etc.)
  - How learning will be applied
- c. For independent learning activities, the evaluation tool may be modified to evaluate the effectiveness of the printed articles, books, manuals, on-line self-study materials and/or other audiovisual materials, instead of "presenters." Evaluation of physical facilities may not be necessary if the participant is not in a controlled environment.

## EDUCATIONAL DESIGN

### KEY ELEMENT 6. ACCREDITATION STATEMENTS

- a. Information disseminated by the nurse planner, all marketing materials, communications, certificates, and other documents that refer to HNA/ANCC accreditation, shall be true and not misleading, and shall include the following accreditation statement on a **separate line**:

The approval statement:

***“This continuing nursing education activity was approved by the Hawaii Nurses’ Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.”***

- b. All study-tour courses that provide continuing education must include the statement: “Hawaii Nurses Association approval extends only to continuing education courses and does not include tour arrangements.”

## EDUCATIONAL DESIGN

### KEY ELEMENT 7. DOCUMENTATION OF COMPLETION

- a. A document indicating successful completion of the course must contain the following information:
  - Name and address of organization providing the continuing nursing education activity
  - Participant learner name
  - Statement of successful completion of course
  - Title of educational activity
  - Date(s) of educational activity
  - Activity number
  - Number of contact hours
  - Authorized Signature
  - Official accreditation statement on a *separate* line:  
***“This continuing nursing education activity was approved by the Hawaii Nurses’ Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.”***
- b. The provider is responsible for completing all the information on the certificates before they are distributed.
- c. Handwritten, electronic, or stamped signatures on the certificates are acceptable.
- d. Documents of completion must be issued to attendees within a reasonable length of time after the conclusion of the course, not to exceed 60 days.

## EDUCATIONAL DESIGN

### KEY ELEMENT 8. COMMERCIAL SUPPORT GUIDELINES

- a. Providers must not permit commercial supporters, exhibitors, or the presentation of research by a vendor to influence the design, scientific objectivity or independent planning of the activity.
- b. Nurse planners must apply conflict of interest/vested interest policies and standards when commercial supporters are involved in any CE activity.
- c. Nurse planners may accept commercially supplied funds as educational grants or in-kind donations and acknowledge them as such in their advertising and marketing for the educational activity.
- d. Nurse planners must insist on maintaining full control over the use of educational grant funds or in-kind donations from commercial vendors or refuse to accept them. Nurse planners will keep a written memorandum of agreement with commercial supporters on file signed by both parties when such support is accepted.
- e. For all other details related to commercial support, the provider will adhere to *Standards For Disclosure And Commercial Support* available from the HNA CE Committee.

### KEY ELEMENT 9. CONFLICT OF INTEREST (COI) GUIDELINES

- a. Nurse planners will acquire disclosure statements from all planners and presenters to uncover any potentially biased financial or other relationships by those who may have influence on the content of an educational activity.
- b. Nurse planners will keep signed originals of COI disclosure statements or agreements in the CE activity file and give copies on request to planners and presenters.
- c. Discussion between planners and presenters will take place in an attempt to mitigate any potential bias prior to the presentation.

#### VESTED INTEREST

1. Providers and planners of CE activities will be expected to put forth a vendor disclaimer statement if vendors participate or provide support of any kind for a course.
2. Planners of CE activities will require that presenters shall disclose to all participants any financial relationships to allow the participant to evaluate the objectivity of the presenter and the material being presented.
3. All activity planners will be notified of this policy and be held responsible for its implementation.

### KEY ELEMENT 10. DISCLOSURES PROVIDED TO ACTIVITY PARTICIPANTS

#### a. Notice of requirements for successful completion.

The planner will inform participants in advance of what criteria constitutes successful completion of an educational activity or independent/home study course.

#### b. Refund policies including:

- Refunds in cases of non-attendance, or participant enrollment-cancellation
- Refunds (full or partial) in cases of provider course cancellation
- How participants will be notified of course cancellation by provider
- Enrollment and cancellation deadlines; time period for requesting refunds, return of fees

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b. **Conflicts of Interest.**

Planners or presenters will inform participants of any influencing relationships (financial or other) or lack thereof.

c. **Commercial Support.**

The Nurse Planner may acknowledge the support of the helping organization(s) verbally or in writing in promotional materials for such things as providing speakers, printed informational materials, physical facilities, equipment, etc. Planners will inform participants of the nature of the commercial support connected with an educational activity and announce or print disclaimers as appropriate.

d. **Non-endorsement of products.**

Planners will clearly inform participants verbally during the event, or in writing in promotional materials, that activity approval does not imply endorsement by the provider, HNA, or ANCC of any commercial product displayed in conjunction with an educational activity

Example: *“Any statements made, or products displayed by vendors are at the sole discretion of the vendors and are not necessarily endorsed by (CE provider), the Hawaii Nurses’ Association, or ANCC’s Commission on Accreditation.”*

e. **Off label use.**

Planners require that presenters or vendors notify participants when they present a product at an educational activity for a purpose other than that for which it was approved by the Food and Drug Administration.

Methods can include written material distributed to participants during the activity, audiovisual disclaimers during the presentation, or a disclaimer in marketing materials prior to the event.

## CRITERION 2. EDUCATIONAL DESIGN

### KEY ELEMENT 12. RECORD KEEPING

- a. Records must be considered confidential and kept in a secure location.
- b. Each Nurse Planner is required to maintain the following records *for each* course offered for a period of six (6) years:
  - 1) Records Related to Planning
    - Description of the target audience (Educational Design Documentation & Course information)
    - Method and findings of the needs assessment (Educational Design Documentation)
    - Names, titles and expertise of activity planners and presenters (Application and Instructor/Planner Information)
    - Conflict of Interest disclosures statements from planners and presenters
    - Purpose, objectives and content (Course Information)
    - Instructional strategies, delivery methods, resources to be used (Course Information)
    - Learner feedback methods (Course Information)
    - Method to verify learner participation (Attendance roster/Evaluation tool)
    - Notice to learners of how successful completion will be measured (Brochure or advertising)
    - Marketing and promotional materials (Brochure, etc.)
    - Names of all participants completing the course (Attendance roster)
    - Record that certificates were issued (Attendance roster)
  - 2) Records Related to Implementation
    - Title, location, and date/time of educational activity (Application documents and promotional materials)
    - All evaluation tools used, including tabulated summary of results and qualitative statements
    - Participants' names and addresses (Attendance records)
    - Sample certificate of completion
    - Number of contact hours associated with official accreditation statement awarded to individual participants (Certificate of Completion)
- c. Nurse Planners shall notify HNA, within thirty days, of any changes in organizational structure and/or person(s) responsible for the agency's continuing education activity, including name and address changes.
- d. The Nurse planner will make records available to HNA on request for purposes of auditing compliance with the ANCC CE criteria.

## **EVALUATION DESIGN**

The provider unit engages in an ongoing evaluation process to analyze its effectiveness in providing quality continuing nursing education. Plans for future development in continuing nursing education are identified and re-evaluated on a regular basis.

### **KEY ELEMENT 1. EVALUATION PROCESS**

- a. A systematic process is carried out to evaluate the planner's:
  - 1) Operational procedures
  - 2) Educational offering(s), including those offered on a repeated basis for which participant input and evaluation data can be collected and analyzed over time
  - 3) Outcomes and results
  - 4) Progress toward goals for improvement

### **KEY ELEMENT 2. EVALUATION PARTICIPANTS**

- a. Designated nurse planner(s), other collaborating planners (content specialists and target audience representatives), activity presenters, learners, and additional staff as appropriate participate in the process used to evaluate the effectiveness of the educational activities.
- b. The applicant will describe how nurse planners, other collaborating planners, activity presenters, and learners, as appropriate, participate in the evaluation process.
  - *Presenters and planners will submit information about their role in the evaluation process on the Instructor/Planner Information form*
  - *Nurse planners will indicate evaluation methods on the Course Information form*

### **KEY ELEMENT 3. EVALUATION RESULTS**

- a. Evaluation data are used to confirm (validate), expand, or change the educational operations and design as necessary to meet the needs of the client base.
  - 1) The nurse planner will describe how he/she uses results of the program evaluation process to validate, expand, and/or improve the provider unit's operations.
  - 2) The nurse planner evaluates activities offered on a repeated basis, over time for continuous improvement of those activities.
    - *Nurse planners will tabulate evaluation results and keep them on file for review and quality improvement of educational activities*
    - *Nurse planners will submit evaluation summaries to HNA for programs that are repeated over time during the two-year approval period.*

## **OPERATIONS AND BUSINESS PRACTICES**

1. **Quality assurance process.** The provider ensures the quality of continuing nursing education (CNE) by following an established process involving a qualified nurse planner for assessing educational needs, and developing, delivering and evaluating the effectiveness of the educational activities it offers.
2. **Nurse planner role.** At least one nurse planner is responsible for and *directly involved* with the needs assessment, planning, development, implementation, and evaluation of educational activities.
3. **Resources.** Sufficient human, material and financial resources are available to carry out the functions of the educational activity.
  - *In addition to the activity application, the nurse planner/administrator signs and submits a completed Operational Requirements contract and Educational Design Documentation.*
4. **Business practices.** Organizations must adhere to all regional, state, and national laws and regulations, and operationalize their business and management CNE policies and procedures (as they relate to human resources, finances, and legal obligations) so that it obligations and commitments are met.
  - *For each application, the nurse planner will sign and submit the attestation statement with the Operational Requirements contract referring to the business and management operations and policies and procedures that ensure the organization's ability to meet all regulatory, financial, human resource, and legal obligations.*

## REQUIRED DISCLOSURES TO PARTICIPANTS

### **Successful Completion of this Continuing Nursing Education Activity**

In order to receive full contact-hour credit for this CNE activity, you must:

- Be registered for this activity,
- Be present no later than five (5) minutes after starting time,
- Remain until the scheduled ending time, and
- Complete and submit the Evaluation Forms and the Verification of Attendance Form to the Registration Desk before you leave at the conclusion.

SAMPLE

Requirements for successful completion may also include participation in individual or group activities, such as discussion, exercises, practice questions, pre-/post-testing, etc.

### **Conflicts of Interest**

A conflict of interest occurs when an individual has an opportunity to affect educational content about health-care products or services of a commercial company with which she/he has a financial relationship.

The planners and presenters of this CNE activity have disclosed no relevant financial relationships with any commercial companies pertaining to this activity.

### **Commercial Company Support**

There is no commercial company support for this CNE activity.

### **Noncommercial Sponsor Support**

There is no non-commercial sponsor support for this CNE activity.

### **Non-Endorsement of Products**

Our provider status refers only to continuing nursing education activities and does not imply that there is real or implied endorsement of any product, service, or company referred to in this activity nor of any company subsidizing costs related to the activity.

### **Off-label Product Use**

This CNE activity does not include any unannounced information about off-label use of a product for a purpose other than that for which it was approved by the Food and Drug Administration (FDA).