**Ohio Nurses Association**

**Activity Documentation Form for Approved Provider Units based on 2015 Criteria**

**Demographic Data:**

1. Title of learning activity:
2. Contact hours:

3. Activity type:

     Faculty directed (live - in person or webinar)

Date of event:

     Independent study (enduring materials, online, video, article)

Start and ending date of independent study:

     Blended activity (both faculty directed and independent study)

Start and ending date of independent study portion:

Date of live portion of activity:

Can these parts be done separately ?      Yes      No Are they always done together?      Yes      No

     This activity will be done live first and then turned into an independent study.

4. Nurse Planner who actively planned this activity with the planning committee:

Name & Credentials:

Address:

Daytime Phone including extension:     Email Address:

5. Is this activity Category A (about Ohio nursing law & rules):      Yes      No

*If yes, include the slides, handouts, etc. that will be given to the learner.* **Include the ORC/OAC 4723 numeric citations being addressed in the event.**

**6. A.) Qualified Planners and B.) Faculty/Presenters/Authors/Content Reviewers**

Complete the table below for each person on the planning committee and for all faculty, presenters, and authors involved in the activity. Also include any content reviewers if applicable (see bulleted information below). Include each person’s name, credentials, educational degree(s), and role in the activity being planned. Planning committee must have a minimum of a Nurse Planner and at least one other person to plan each educational activity. This other person must be a content expert. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the criteria. The content expert needs to have appropriate subject matter expertise for the educational activity being offered. **The Nurse Planner and Content Expert must be identified.** (Note: The Nurse Planner can be both the Nurse Planner and the content expert.)

* If LPNs are expected in the target audience of activities based in Ohio, an LPN must be included on the planning committee.
* If this activity is specifically designed for APRNs, then an APRN must be on the planning committee.
* A content reviewer is not included on the planning committee. The purpose of a content reviewer is to evaluate a speaker(s) in an educational activity during the planning process or after it has been planned but prior to delivery to learners, for quality of content, potential bias, and COI.

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| --- | --- | --- | --- |
| **Name of individual, credentials, educational degrees** | **Individual’s role in activity (Nurse Planner, content expert, LPN, APRN, other planner, presenter, author, etc.)** | **Name of commercial interest that has financial relationship with** | **Nature of relationship (own stock, speakers bureau, research grant, employee, etc.)** |
|  | **Nurse Planner (Required)** |  |  |
|  | **Content Expert (Required)** |  |  |
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*Add additional lines to the above table, if needed.*

**C. Non-clinical Topics and COI:** Check if applicable.

\_\_\_ I, the Nurse Planner, have determined that this activity is not clinical in nature and does not make reference to any

commercial product. Therefore no conflict of interest (COI) forms have been collected. Learners will be informed of the

absence of COI for any member of the planning committee, author, or others in position to control content.

**7. Assessment of Learner Needs and Target Audience:**

1. Describe the **professional practice gap** (e.g. change in practice, problem in practice, opportunity for improvement.

1. Describe the learner’s current state. What is the problem?

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| **Place Answer Here:** |

2. Describe the desired state. What/how should the nurse know, know how to do or practice differently?

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| --- |
| **Place Answer Here:** |

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

1. Sources of data may include:

     Survey data from stakeholders, target audience members, others

     Input from learners, managers, subject matter experts, others

     Evidence from quality studies/performance improvement activities

     Evaluation data from previous educational activities

     Trends in literature, law, and health care

     Other: Describe

2. Provide a brief summary of data gathered that validates the need for this activity. Why does this problem exist?

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| **Place Answer Here:** |

C. **Educational need** that underlies to professional practice gap (e.g. knowledge, skill and/or practice) Check all that apply.

     gap in knowledge

     gap in skill

     gap in practice

D. Identify the **target audience** for which this content is being designed:

     RNs

     RNs in Specialty Areas (Identify):

     APRNs outside Ohio

     LPNs

     Interprofessional

     Other: Describe:

     Non-certified CNS in Ohio (specialized requirement, see manual for details)

     Ohio APRNs with prescriptive authority (specialized requirement, see manual for details)

     Ohio Certified dialysis techs (specialized rule requirement, see manual for details)

E. What is the desired learning **outcome** for the learner? What should the nurse be able to do or achieve after participating in this event? (Be sure this is congruent with A through D above.)

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| **Place Answer Here:** |

F. This activity applies/is related to one or both of the following:

     Nursing Professional Development

     Patient Outcome

**8. Content:**

**A.** Provide an **abstract** describing the content that will be presented for a **faculty directed activity**:

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| **Place Answer Here:** |

1. 1) Provide an **abstract** describing the content that will be presented for an **independent study**.
2. Describe what is included in the independent study package and how the learner will get assistance with resources or interact with the provider of the independent study. (OAC 4723-14)
3. Describe how the effectiveness of the study was assessed, the results of the assessment, and the changes made based on the assessment prior to making the study available to learners. (OAC 4723-14)

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| **Place Answer Here:** |

**9. Calculation of contact hours:** Describe how contact hours were calculated including evaluation time:

Notes:

* Identify **Pharmacotherapeutic** minutes or hours if the activity is for APRNs and the content relates to pharmacotherapeutics.
* Identify the **Category A** (Ohio nursing law and rules) minutes or hours if the activity is for Ohio nurses or others regulated by the Ohio Board of Nursing.
* A contact hour is a 60 minute hour. Activities must be a minimum of 30 minutes (0.5 contact hour). The contact hour may be taken to the hundredths; but may not be rounded up. (e.g. 2.75 or 2.7, not 2.8)

**Faculty Directed activity:** Include *an agenda or schedule* for the entire event if it is more than 2 hours. Clearly state time spent on pre/post tests, presentation, clinical experience and evaluation as these all count in the calculation of contact hours. Welcome, introductions, breaks, and tours, as well as any other non-education components (e.g. viewing of exhibits) do not.

If the activity is two hours or less, insert the amount of time for each applicable section:

     Content.

\_\_\_\_ Category A time/content if applicable

\_\_\_\_ Pharmacotherapeutic time/content if applicable

     Testing/return demonstration

     Evaluation

**Independent study activity:**

1. What was the method for calculating the contact hours: (Check the best description that applies)

     Pilot Study

     Historical Data

     Mergener Formula

     Other: Describe:

2. Show evidence of how contact hours were calculated (“show” the math).

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| **Place Answer Here:** |

**10.** Identify **references/resources** used: ( **Check** all that apply **and list** references including title, dates of publication, author(s), date

downloaded from website, etc. References should be within the past 5-7 years unless reference is a classic that is still relevant.) You

may add additional references on a separate page if they do not fit within this space.

     Web sites such as CDC, NIH, AHRQ, etc. Citation:

     Peer-reviewed journals Citation:

     Clinical guidelines such as [www.guidelines.gov](http://www.guidelines.gov) Citation:

     Books- Citation:

     Other – Citation:

1. **Learner engagement strategies** to be used in this activity:

     Integrating opportunities for dialogue or question/answer

     Including time for self-check/reflection

     Analyzing case studies

     Providing opportunities for problem-based learning – e.g. *simulation*

     Other: Describe

**12 Criteria for successful completion**: (Consistent with the outcome, content, and learning strategies) (Check all that apply)

     Attendance at entire event or session

     Credit awarded commensurate with participation

     Attendance at 1 or more sessions

     Completion/submission of evaluation form

     Achieving passing score on post-test (Score =      %)

     Return demonstration

     Other: Describe

1. Description of **evaluation method**: Note that this is a three part question that addresses achievement of outcome(s) and teaching effectiveness of each speaker as well as evidence that change in knowledge, skills, and /or practice of target audience will be assessed:
2. Attach the **evaluation method** that includes learner’s achievement of the outcome listed above and teaching effectiveness of each speaker.)
3. Other **short-term options** include but not limited to: (Check all that are applicable)

     Intent to change practice

     Active participation in educational activity

     Post-test

     Return demonstration

     Case study analysis

     Role play

     Debriefing

     Other: describe

1. **Long-term options** include but not limited to: (Check if applicable)

     Self-reported change in practice

     Change in quality outcome measure

     Return on investment

     Observation of performance

     Other: describe

**14.**. **Commercial Support**: A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies.

* Commercial Support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.
* A provider of commercial support may **not** be on an educational planning committee, be a joint-provider of the activity, or the provider of the activity.
* If commercial support is provided for a CE activity, an employee from the organization providing commercial support may **not** be a speaker.

**Note:** You are not required to have a commercial support agreement for those who are only exhibiting at the event.

If getting commercial support, complete items B and C.

1. This activity has no commercial support.
2. Commercial support has been provided by the following: (List name of organization(s) providing commercial support)

C.      *Signed commercial support agreement attached.*

**15. Joint-providership (OAC 4723-14)**

If not jointly providing, check #A; if yes, answer #B, C and attach signed agreement.

A.      This activity will not be jointly provided.

B. Joint providership of this activity has been arranged with: (List organization name):

C.      As the Approved Provider Unit, we will maintain responsibility for the adherence to criteria for this activity.

1. \_\_\_ Our name as the provider and the names of the joint providers will be prominently listed in advertising.

D.      The *signed, dated, written joint-provider agreement is attached.*

**16. Advertising:**  Include a copy of the advertising material including relevant pages of the web site (if applicable)

**17.**  **Written disclosures provided to activity participants:** Learners must receive written disclosure of required items prior to beginning the learning activity. Disclosures are required to be provided for items A through C for all learning activities. Disclosures for item D, E and F apply only in relevant situations. Attach the written disclosures to be given to the activity participants.:

A. Criteria for successful completion;

B. Presence or absence of conflict of interest for planners, presenters, faculty, authors and content reviewers. Must disclose name of individual, name of commercial interest, and nature of the relationship the individual has with the commercial interest;

C. Approved provider statement (see sample below);

D. Commercial support, if applicable:

1. Names of all Joint Providers, if applicable;
2. Expiration date for awarding contact hours if this is an independent study.

**19. Documentation of completion.** Include a copy of the *completed certificate* to be awarded to learners.

Document/certificate to include:

* Name of learner
* Name and address of Approved Provider Unit (web address acceptable)
* Title & date of completion of educational activity
* Number of contact hours awarded
* Official Approved Provider Unit statement

**Provider Name (OH-###, expiration date) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.**

* Include pharmacotherapeutic hours if applicable (e.g., 4 contact hours including 1.5 Pharm contact hours)
* Include the words “Category A” and number of contact hours for this OBN requirement if applicable. (e.g. 5 contact hours including 1 contact hour of Category A)

**Attach for all activities:**

1. COI identification (and resolution, if applicable)
2. Agenda if activity is over 2 hours in length
3. Certificate
4. Advertising
5. Commercial support agreement, if applicable
6. Joint provider agreement, if applicable
7. Evidence of required disclosure information provided to learner:
   1. **ALWAYS REQUIRED**:

* Approved provider statement;
* Criteria for successful completion;
* Presence/absence of COI of planning committee/ faculty/authors/content reviewers
  1. IF APPLICABLE: commercial support, joint providership, expiration date for independent studies

1. If this is a Category A (Ohio nursing law and rules) activity, attach the slides/article/handouts to be used for this topic. Include the ORC/OAC 4723 numeric citations being addressed in the event. (If you are not doing this particular topic, the slides/article/handouts are not needed.)
2. Once activity is presented,

a.. Summative evaluation

b. On the summative evaluation or another document include a summary by the Nurse Planner regarding: any changes needed? Will the activity be continued? Any problems or difficulty encountered?

Note: This information could be used when responding to EDP6 in the provider app in the future.