**Ohio Nurses Association SAMPLE**

**For States Other Than Ohio**

**Independent Study Documentation Form for Approved Provider Units based on 2012-2013 Criteria**

**Demographic Data:**

1. Title of learning activity: Understanding Human Trafficking
2. Date of documentation form completion: 8/25/12
3. Contact hours: 1.0
4. How long will this study be available to learners? 2 years

5. Contact person for this activity. **Note:** If this person is also on the planning committee, be sure to include his/her name in the Planning Committee list.

Name & Credentials:  Kathy Morgan, MSN, RN

Address: 1111 Place, Any City, MI

Daytime Phone including extension: 222-222-2222

Email Address:  kmorgan@hopehosp.org    Organization’s website:  NA

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

1. Name & Credentials: Kathy Morgan, MSN, RN

Address: 1111 Place, Any City, IN

Daytime Phone including extension:  222-222-2222    Email Address:  kmorgan@hopehosp.org

B. This nurse is current on CE criteria through:

x Reviewed the most current ONA Provider Manual

     Other: Describe:

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

x Yes

     No

MCj04112440000[1]If No, Stop. An activity for nursing contact hours must be CE.

8**.**  **Assessment of Learner Needs:**

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

x All RNs

     RNs in Specialty Areas (Identify):

     APRNs

     Other: Describe:

1. What method was used to identify the need for this activity? (Check all that apply)

     Written Needs Assessment

X Learners/Management Requested Activity

     Quality Studies/Performance Improvement Activities

X Trends in Literature, Law & Health Care

     Other: Describe:

**Note:** Evidence of the needs assessment data must be retained in the activity file and be available to ONA upon request.

C. Describe the evidence from the needs assessment that led you to plan this activity: Nurses in the ER are expressing concern about some of the patients that they are seeing and wondering if some of them are victims of human trafficking

D. Describe the gap identified through your needs assessment that indicates where learners are now compared to where they need to/should be in relation to the knowledge or skill being addressed in this learning activity. Nurses have expressed discomfort with knowing what to do with these types of clients and how to manage their care. The police dept has released information recently about an increase in trafficking that they are witnessing in the community.

E. Based on the needs assessment evidence and gap analysis described above, state what outcome you wish the learner to achieve: Nurses will be able to assess a potential victim of human trafficking and refer a patient to the appropriate resources.

**9. Qualified Planners, authors, content specialists and feedback personnel:**

* For each person listed on the planning committee, please list name, educational degrees and credentials.
* Planning committees must have a minimum of one nurse planner and one other planner to plan each educational activity. The nurse planner is knowledgeable about the CE process and is responsible for adherence to ANCC criteria and OBN rules. One planner needs to have appropriate subject matter expertise for the educational activity being offered.
* If this activity is specifically designed for APRNs, then an APRN must be on the planning committee.
* A content reviewer may also be included on the planning committee. The purpose of a content reviewer is to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners, for quality of content, potential bias, and any other aspects of the activity that may require evaluation.

A. Planning Committee:

1. Nurse Planner responsible for activity *(this person was listed on p. 1, item 6 of this form)* Kathy Morgan, MSN, RN

2. Content Expert (name, degrees, and credentials): Chris Williams, RN

3. APRN (name, degrees, and credentials) if applicable:

5. Other planning committee members (name, degrees, credentials):

6. Content reviewer (if applicable) (name, degrees, and credentials):

x *Bio form* including conflict of interest/conflict resolution for each planning committee member is attached.

B. 1. Authors: 1) List names below and 2) attach the completed bio form for author.

a. Chris Williams, RN

b.  Sgt. Mathews

x *Bio form* with conflict of interest & conflict resolution for each author is attached.

**10. Educational Design Process**

1. Explicit, measurable educational **Objectives** – document in column 1. (**Page 7** of documentation form)

B. **Content:** List the content for each objective in column 2 (**Page 7** of documentation form). Content must be congruent with goal/purpose and objectives.

C. **Teaching-Learning Strategies:** List the methods, strategies, materials and resources to be used to cover each objective in the last column of page 7 of the documentation form. They must be congruent with objectives and content.

D. **Learner Feedback**: Check the best description or describe how you will provide feedback to the learners.

x Question and answers during learning process.

     Return results of testing.

     Return demonstration.

     Debriefing.

     Follow-up communication.

     Other: Describe:

E. **Successful Completion:** (Consistent with the outcome, objectives, and teaching and learning strategies)

1. Criteria for successful completion include: (Check all that apply)

x Completion/submission of evaluation form.

x Achieving passing score on post-test. (75 %)

     Return demonstration

     Other: Describe:

1. Rationale for method selected to determine the criteria for successful completion: (Check all that apply)

Goal or purpose of event indicated what was needed to successfully complete the activity

Category of evaluation selected

Importance of content knowledge

Importance of content application

Required by employer or organization

Other: Describe:

**F. Verify Participation**

x Participation will be verified through sign in sheets/registration form/log in.

     Signed attestation statement by participant verifying completion.

     Other: Describe:

**G. Learning Activity Plan/Process** (OBN rule 4723-14 OAC)

1. Describe the entire independent study package which includes an outline of all activities of the learner:

 x    Article(s): Title(s): Understanding Human Trafficking

     Audiotape: Title(s):

 x    Videotape/DVD: Title(s): A Real Look at Human Trafficking

 x    On-line Program

 x    Registration Form

 x    Post-test

 x    Evaluation Form

List other if applicable:

2. Describe the method the learner will use to get assistance with resources or interact with the provider of the independent study:  May contact S. Swearingen Mon-Fri days if questions. Independent Study available on intranet.

**11. Awarding contact hours**

A. **Effectiveness of Study:**

1. Describe how the effectiveness of the independent study was assessed: 3 nurses have completed this study.
2. Describe the results of the assessment: The nurses found that the article and videotape were easy to follow and provided valuable information. Questions 3 and 8 on the post-test were missed by all three nurses. The average score was 85%.
3. Describe the changes made based on the assessment prior to making the study available to learners**:**  The author reviewed the missed questions and made adjustments to make them clearer and have only one answer possible.

B. **Contact Hour Calculation:**

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

x Pilot Study

     Historical Data

     Complexity of content and data

     Other: Describe:

2. Show evidence of how contact hours were calculated (“show” the math). 50 min + 60 min + 70 min = 180 divided by 3 = 60 min. divided by 60 = 1 contact hour

**Note:** If this study was previously given contact hours and you wish to continue it, please include information in this section from those learners who have completed the study during the past two years rather than from the original pilot study.

Identify **Pharmacotherapeutic** minutes or hours if the activity is for APRNS and the content relates to pharmacotherapeutics.

**12. Evaluation**

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

x Evaluation Form (Required according to OBN rule. Evaluate the achievement of each objective and how long it took the learner to complete the study). (*Attach copy)*

x Pre and/or Post-test (Optional) – (*Attach a copy if testing is to be used*)

     Return Demonstration (*Attach a copy of the tool if applicable)*

     Other: Describe:      (*Attach copy if applicable)*

1. Note: A copy of the summative evaluation must be kept in the activity file for six years. (A summative evaluation is the compilation of the results of the learners’ comments in a statistical format and a listing of all comments made by the learners. For example, if 10 participants stated they met objective 1, then you would insert the number 10 into that portion of the blank evaluation form.)

C. **Quality Improvement Process:** It is also an expectation that the nurse planner and planning committee will evaluate the activity after it is presented. In order to document this evaluation, a tool has been added to the end of this documentation form. Topics include whether the objectives were met; effectiveness of the speaker/faculty (if live presentation); presence or absence of any bias; and any changes that need to be made in the future. Please complete it and keep it in the file for six years. This is in addition to creating the summative evaluation. You may choose to add questions to the tool for your specific needs.

**13. Approved Provider Statement as noted on advertising.**

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

Ensure that the Approved Provider statement stands alone and is worded as noted here.

**ABC Hospital (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.**

B. Type of advertising: *(attach copy)*

x Flyer/brochure

     Memo/Letter

     Meeting Notice

     E-mail

     Web site

     Other: Describe

**14. 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
* Include pharmacotherapeutic hours if applicable
* Official Approved Provider Unit statement

**ABC Hospital (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.**

**15. Commercial Support and Sponsorship**

* 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 sponsor is identified as an organization that provides financial or in-kind contributions for a CE activity and does not meet the definition of commercial interest.
* A provider of commercial support or sponsorship may **not** be on an educational planning committee, be a coprovider 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 / sponsorship may **not** be a speaker.
* **Note:** You are not required to have a commercial support or sponsor agreement for those who are only exhibiting at the event.

If no commercial support or sponsorship received, check #A, then go to item 17.

If commercial support or sponsorship is received, complete items B, C, and D and attach the signed agreement(s).

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

C. Content integrity has been/will be maintained by: (Check all that apply)

     1. Our commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.

     2. Faculty has been informed of our policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services. There will be no logos from the commercial entity in the CE materials.

     3. In conjunction with a-c, the session will be monitored & violators of policy will not be asked to present again.

     4. Other: Describe:

1. *Signed commercial support or sponsorship agreement attached.*

16**. Prevention of** **Bias**: Bias is defined as the process of causing partiality, favoritism or influence. (2013 Primary Accreditation Manual).The following precautions have been taken to prevent bias in the educational content:

x a. Our position on bias has been discussed with each presenter/author.

x b. Each presenter has signed a statement that says s/he will present information fairly and without bias.

\_\_\_\_ c. Each presenter has agreed to not promote his/her books, services or products.

\_\_\_\_ d. The speaker(s)’s slides and handouts have been reviewed by a content expert to ensure lack of bias.

     e. In conjunction with a-b-c, the session will be monitored & violators of policy will not be asked to present again.

     f. Other: Describe:

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 B for all learning activities. Disclosures for items C and D apply only in relevant situations. Describe methods used to inform activity participants of:

A. *Outcome or objectives and criteria for successful completion (****Note:*** *Not applicable is not an acceptable response)*

x Information on advertising material. (*Attach copy)*

x Written information on handouts. (*Attach copy)*

     Other: Describe:      (*Attach copy if applicable)*

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.*  (**Note:** Not Applicable is not an acceptable response)

     Information provided on advertising. (Should be present on advertising provided in Item 14).

x Information provided on handouts. *(Attach copy)*

     Other: Describe:      *(Attach copy)*

C. *Commercial support/sponsorship:*

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

     Information provided on advertising. *(Attach copy)*

     Information provided in handouts. *(Attach copy)*

     Other: Describe:      *(Attach copy)*

D. *Non-endorsement of products displayed in conjunction with this activity.*

x No products are being displayed. (No statement needed.)

     Information provided on advertising. (Statement to be used: “Approved Provider status does not imply endorsement by the provider, ANCC or ONA of any products displayed in conjunction with an activity.”)

     Information provided in handouts. *(Attach copy)*

     Other: Describe:      *(Attach copy)*

E. *Expiration date for awarding contact hours for enduring materials*/*independent studies:*

x Information provided on advertising prior to the learner purchasing or starting the activity. (Required) *(attach copy)*

     Other: Describe:

**18. Recordkeeping**: Remember to keep records as described in the Provider Manual and your policy for six years.

**20 Co-providership**

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

A. x This activity will not be co-provided.

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

C.      As the Approved Provider Unit, we will maintain responsibility for determining of educational objectives and content, selection of planners, and presenters, faculty, authors, and content reviewer, awarding of contact hours, record keeping procedures, developing evaluation methods, and managing commercial support or sponsorship. Our name as the provider will be prominently listed in advertising.

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

**Summary: *Attach the following to the documentation form*:**

* Bio forms for planning committee members and faculty
* Evaluation form and any other evaluation tools used (e.g., post-test)
* Advertising material/flyer/email announcement
* Certificate/documentation of completion
* Signed commercial support or sponsorship agreements if applicable
* Disclosures if not included on advertising; internet or intranet posting and included as bullet 4 above
* Signed co-provider agreement(s) if applicable.

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| --- | --- | --- |
| **OBJECTIVES** | **CONTENT (Topics)** | **TEACHING METHODS** |
| List learner’s objectives in behavioral terms | Provide an outline of the content for each objective. It must be more than a restatement of the objective. | Describe the instructional strategies & delivery methods for each objective |
| 1. Define human trafficking. | Modern day slavery: when men, women, and children are forced into physically laborious situations to profit another individual including forced labor, bonded labor, involuntary domestic servitude, forced child labor, child soldiers, forced prostitution, sexual exploitation of children. | Read article Understanding Human Trafficking |
| 2. Describe the role of the nurse in identifying and communicating with potential victims of trafficking. | Clues: person is accompanied by another, accompanying person insists on giving health information, patient is fearful or submissive, does not speak English, patient recently entered the country, person lacks identification of passport, person doesn’t know where they are, no money, signs of malnutrition, dehydration, drug use or addiction, poor general health, or poor personal hygiene, signs of physical abuse or neglect, person appears depressed, frightened, anxious, or distressed, person’s story about job or how entered country does not make sense, person lives with an employer or at a place of business and cannot provide address.  Presenting medical issues: bodily injuries, hepatitis or other blood borne diseases,  Reproductive and genitourinary issues, multiple STDs, tuberculosis, malnourishment, poor dental hygiene, older broken bones with improper healing, traumatic brain injuries, pregnancy and abortion-related complications, chronic pain or visual or respiratory issues, drug and alcohol dependency, abnormal menstrual cycles.  Best practices for communication with victims: build trust and rapport, indirect questioning, always tell the truth about what you can or must do, enlist a translator as needed, isolate the victim from the accompanying person, sample questions:  What type of work do you do and can you leave the situation?  Have you been threatened with harm if you try to quit?  Is there anyone who has your identification?  Has anyone threatened your family?  Messages to convey to potential victims:  We are here to help you.  Our first priority is your safety.  We will give you the medical care you need.  We are not in the business of deportation.  Give card with hotline number!  Overall: treat medical needs. Resources to refer patient include: social services, law enforcement, safe family member, etc. | Read article listed above plus view videotape A Real Look at Human Trafficking |

**Ohio Nurses Association**

**Biographical and Conflict of Interest Form** *(based on 2012-2013 Criteria)*

Title of Educational Activity: Understanding Human Trafficking Education Activity Date:

Role in Educational Activity: (Check all that apply)

Nurse Planner  Planning Committee Member  Faculty/Presenter/Author

Content Reviewer  Other – Describe:

**Section 1: Demographic Data**

**Name, Degrees & Credentials:** Kathy Morgan, MS, RN

If RN, nursing degree(s):      AD      Diploma X BSN X Master      Doctorate

Home Address **OR** Business Address: 1111 Place, Any City, IN

Day Telephone (best contact information): 222-222-222 Email Address: kmorgan@hopehosp.org

Current Employer and Position/Title: Hope Hospital, CNS in ER.

**Section 2: Expertise – Planning Committee** (If the description of expertise does not provide adequate information in Sections 2 & 3, the Nurse Planner may request additional documentation.)

As the **Nurse Planner** (responsible for ensuring adherence to ANCC Accreditation criteria), describe your knowledge & expertise re: the CNE rules & criteria: Have been a nurse planner for five years; attend classes provided by Primary Nurse Planner annually; plan ten CE activities each year.

As the **Content Expert**, describe your expertise & years of training specific to your role in planning the educational activity listed above.

As **Other** on the planning committee, describe your expertise & years of training specific to your role in planning the educational activity listed above.

**Section 3: Expertise – Presenter/Faculty/Author/Content Reviewer**

**An "X" on this line identifies the expertise information is the same as listed above if you are BOTH a planner and a presenter/faculty/author/content reviewer.**

Describe expertise & years of training specific to the educational activity listed above.

**Section 4: Conflict of Interest**

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

***\*Commercial Interest.*** See Addendum at the end of this form for a definition of commercial interest.

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

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

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

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?       Yes X No

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

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

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

**Section 5: Statement of Understanding**

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

X  **Electronic Signature (Required) Date** 8/20/12

**Kathy Morgan, MSN, RN**

**Completed By: Name and Credentials of person completing form**

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

1. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

X Not applicable since no conflict of interest.

     Removed individual, with conflict of interest, from participating in all parts of the educational activity.

     Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

     Not awarding contact hours for a portion or all of the educational activity.

     Undertaking review of the educational activity by a content reviewer to evaluate for potential bias,

balance in presentation, evidence-based content or other indicators of integrity, & absence of

bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

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

     Other - Describe:

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

An “X” below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

X **Electronic Signature (Required)**

**Zandra Ohri, MA, MS, RN 8/21/12**

**Completed By: Name and Credentials Date**

**Addendum:**

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

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

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

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

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

**SAMPLE**

Hope Hospital

Understanding Human Trafficking

Evaluation Form

1. Were the following objectives met? Yes No

A. Define human trafficking. 🞏 🞏

B. Describe the role of the nurse in identifying and

communicating with potential victims of trafficking. 🞏 🞏

2. How effective was this method of learning? (optional)

3. How long did it take you to complete this independent study?

4. Was the information presented without bias? 🞏 Yes 🞏 No

(Note: Questions 1 & 3 are the only required questions for the evaluation form. Providers may add any other questions they wish.)

**SAMPLE**

ANNOUNCING

A New Independent Study Entitled

Understanding Human Trafficking

1.0 contact hour

**Outcome:** Nurses will be able to assess a potential victim of human trafficking and refer a patient to the appropriate resources.

Call the Education Department at 222-222-2222 to get a copy of the study.

This study is available until 8/25/2014.

Hope Hospital (OH-999, 3/1/2015) 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.

Objectives:

1. Define human trafficking.

2. Describe the role of the nurse in identifying and communicating with potential victims of trafficking.

There is no commercial support or sponsorship for this activity.

The planning committee, author, and feedback personnel have declared no conflict of interest.

**SAMPLE**

Hope Hospital, 1111 Place, Any City, Ohio 00000

This certificate is presented to

(Participant Name)

for successful completion of

**Understanding Human Trafficking**

for 1.0 contact hour

on (date)

Hope Hospital (OH-999, 3/1/2015) 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.

Objectives: (optional)

1. Define human trafficking.

2. Describe the role of the nurse in identifying and communicating with potential victims of trafficking.

Final Score: % (Optional)

Signature (Optional)

**INDIVIDUAL ACTIVITY QUALITY IMPROVEMENT TOOL (2012-2013 Criteria)**

Please complete after each presentation of the activity done and keep in activity file with the summative evaluation for six years. If this was an independent study, complete this QI tool at the conclusion of its availability.

Activity Title:

Date(s) Given if faculty directed:

Period of time available if independent study:

Source of Information: Personal Observation      Review of Evaluations

1. Were the objectives met?      Yes      No

|  |
| --- |
| If no, please describe. |

1. For faculty directed (live) activities, was/were the faculty effective?      Yes      No

|  |
| --- |
| If no, please describe. |

1. Was there evidence of bias in the activity based on your observation or the learner evaluations?

     Yes      No

|  |
| --- |
| If yes, please describe what happened and how this will be prevented in the future. |

1. Were any changes needed?      Yes      No

|  |
| --- |
| If yes, please describe. |

1. Did this activity help fill the gap you identified in planning?      Yes      No

|  |
| --- |
| If no, please describe why not and how this will be prevented in the future. |

1. What difference did this activity make in patient outcomes or nursing professional development?

|  |
| --- |
|  |

1. Final Decision: Continue activity      End activity      Revise activity

Signature of nurse planner:

Date: