Continuing Nursing Education

Policies and Application Manual for Individual Educational Activities

Delaware Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

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Continuing Education Committee
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INTRODUCTION
The Delaware Nurses Association (DNA) approves programs for continuing nursing education (CNE) and Approved Providers through its Continuing Education Committee (CE Committee). This committee is made up of volunteer DNA members who have experience in nursing education and a baccalaureate degree or higher in nursing.
DNA is a constituent member of the American Nurses Association (ANA).

PURPOSE
The purpose of the Continuing Education Committee is to:

- Furnish Providers of continuing nursing education in Delaware with a peer review mechanism to assure the provision of quality continuing nursing education for nurses.
- Work with Providers of continuing nursing education to maintain adherence to the American Nurses Credentialing Center’s Commission on Accreditation (ANCC-COA) criteria and that of the Delaware Nurses Association.

GOALS
- Provide a continuing nursing education peer review approval system which complies with continuing nursing education criteria of the American Nurses Credentialing Center’s Commission on Accreditation.
- Through consultation, encourage the development of quality continuing nursing education activities.

PHILOSOPHY
Nursing is the diagnosis and treatment of human responses to actual or potential health problems. It is both a science and an art. Nursing is seen as holistic, encompassing the promotion of health, prevention of disease, restoration of health, and the care of the ill and the dying. Nursing is a dynamic profession manifested by expanding roles and responsibilities. Rapid scientific and technological advances and continuing social changes require continued learning.

Nursing professional development, the lifelong process of active participation in learning activities to enhance professional practice, builds upon educational and experiential bases to enhance nursing practice and thereby maintain and improve quality health care.

Continuing education refers to those professional learning experiences designed to enrich nurses’ contributions to quality health care and their pursuit of professional career goals. Through continuing education, nursing competencies can be maintained and expanded to meet the increasing health care needs and expectation of the consumers.

A learner-centered approach in continuing education recognizes individual differences in experiences, knowledge, and styles of learning. Continuing nursing education activities seek to be challenging, stimulating, and flexible enough to accommodate differences in learners. Education and learning involve a partnership between the adult learner and the instructor. Learning is promoted through mutual planning, sharing, and evaluation of the learning experience. The approval of continuing nursing education activities is best accomplished by a peer review process. Education is a continuous process wherein evaluation is used to determine effectiveness and to plan for future needs.
STANDARDS
DNA uses the national voluntary system established by American Nurses Credentialing Center (ANCC). This system is based on a peer review process in which members of the nursing profession, using designated standards and criteria, review, and approve individual educational activities and Approved Providers. This process is based on the *Nursing Professional Development: Scope and Standards* (ANA 2010).

The national system is administered by the American Nurses Credentialing Center Commission on Accreditation (ANCC-COA). The Commission on Accreditation is responsible for developing and administering the operational policies, procedures and criteria that govern both the accreditation and approval processes and accredits Approvers and Providers of continuing nursing education.

Delaware Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

FOUNDATIONAL DOCUMENTS
The Delaware Nurses Association Continuing Education Committee bases its review process on the documents that form the foundations of the ANCC Accreditation Program. Foundational Documents include (but are not limited to):


APPLICATION POLICIES

ASSESSING ELIGIBILITY

The Individual Activity Applicant is defined as an individual, organization, or part of an organization submitting an educational activity for approval from the DNA Continuing Education Committee.

The Individual Activity Applicant must:

- have a registered nurse who holds a current, unencumbered nursing license and a baccalaureate degree or higher in nursing who functions as the Nurse Planner for the activity and is responsible for ensuring that the educational activity is developed according to the DNA Approval Program requirements;
- plan the educational activity with at least one other planner (one member of the Planning Committee needs to have appropriate subject matter expertise for the educational activity being offered);
- document qualifications of the Nurse Planner and Content Expert for their respective roles including degree, credentials, and biographical data;
- not be a commercial interest as defined in the glossary and the ANCC’s Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities;
- be in compliance with all applicable federal, state, and local laws and regulations that affect the organization’s ability to meet DNA Approval Program criteria;
- disclose previous denials, suspensions, and/or revocations of ANCC accreditation or accreditation/approval by any other organization; and
- comply with all educational design requirements as noted by the DNA Continuing Education Committee.

Those interested in submitting a CNE activity for approval from the CE Committee must complete the eligibility verification process and meet all eligibility requirements. The CE Committee is responsible for assessing whether the applicant is eligible to apply.

FEES

Please visit the DNA website, www.denurses.org, for the current fee schedule and CE bundling option.

LATE FEE

- Application fee is doubled for all late applications.
- Paying a late fee does not guarantee approval by the scheduled activity date.
- Late applications will only be accepted if two Nurse Peer Reviewers are available.

APPROVAL PERIOD

- The period of approval for individual activities is a maximum of two years and is determined by the Delaware Nurses Association.
- Criteria and acceptable evidence provided by the American Nurses Credentialing Center’s (ANCC) Commission on Accreditation and the Delaware Nurses Association must be used by all applicants for continuing nursing education to achieve approval.
- The CE Committee can approve individual activities held in all HHS regions.

APPLICATION

- Applications for approval of continuing nursing education activities will only be accepted on current DNA approved forms. Forms from other accredited bodies will not be accepted. The application and accompanying forms/documents must be typed. Handwritten forms will not be accepted.
- Do not submit additional information outside of what is requested in the application unless instructed by the Nurse Peer Reviewers to do so.
**SUBMISSION**

Individual activity applications must submit three copies and must be mailed to the DNA office. Emailed applications are not accepted. Applications should be typed; no handwritten forms will be accepted.

Mail to:
Delaware Nurses Association
4765 Ogletown Stanton Road, Suite L10
Newark, DE 19713

**APPLICATION DEADLINES**

Three (3) copies of the application and the appropriate fee must be received in the DNA office based on the following:

- Applications for activities of less than a total of 12 contact hours must be received in the DNA office 45 days prior to the presentation date or start date.
- Applications for a total of 12 or more contact hours must be received in the DNA office 60 days prior to presentation or start.

Individual educational activities application deadlines are based on the TOTAL number of program contact hours reviewed, NOT the total number of contact hours a participant may earn.

For example, a program with a keynote, two breakouts and two afternoon sessions (60 minutes each) and evaluation time (15 minutes) has a review total of 5.25 contact hours. Participants may be awarded up to 4.25 contact hours.

If the program were the same except there are no breakouts (60 minutes each) and evaluation time (15 minutes), the review total is 3.25 contact hours.

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**APPROVAL PERIOD**

Individual Activity: May be repeated as often as desired during the two-year period of approval. If substantial changes are made to the program, it is considered a new program and the application process must be followed.

Any previously approved provider directed, provider paced program converted to enduring material (e.g. a live course videoed and then posted electronically as enduring material) must undergo the review process as a new application.

**RETROACTIVE APPROVAL**

Approval must be granted prior to presentation of individual educational activities. No approval or review will occur after an educational activity has taken place.

The exception to this rule is in the case of pilot studies. Participants in a pilot study assist in determining the length of time required for completing an educational activity to calculate the number of contact hours. Those participants may be awarded contact hours once the number is determined.

**WITHDRAWAL OF APPLICATION**

Applicants may withdraw from the approval process at any time. The applicant must notify the DNA office or the primary Nurse Peer Reviewer in writing of the decision. If the review process has not begun, the application fee, minus a $25 administrative fee, will be refunded. If the review process has begun, the application fee is non-refundable. Copies of the application will not be returned.
REVIEW POLICIES

REVIEW PROCESS

- Applications are mailed to two volunteer Nurse Peer Reviewers within one week of receipt. The Nurse Peer Reviewers critique the application to ensure compliance with ANCC standards.
- The primary reviewer will communicate directly with the designated primary contact for clarification of the application or to request additional information/corrections.
- Upon final approval, a formal approval letter will be sent electronically to the designated primary contact. The letter will include the approval expiration date and DNA approval code number to be included on all marketing materials and certificates.
- If the application is denied, the Continuing Education Committee Chair or designee will communicate with the designated primary contact. The communication will state the specific deficiencies.

REVIEW ACTIONS

The CE Committee may take the following actions upon completion of its review:

- Approval: Application met the criteria and is granted approval for the specified length of time
- Deferred: Applicant has missing materials and is granted a specified time to submit items before determination of a final review action
- Denial: Applicant did not meet approval criteria

SUSPENSION AND REVOCATION

An individual applicant of enduring material or an Approved Provider may be suspended and/or revoked due to any of the following:

- Violation of any federal, state, or local laws or regulations that affect the organization’s ability to adhere to DNA Approval Program criteria
- Failure to maintain compliance with DNA Approval Program criteria
- CE Committee investigation and verification of written complaints or charges by consumers or others
- Refusal to comply with CE Committee investigation
- Misrepresentation
- Misuse of the approval statement

Suspension or revoked organizations must immediately cease:

- Offering contact hours.
- Referring to themselves or their programs as approved by DNA.
- Using the DNA approval statement.
- The notice of suspension or revocation of approved will be in writing by the DNA Executive Director. Suspension is not a prerequisite to revocation. At its sole discretion, the CE Committee may revoke approval without first suspending approval.
- Suspended organizations may apply for reinstatement within 120 days of the suspension date. To apply for reinstatement of providership, the Approved Provider must submit documentation demonstrating violation correction and the applicable reinstatement fee. Reinstatement may be granted if the suspended organization adequately demonstrates that it will fully adhere to the DNA Approval Program criteria and requisites upon reinstatement. Approved Providers that have been reinstated may be required to submit progress reports to DNA. Suspended organizations that fail to apply for reinstatement within 120-days shall have their provider status revoked.
• Approved Providers that have had their approval status revoked may not apply for DNA approval for two years from the date of revocation. Organizations seeking approval after revocation are considered new applicants.

• If an Approved Provider believes that suspension or revocation is improper, the organization (appellant) may submit an appeal in writing. Pending the final decision on appeal, the appellant will retain the Approved Provider status held prior to the CE Committee decision that it appeals.

**APPEALS PROCESS**

If the applicant is denied approval, the applicant may appeal the decision in writing. The applicant must submit a written request for appeal to the CE Committee within thirty days of receipt of the denial letter.

An Appeals Committee will be appointed by the Chair of the CE Committee. The Appeals Committee will consist of Nurse Peer Reviewers who have not reviewed the application. The Appeals Committee will review the application and notify the applicant of the decision in writing within thirty days of receipt of the appeal request.

If the applicant is not satisfied with the decision of the Appeals Committee, a written appeal may be submitted to the DNA Executive Committee (or the designees) within thirty days of its notification from the CE Appeals Committee. Any member of the Executive Committee who is also a member of the CE Committee or who has a conflict of interest will be replaced by another member of the DNA Board of Directors.

Upon receipt of a request for a second level appeal, the DNA Executive Committee schedules a meeting within thirty days and notifies the applicant and the CE Committee in writing. The CE Committee Chair and the applicant may be present at this appeal meeting. No additional materials may be submitted. A decision is rendered by the DNA Executive Committee and sent to the CE Committee and the applicant in writing, no later than fifteen days following the meeting. This decision is final.

If the applicant chooses to have legal representation at any stage of the appeal, DNA must be notified of this intent in writing prior to the meeting.
INDIVIDUAL APPLICANT RESPONSIBILITIES POLICY

LEGAL AND REGULATORY COMPLIANCE
Applicant and Delaware Nurses Association must comply with all federal, state, and local laws and regulations that affect the ability of an organization to meet the DNA Approval Program criteria. Violations of such laws or regulations render an organization ineligible for approval or to reapply to maintain approval. Program approval may be suspended or revoked if an applicant is found to be in violation of such laws or regulations.

RECORDKEEPING
Activity records or files must be kept by the Provider of the activity for at least seven years in a secure, confidential and retrievable manner. Learners must be able to contact the Provider should they require verification of attendance or a replacement certificate of completion in the future. The Nurse Planner is responsible for assuring that an adequate system is in place.

REPORTING POLICIES

REPORTING
After the activity, the individual educational activity applicant is required to submit a 60-day post-session follow up form to DNA that includes the summative evaluation results. Obtain the CE Summary Form, from the DNA website.

As part of the DNA quality assurance plan, DNA may request providers of approved activities to submit a report on specific criteria and any action taken (if any) to improve the activity. The reporting will be on educational activities approved during the preceding 12-months.

DATA USE
By apply for activity approval, individual applicants give the CE Committee permission to use their demographic and outcome data for reporting, and research purposes, such as

- describing characteristics of individual applicant anonymously and in the aggregate; and
- analyzing trends or addressing other CE Committee-defined or approved research questions.

All data received by DNA will remain confidential and will be reported only in aggregate form unless permission is granted by the individual applicant to share data specific to an organization.
EDUCATION POLICIES

EVALUATING ACTIVITIES ELIGIBLE FOR CONTACT HOURS
Educational activities must meet the following guidelines to be considered for continuing education credit.

- Content must be beyond basic knowledge.
- Content must be generalizable regardless of employer of the nurse.
- Content must enhance professional development or performance of the nurse.

Determination of continuing nursing education credit eligibility may be dependent on the learner, for example:

- If the course is the same course repeated every year for nurses, the nurse has taken the course previously, and no new content is included, it should not be classified as continuing nursing education.
- If the class is being offered to a new nurse and the content is new and is generalizable knowledge, it can be classified as continuing nursing education.
- If the class is being repeated to nurses who have taken the course previously and a portion is new and updated information, the new information can be classified as continuing nursing education.

Content must be:

- Evidence-based or based on the best-available evidence;
- Present without promotion or bias; and
- At least 30 minutes in duration.

An educational activity may include content that is eligible for contact hours and content that is not eligible for contact hours. In that circumstance, contact hours may be offered for content of the activity that is appropriate, based on the guidelines stated above.

INTERPROFESSIONAL EDUCATIONAL ACTIVITIES
When planning interprofessional education activities, the planning process must integrate members of the professions for which continuing education credit will be awarded. An interprofessional planning process is not a parallel planning process, i.e. each profession evaluating needs for and planning educational activities that happen to take place at the same time. Additionally, an interprofessional activity is not defined by members of professions who happen to attend or participate in an educational activity.

To be classified as an interprofessional activity, the planning process must be:

- an integrated process that includes health care professionals from two or more professions
- an integrated process that includes health care professionals who are reflective of the target audience
- demonstrate an intent to achieve outcome(s) that reflect a change in skills, strategy or performance of the healthcare team and/or patient outcomes; and
- reflect one or more of the interprofessional competencies to include:
  - values/ethics
  - roles/responsibilities
  - interprofessional communication, and
  - teams/teamwork.

When planning interprofessional continuing education activities, planners must assess and document the professional practice gaps of the members (professions) of the healthcare team and design educational activities to address those gaps. It is important to note that planners should not assess the needs of one profession than extrapolate those needs to another profession without clear evidence that the needs are similar.
**Joint Providing Continuing Education Activities**

When joint providing an educational activity, the individual educational activity applicant is referred to as the Provider of the activity. The other organization(s) as the Joint Provider(s) of the educational activity. The Joint Provider may not be a commercial interest or sponsor. The Provider’s Nurse Planner must be on the Planning Committee and is responsible for adherence to the DNA Approval Program criteria.

If collaborating with an ANCC Approved Provider or DNA Approved Provider, the ANCC or DNA Approved Provider retains the provider responsibilities.

**Approval Statement**

If the promotional material will be distributed before the activity application is reviewed/approved:

> This activity has been submitted to the Delaware Nurses Association for approval to award contact hours. Delaware Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

If the promotional material will be distributed only after the activity is approved:

> This continuing nursing education activity was approved by the Delaware Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

**Awarding Contact Hours**

Contact hours are determined in a legal defensible manner. Contact hours are awarded to participants for whose portions of the educational activity devoted to the learning experience and time spent evaluating the activity. One contact hour equals 60 minutes. If rounding is desired in the calculation of contact hours, the Approved Provider must round down to the nearest 1/100th (e.g. 2.758 should be 2.75, not 2.8 or 2.76). Educational activities may also be conducted ‘asynchronously’ and contact hours awarded at the conclusion of the activities.

Contact hours may not be awarded retroactively except in the case of pilot studies.

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

Contact hours, not ‘CEUs’ are awarded for continuing nursing education (CNE) activities. The use of ‘CEU’, ‘ANCC contact hours’, ‘DNA contact hours’ and the like is not acceptable. Use the term ‘contact hours’ in all educational documents.

**Documentation of Completion**

The Provider of the educational activity is responsible for ensuring that participants are given written verification of their successful completion of an activity, which includes, at a minimum:

- title and date of the educational activity
- name and address of Provider of the educational activity (web address acceptable)
- number of contact hours awarded
- approval statement
- DNA approval code
- participants name or space for participants name

**Commercial Support and Sponsorship**

The individual educational activity applicant must adhere to the American Nurses Credentialing Center’s Content Integrity Standards for Industry Support in Continuing Nursing Education Activities at all times.
The individual educational activity applicant must have a written agreement if commercial support or sponsorship is accepted.

Organizations providing commercial support or sponsorship may not provide or jointly provide an educational activity.

**CONFLICT OF INTEREST**
The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse themselves from the role of Nurse Planner for the educational activity.

**DISCLOSURE RESPONSIBILITIES**
Learners must receive disclosure of the required items prior to the start of an educational activity. In live activities, disclosures must be made to the learner prior to initiation of the educational content. In enduring print materials or web-based activities, disclosures must be visible to the learner prior to the start of the educational content. Required disclosures may not occur or be located at the end of an educational activity. Evidence of disclosures to the learner must be retained in the activity file. If a disclosure is provided verbally, an audience member must document both type of disclosure and the inclusion of all required disclosure elements.

Required disclosures:

- Notice of successful completion of the educational activity.
- Presence or absence of conflict of interest for planners, faculty, authors, and content reviewers.
- Expiration of enduring materials (if applicable)
- Commercial support (if applicable)
- Sponsorship (if applicable)
EDUCATIONAL DESIGN PROCESS

Continuing nursing education (CNE) is designed to improve the professional practice of nursing and to positively impact patient, system, and/or population outcomes. CNE is defined as “learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RNs’ pursuit of their professional career goals.”

Within an approval framework, the following principles of high-quality educational design are employed.

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

PLANNING COMMITTEE

The Planning Committee must include at least two people: the Nurse Planner and a Content Expert.

The Nurse Planner is a registered nurse with a baccalaureate degree or higher in nursing and an unencumbered license. This individual is responsible for evaluating the assessment data and working with the Planning Committee to develop learning outcomes, content, and teaching method for the target audience of nurses within the DNA Approval Program criteria and standards. Only one registered nurse on the committee serves as the Nurse Planner.

The Content Expert is an individual with documented qualifications demonstrating education and/or experience in a particular subject matter.

The Nurse Planner may function as both the Nurse Planner and the Content Expert; however, two people must be involved with planning each educational activity. Other individuals may be selected, as appropriate, to help plan the activity.

A Content Reviewer may be selected to evaluate an educational activity during the planning process or after it has been planned but prior to delivery to learners for quality of content, bias, and any other aspect of the activity that require evaluation.

ACTIVITY DESCRIPTION AND FORMAT

A. Use the full title of the activity consistently on all activity documents and forms.

B. Types of educational activities approved by DNA that may be delivered live or via an enduring format:
   1. Provider-directed, provider-paced: The Provider controls all aspects of the learning activity. The Provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. (Examples include live activities and live webinars.)
2. Provider-directed, learner-paced: The Provider determines the desired learning outcome based on a needs assessment and gap analysis, selects content based on best available evidence, chooses strategies to facilitate learning, and identifies methods for collecting and analyzing evaluation data. The learner determines the pace at which he or she engages in the learning activity. (Examples include print articles, online courses, e-books, and self-learning modules/independent studies.)

Live educational activities, whether in-person or web-based, are provider-directed, provider-paced activities. The CE Committee approves programs for up to two years; however, the Provider is expected to evaluate repeated activities as needed to determine that the practice gap still exists, that the underlying educational needs are still relevant for the target audience, and that content is still based on current evidence.

Enduring activities are provider-directed, learner-paced activities. Enduring materials have an expiration date, after which no contact hours may be awarded. The expiration date must be disclosed to learners prior to the start of the educational activity.

The expiration period for enduring materials is based on the content of the materials and does not exceed two years.

**JOINT PROVIDERSHIP**

Individual Educational Activity Applicants may jointly provide educational activities (cannot be a commercial interest). Individual Educational Activity Applicant is referred to as the Provider of the educational activity; the other(s) is referred to as the Joint Provider(s). If two or more organizations are approved, one will assume responsibility for adherence to the DNA Approval Program criteria and is the Provider; the other(s) is referred to as the Joint Provider(s). If one organization is ANCC accredited, that organization will be the Provider.

- Materials associated with the completion, must clearly indicate the approved organization (Provider) awarding contact hours and responsible for adherence to DNA Approval Program criteria.
- The Provider is responsible for the DNA Approval Program criteria.
- The Provider is responsible for obtaining a written Joint Provider Agreement, signed by an authorized representative of the Joint Provider.
- The agreement should address the following:
  - Name of Approved Provider or Individual Educational Activity Applicant acting as the Provider
  - The name(s) of the organization(s) acting as the Joint Provider(s)
  - Statement of responsibility of the Provider, including the Provider’s responsibility for:
    - Determining the educational learning outcomes and content
    - Selection of content specialists and presenters
    - Awarding contact hours
    - Recordkeeping procedures
    - Evaluation methods and categories
    - Management of commercial support or sponsorship
  - Name and signature of the individual legally authorized to enter into contracts on behalf of the Provider
  - Name and signature of the individual legally authorized to enter into contracts on behalf of the Joint Provider(s)
  - Date the agreement was signed

Other items that can be included in the agreement are such things as which organization will be responsible for:

- Printing
- Registration
- Physical location
• Audio Visuals
• Food
• Conference supplies

The agreement should outline the responsibilities of the parties involved. The Provider, is responsible for obtaining a signed DNA Joint Provider Agreement from every joint provider organization.

Attach a signed Joint Provider Agreement(s) to the application, if applicable.

**Educational Development**

All CNE activities must be developed to address a problem in practice or an improvement to be made, including improvements resulting from new knowledge.

**Target Audience**

A. What group of professionals are impacted by the identified problem or opportunity for improvement and can benefit from education? The audience may be nurses or interprofessional, including other healthcare disciplines.

**Professional Practice Gap**

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

The Nurse Planner starts by analyzing data that validates the need for the educational activity. This analysis forms the basis of a professional practice gap, or the difference between the current state of practice and the desired state of practice. The difference between the current state and the desired state of practice is the identified gap. It is important to note that a professional practice gap may exist for registered nurses or health care teams regardless of the practice setting. Professional practice gaps are not limited to clinical practice and may also exist in areas of professional work such as administration, education, and research.
It may be helpful to use some kind of gap analysis tool to help think through the educational plan. A web search will provide some available tools. In essence, a gap analysis tool looks something like this:

<table>
<thead>
<tr>
<th>Title of Activity:</th>
<th>Target Audience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current ability of target audience related to this topic:</td>
<td>Desired ability of target audience related to this topic:</td>
</tr>
<tr>
<td>Is the difference between current and desired state based on lack of knowledge? Lack of skill? Lack of ability to apply the skill in practice?</td>
<td>What evidence supports this gap?</td>
</tr>
</tbody>
</table>

B. The description in the activity application summarizing the professional practice gap should address what the problem is and why it’s a problem.

C. The current state should describe what the target audience is doing now or not doing that is causing the gap.

D. The desired state describes what the target audience should be doing in practice that would make an improvement, reduce the gap, and/or help resolve the problem.

**NEEDS ASSESSMENT**

A needs assessment is the process of determining what underlying education needs (knowledge, skill, or practice) are contributing to the gap. These needs should be targeted by the education.

When the professional practice gap has been identified, the Nurse Planner and Planning Committee conduct a needs assessment to determine the underlying educational needs of registered nurses, or members of the health care team, that contribute to the gap. The Nurse Planner and Planning Committee evaluate what registered nurses or members of the health care team do not know (knowledge deficit), do not know how to do (skill deficit), or are not able to do in practice (practice deficit).

A learning need is related to a deficit in knowledge, skill, or practice. The learner doesn’t know something they need to know, doesn’t know how to do something, or isn’t doing something that would make an improvement, reduce the gap, and/or help resolve the problem. Learning needs can encompass one, two, or all three of these areas.

Data obtained through a needs assessment may lead to the determination that the problem in practice or opportunity for improvement is not amenable to an educational intervention. This is a very important step in the process of planning educational activities. If, for example, the problem in practice was that cardiac patients in the emergency department were not being evaluated by a cardiologist within 60 minutes of arrival, providing educational interventions for the nursing staff might have no impact on the problem. The issue may be with the cardiologist! This consideration may save a Nurse Planner considerable time, money and stress by not trying to address the problem with an educational intervention targeted for registered nurse learners.

E. Evidence to validate a gap – this information is reviewed by the Nurse Planner to determine if there is a problem in practice or need for improvement.

**Attach** a copy of the evidence used to determine that a problem in practice or need for improvement exists. Evidence may include survey results, input from stakeholders, outcomes of quality studies or performance improvement projects, evaluation feedback from previous activities, a literature review of at least five peer reviewed sources, other information from the literature, and/or QI or other data.
F. Summarize what the data showed to indicate there is a problem in practice or improvement needed. Provide a narrative summary of what evidence showed as the problem in practice.

G. Underlying learning need – what does the target audience not know, or what is the target audience not doing that contributes to the gap?

**Desired Learning Outcomes**

The Nurse Planner and Planning Committee develop the desired learning outcome for the target audience. A learning outcome is written as a statement that reflects what the learner will be able to do as a result of participating in the educational activity. The learning outcome must be observable and measurable. The learning outcome addresses the educational needs (knowledge, skills, and/or practices) that contribute to the professional practice gap, and achieving the learning outcome results in narrowing or closing the gap. A learning outcome may be assessed short term or long term.

When writing learning outcome statements:

- Limit expected outcomes to 3-5 statements for a full day educational activity and 1-3 per 60 minutes.
- Focus on overarching or general knowledge and/or skills rather than details.
- Create statements that are learner focused rather than faculty/presenter focused.
- Focus on the learning that results from the course rather than describing the content.

The revised 2001 Bloom's Taxonomy provides sample verbs for use in writing intended learning outcomes for each cognitive level in the revised taxonomy. The ‘knowledge’ level deals with the most basic form of cognition-facts and information. ‘Comprehension’ challenges the learner to use the facts, and for ‘application’ the learner uses facts at a deeper level. The higher levels of taxonomy include ‘analysis, synthesis, and evaluation’. It is those higher levels that should be the goal in providing nursing professional education.

Avoid using verbs that represent actions or concepts that are difficult to measure such as appreciate, be familiar with, comprehend, know, learn, and understand.

<table>
<thead>
<tr>
<th>Avoid words like...</th>
<th>Use words like...</th>
</tr>
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<tbody>
<tr>
<td>Know</td>
<td>List</td>
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<tr>
<td>Understand</td>
<td>Describe, Explain</td>
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<tr>
<td>Be familiar with...</td>
<td>Evaluate</td>
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<td>Appreciate</td>
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<td>Be aware of...</td>
<td>Design</td>
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<td>Have a good grasp of...</td>
<td>Explain</td>
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<td>Have a knowledge of...</td>
<td>Select</td>
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<tr>
<td>Realize the significance of...</td>
<td>Distinguish</td>
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</table>

Whatever measurement process used to evaluate the effectiveness of the activity needs to be developed as part of activity planning. This is to ensure the right things are being measured and that there is congruence between the “before” and “after” data.

The basic components of a learning outcome include the target audience, action verb, expected results, and time frame.

Examples of short term outcomes:

- The registered nurse will be able to discuss the management of patients with metabolic syndrome.
• The registered nurse will be able to state the role of patient education and empowerment in preventing medication errors.

Example of long term outcomes:
• Within 4 weeks of completion of the course, 30% of participants will have implemented at least one intervention strategy in a conflict situation.
• Within 3 months of completion of the course, 75% of nurse managers will report that charge nurses who attended the course are more effective in dealing with conflict situations.

Checking the quality of learning outcomes:
• Do the learning outcomes reflect appropriately all the intended outcomes?
• Are they observable, measurable and clearly defined to a specified standard or set of conditions?
• Are they attainable by intended learners and in the time available?
• Do they reflect the educational activity?

FOCUS ON OUTCOMES RELATED TO NURSING PROFESSIONAL DEVELOPMENT

The ultimate outcomes of CNE activities are to improve the professional practice of nursing and thereby the care that is provided by registered nurses to patients. It is therefore critical for CNE activities to incorporate identifying and measuring outcomes that demonstrate how CNE has impacted the practice of nursing and patient care.

The following is a suggested list of outcome measures related to an organization and nursing professional development. Outcomes must be written in measurable terms.

Outcomes Related to Nursing Professional Development
• Professional practice behaviors
• Leadership skills
• Critical thinking skills
• Nurse competency
• High-quality care based on best available evidence
• Improvement in nursing practice
• Improvement in patient outcomes
• Improvement in nursing care delivery

This is not an exhaustive list. Providers should determine the measures that are most appropriate for the type of education that is being developed.

H. Learning Outcome – A written statement that reflects what the learner will be able to do as a result of participating in this learning activity. There may be one or more than one learning outcome for an activity.

I, J, K. Complete the Educational Planning Form (EPF) to document the activity content. One EPF should be completed for each session. If there are two or more presenters for each session, only one EPF is required for the session. Be sure to note which portion of the content will be covered by each presenter.

Section 1 of the EPF is a communication mechanism to be completed if the EPF is given directly to the presenter/author to complete. To ensure the presenter understands what the Planning Committee is trying to accomplish, the Planning Committee needs to inform presenters/authors of:
• the problem in practice
• what learners should do differently as a result of the presenter’s session
• if the session should address a gap in knowledge, skill, and/or practice
• any main points the Planning Committee thinks are important to include in the presenter’s session
The purpose of this communication is to ensure that the presenter and the Planning Committee have a mutual understanding of what is to be accomplished and how.

Section 2 of the EPF is to document information about the activity content. It is the responsibility of the Nurse Planner and Planning Committee to ensure that content is based on the most current evidence, which may include, but is not limited to, evidence based practice, literature/peer-reviewed journals, clinical guidelines, best practices, and Content Experts’ opinion. If there is concern that content selected is not based on best available evidence or may be biased within the educational activity, the Nurse Planner and Planning Committee may choose to engage a Content Reviewer. The purpose of a Content Reviewer is to provide independent and expert evaluation of content to ensure best available evidence is presented, content is balanced, and content is not promotional or biased.

Content must help participants achieve the learning outcome(s), address the identified practice gap, and must be based on best available evidence.

- **Column 1:** Objectives help the presenter/author articulate the knowledge and skills needed to achieve the learning outcomes. They should be written using measurable terms (Bloom’s Taxonomy).
- **Column 2:** A content outline is developed and documented by the presenter/author or a planner working with the presenter/author.
  - Summarize content in outline form, listing specific items that will be covered to assist the learner to achieve the outcome.
  - The content description must be detailed enough for the nurse peer reviewers to make a determination of its adequacy in addressing the learning outcome.
- Discussion time, questions and answers, testing, and evaluation should also be included on the Educational Planning Form as these can be included in the contact hour calculation. Do not include welcome/overview of the day, lunch, breaks, or time to visit exhibits.
- **Column 2:** Time frames should be documented for live activities only. Approximate time spent on each content item is to be noted in minutes. Time allotted should be appropriate for the content being presented.
- **Column 3:** All presenters/authors must be listed.
- **Column 4:** Learner engagement strategies – are developed to keep learners actively engaged in learning. The type of strategy used depends on the type of underlying learning need: knowledge, skill, or practice.
  - For knowledge needs, a lecture format with Q&A, discussion, reflection, or informal mini-quizzes (‘self-checks’) would be appropriate.
  - For skill needs, a demonstration and return demonstration or role play would be appropriate.
  - For practice needs, case study analysis, structured discussions, or problem-based learning are appropriate.

Section 3 of the EPF is used to document resources used to develop the presentation content.

- Content must be developed using the most current, evidence-based resources available.
- Resources should be scientific and/or peer reviewed, not information meant for the general public.
- Examples of evidence based references: evidence-based practice; literature/peer-reviewed journals; clinical guidelines; best practices; and Content Experts/expert opinions. Listing only expert opinion is discouraged, more than one person is needed.
- Evidence-based references must include a publish date; for web-based references, the date the information was accessed is acceptable.

Section 4 of the is to document the calculation of contact hours for the live or enduring activity.
See ‘Awarding Contact Hours’ in the Education Policies to learn how to calculate contact hours for live and for enduring material activities.

**Attach a completed Educational Planning Form for each session of the activity.**

**MEASURING LEARNING OUTCOMES**

Measuring learning outcomes is essential to ensure that stated learning outcomes are being achieved. The evaluation includes three basic activities: (1) examining the underlying need of the educational activity, (2) comparing expected outcomes with actual outcomes, and (3) taking corrective actions to improve the quality of the activity.

Key questions to ask include the following:

1. What are the learning outcomes of the planned educational activity?
2. What benefit, effect, or change will result from the achievement of these learning outcomes?
3. How will these benefits, effects, or changes contribute to the performance and/or improvement of nursing practice or patient outcomes?
4. How will the actual benefits, effects, or changes be identified and measured?

Answers:

Question 1 will inform the content and design of the educational activity itself.

Questions 2 and 3 will link the content and teaching strategies to identified learning outcomes.

Question 4 will inform the design of the evaluation strategy, and the evaluation methods to be used.

During the planning process, it will need to be determined what will be measured and how to determine if the education was successful. Consider using more than one question type to address the learning outcomes, e.g. pre/post multiple choice questions, confidence question, case-based or agreement scale questions.

Points to keep in mind:

1. Plan ahead.
2. Measure to the educational design.
3. Align gap to desired results to education design to content to outcome questions.
4. Keep outcome plan simple and specific.
5. Use multiple types of assessment questions.

Evaluation components and method of evaluation should be relative to the desired learning outcomes of the educational activity. Evaluation may be formative and integrated within the educational activity.

L. Describe what is going to measure and how it is going to be measured.

Examples of learning outcome measures:

- Learning outcome measure (Knowledge) – The on-line component of this blended learning activity will require an 80% passing post-test score.
- Learning outcome measure (Skill) – For this live activity, participant simulation scores using the assessment tool will be greater than 80%.
- Learning outcome measure (Practice) – The nurses reported confidence level of accurate scoring and intervention will be measured via survey and nurses’ self-report data will be 75% higher after six months.
- Patient Outcomes related learning outcome measure – 2016 data will show a 25% decrease in complications r/t interventions for alcohol withdrawal.
When determining desired learning outcomes for the activity, the planners need to consider if they will be able to impact nursing professional development, or patient outcomes, or both.

**M. Learning outcomes related to nursing professional development and/or patient outcomes:**
- Select ‘Nursing Professional Development’ if the activity is designed to help nurses enhance or develop new knowledge, skills, and/or practice behaviors that will help them move forward on the continuum from novice to expert.
- Select ‘Patient Outcomes’ if patient data is being used to help identify the gap (problem in practice) and if possible to re-measure the data following an educational activity or series of activities.
- If both of the above are true, select ‘Both’.
- If other, select the ‘other’ and indicate exactly what the activity is designed to impact.

**LEVERAGING THE VALUE OF OUTCOME RESULTS**

Now that the evaluation results are in, what should be done with them and how can they be leveraged? Outcomes results are useful in many regards. They can be used to obtain financial support by including them in grant requests, justifying budgets, and allocating resources more efficiently.

Start by succinctly summarizing the results. A few suggested methods are to write a brief executive summary or create a PowerPoint of the results (depending on how the results are used).

Through the outcome review process, the following can occur:
- Validation of the needs assessment: For example, if pre-test scores showed the knowledge levels were lower than they should be, the needs assessment has been validated.
- Determination of degree to which learning outcomes were met: Learning outcomes can be quantified by linking them to post-test scores, for example.
- Relative effectiveness of different question types: Determine which types of questions are effective for the target audience.
- Identification of effective versus less effective content: If learning outcomes have not been met, content and learner engagement strategies may need to be reviewed to determine if it was adequate to meet the learning outcomes.
- Information on future content development and program improvement.

Evaluating the impact on outcomes validates the importance of continuing education for the nursing profession, the value of nurses’ contributions to interprofessional teams, and ultimately the delivery of safe, high-quality patient care.

Submit 60-day post-session **CE Summary Form** submitted to DNA after the activity – obtain this document from the DNA web site.

**EVALUATION STRATEGIES**

The Nurse Planner and Planning Committee determine the evaluation method – the method should be consistent with the learning outcomes. Assessment questions (tools) should be developed in concert with content, not as an afterthought. Plan with the end in mind.

- The evaluation method must include an assessment of the learner’s change in knowledge, skill, or practice.
- Types of evaluation:
  - Short-term: required; immediately following the educational activity
  - Long-term: encouraged; approximately 60 – 90 days following the activity
- Methods for short-term evaluation –
Learner indicates s/he intends to change their professional practice
- Include an evaluation question asking about the relevance of the activity content to the participant’s practice (i.e., ‘Will you use the content of this educational activity in your practice? If yes, give an example. If no, indicate the barriers.’)
- Completion/submission of evaluation form
- Successful completion of a post-test (attendee must score ____ % or higher)
- Grading of completed of assignments, pre-work, etc.
- Electronic measurement system (e.g., LMS record of time spent on activity)
- Successful completion of a return demonstration
- Learner demonstrates active participation in the learning activity
- Role play
- Case study analysis

• Methods for long-terms evaluation –
  - Self-reported change professional practice
  - Observation / report by others of learner change in practice
  - Review of post-session learner assignments
  - Return on Investment

All phases of the activity planning process should be structured to help achieve the desired outcome. Define a clear starting point so that data collected can show how the endpoint is different or not.

The Nursing Professional Development: Scope and Standards of Practice (2010, p. 25) addresses outcomes expectations to include:

• Involving learners and other identified stakeholders in developing the outcome expectations
• Developing outcomes that are reflective of knowledge gain and change in practice and/or professional development
• Developing context-specific outcomes based on goals, evidence, and regulations
• Revising outcomes based on changes in trends, evidence, or expectations
• Using outcomes to demonstrate quality educational programming
• Documenting outcomes

Following the conclusion of the educational activity, the Nurse Planner is responsible for:

• overseeing that all evaluation data is summarized;
• sharing the summative evaluation data with the Planning Committee, presenters, and others as appropriate;
• examining the evaluation data for improvements needed, what went well, and responses to learners’ intentions to use information in practice, including examples and barriers. The results of this examination should be used to plan future educational activities
• submitting a 60-day post-session CE Summary Form for this activity that includes the summative evaluation results. This form may be obtained from the DNA website.

**Attach** the evaluation form for the entire activity.

Evaluation form must include questions related to the
1) learner’s achievement of learning outcomes
2) effectiveness of teaching strategies
3) perceived bias
4) learner disclosures
5) how the learner indicates s/he intends to change their professional practice
6) relevance of the activity content to the participant’s practice (i.e., ‘Will you use the content of this educational activity in your practice? If yes, give an example. If no, indicate the barriers.’)
AWARDING CONTACT HOURS

Contact hours are determined in a logical and defensible manner. Time frames must match and support the contact hour calculation for live activities. Evidence may include, but is not limited to, agenda for the activity, outline of content to be delivered in the activity, and/or other marketing materials.

Time for breaks and meals should be clearly delineated and not included in total contact hours awarded. For enduring materials, such as print, electronic, web include, but is not limited to, a pilot study, historical data, or complexity of content.

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

Contact hours, not CEUs are awarded for CNE activities; the two terms are not interchangeable. Don’t use: ‘CEUs,’ ‘ANCC contact hours,’ or ‘DNA contact hours’—state ‘contact hours’ in all educational documents.

- For live activities, contact hour calculation is based on time devoted to presentation of the educational content including evaluation, case-studies, post-tests, return demonstrations, and other types of learning strategies.
  - Contact hours are awarded to participants for those portions of the educational activity devoted to the learning experience and time spent evaluating the activity.
  - Contact hours are not awarded for welcome/introductions, breaks, meals, or viewing vendor displays.
  - One contact hour is awarded for each 60 minutes of content/learning activity.
  - Activities must last a minimum of 30 minutes (although an individual session within the activity may last less than 30 minutes). No fewer than 0.5 contact hours can be awarded for a DNA approved educational activity.
  - If rounding is desired in the calculation of contact hours, the Provider must round down to the nearest 1/100th (e.g., 2.758 should be 2.75, not 2.8 or 2.76).
  - Time frames on the Educational Planning Table(s), agendas, and brochures must match and support the contact hour calculation.
  - Learning activities may be conducted ‘asynchronously’ or ‘bundled’, with contact hours awarded at the conclusion of the series.
  - The Contact Hour Calculation Form should be used to determine/document calculations for ‘live’ activities offering contact hours for individual sessions (‘partial credit’), or those with multiple tracks or concurrent sessions.
  - Within a given activity, some sessions may be offered for contact hours while others are not.

- For Enduring Material activities, a logical and defensible method must be used to determine the number of contact hours to award. Methods include:
  - A pilot study to determine the average amount of time it takes a group of learners representative of the target audience to complete the activity, including evaluation.
    - Learners completing the pilot study may be awarded contact hours once the application has been approved.
  - Historical data on completion times of a similar or the same activity
  - Complexity of content
  - Word counts (for written formats)
  - Mergener formula
**Pharmacotherapeutic Credit Criteria**

Content eligible for meeting criteria for pharmacotherapeutic credit includes:

- Overview of the disease or disease process for which medication therapy is required (context for appropriate medication therapy).
- Scientific rationale or evidence-base of the use of medication therapy for a disease or disease process.
- All content related to prescribing/recommending safe and appropriate use of medication therapy, including cost-effectiveness.
- All content related to the safe administration of medication therapy, including but not limited to dosage, route, frequency, delivery devices, administration devices and similar.
- All content related to monitoring of medication therapy.
- All content related to possible side effects and/or adverse effects of medication therapy.
- All content related to special considerations related to medication therapy.
- All content related to adjunct therapy that may be used in conjunction with medication therapy.

**Attachments** for this section include:

- **Agenda** for the entire activity, including any concurrent sessions
- **Certificate** containing title and date of activity; name and address (web address acceptable) of Provider; number of contact hours awarded; participant name (or space for); approval statement (See section below.); and DNA approval code.
- If awarding contact hours for partial attendance (e.g., individual sessions of a larger conference), attach a **Contact Hour Calculation Form**.
- If one is being used, a copy of the post-test for the entire activity

**Content Quality and Integrity**

The Planning Committee must include one Nurse Planner and at least one other planner (the second planner does not need to be a nurse). Regardless of the number of registered nurses on the Planning Committee, only one serves as the Nurse Planner for the activity.

The Nurse Planner:

- MUST be a registered nurse with a current, unencumbered nursing license AND holds a baccalaureate degree or higher in nursing.
- Must be knowledgeable about the CNE process and is responsible for adherence to ANCC/DNA Approval criteria and requirements.
- Is responsible for completion of the Application and is the individual that DNA nurse peer reviewers will contact about the application, unless otherwise indicated.

At least one member of the Planning Committee must have appropriate subject matter expertise related to the activity being developed and must be identified as ‘Content Expert’ on the list of Planning Committee/Content Reviewers/Other Faculty at the end of the Application. Other planners and faculty may be added as needed.

Employees of any commercial interest organization are not eligible to serve on the Planning Committee (even if the products/services are not pertinent to the educational activity). See information below on conflicts of interest.

The Planning Committee, under the guidance of the Nurse Planner, is responsible for selecting presenters/authors or other faculty based on qualifications identified by the Planning Committee, such as content expertise, comfort with a particular teaching methodology (e.g. web-based), presentation skills, and/or familiarity with the target audience.
The Planning Committee, under the guidance of the Nurse Planner, must ensure all planners/presenters/authors/content reviewers/other faculty are qualified for their roles. How did the individual gain their expertise related to their role? Expertise is evaluated based on education, credentials, professional achievements, honors, awards, professional experience, publications, presentations, research, etc.

Maintain evidence/documentation of the methods used to ensure qualifications.

A. Ensuring qualifications is accomplished through one of the following methods:
   - Review of a completed Biographical Data and Conflict of Interest Form
   - Review of CV or resume
   - Recommendation by colleague
   - Review of literature written by the planner/presenter/author/content reviewer/other faculty (include literature review in Activity application)
   - Observation or prior knowledge of planner/presenter/author/content reviewer/other faculty (note how known and by whom)
   - Mentoring a new planner/presenter/author/content reviewer/other faculty (note the plan for mentoring and by whom)

B. Indicate how the Planning Committee will ensure content integrity. This is done by one or more of the following:
   - All in control of content indicating on their COI form that they agree with the content integrity statement on the form. (This is true for all activities.)
   - Asking participants about the presence of bias on an evaluation form
   - Monitoring the activity sessions for bias by the presenters
   - Reviewing educational materials prior to the activity
   - Advertising not conducted within the educational content
   - Avoiding commercial support logos on educational materials
   - Not sharing learner contact information without permission from learners
   - Not allowing commercial interest organizations to recruit from the audience
   - Keeping vendors/exhibitors physically separate from the education room and not allowing exhibitor activity during educational content
   - Keeping ‘giveaways’ separate from the educational materials and content delivery

Complete the Planner & Faculty Information Page at the end of the activity application.

Attach a Biographical Data and Conflict of Interest Form for:

- the Nurse Planner
- any Planner or Content Reviewer that is ALSO identified as a Content Expert
- all individuals in a position to control content: planners/presenters/authors/content reviewers/other faculty

Completed Biographical Data and Conflict Interest Forms should be attached following the Planner & Faculty Information Page.

Be sure all appropriate sections of Biographical Data and Conflict of Interest Forms are completed and signed by the planner/presenter/author/content reviewer/other faculty and is reviewed and signed by the Nurse Planner. See ‘Conflict of Interest Identification, Evaluation, Resolution, and Disclosure’ section below.

CONFLICT OF INTEREST

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

The following is an abbreviated outline of the requirements for ensuring independence and content integrity when planning educational activities. See ‘ANCC Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities’ for full standard requirements which is available in the Appendix.

A conflict of interest exists when an individual is in a position to control or influence the content of an educational activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity.

The Nurse Planner is responsible for identifying and resolving conflicts of interest during the planning and implementation phases of an educational activity. The Nurse Planner may engage the individual with the identified conflict of interest to participate in the resolution process through actions such as having the individual sign a speaker agreement outlining expected practice or submitting/revising presentation materials, but the Nurse Planner must be actively engaged in the resolution process and is ultimately accountable for compliance.

The Nurse Planner is also responsible for informing learners of the presence or absence of conflicts of interest for all individuals in a position to control content of the educational activity. If the Nurse Planner has a conflict of interest, he or she should recuse himself or herself from the role of Nurse Planner for the educational activity.

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

CONFLICT OF INTEREST IDENTIFICATION AND EVALUATION

The Nurse Planner is responsible for ensuring that all individuals who can control or influence the content of an educational activity disclose all relevant relationships with any commercial interest, including, but not limited to, members of the Planning Committee, speakers, presenters, authors, and/or content reviewers.

Relationships with commercial interest organizations are considered relevant if they existed within the past twelve months. Relationships of the individual’s spouse/partner may be considered relevant and must be reported, evaluated, and resolved.

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

When an individual has a relevant relationship with a commercial interest organization, the Nurse Planner must implement a process to resolve the conflict of interest. Actions taken to resolve conflicts of interest must demonstrate resolution of the identified conflicts of interest prior to presenting/providing the educational activity to learners. Such actions must be documented in the activity file, and documentation must demonstrate (1) the identified conflict and (2) how the conflict was resolved.

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

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

Employees of commercial interest organizations:

- Are not permitted to serve as planners, speakers, presenters, authors and/or content reviewers if the content of the educational activity is related to the products or services of the commercial interest organization.
- Are permitted to serve as speakers, presenters, authors and/or content reviewers if the content of the educational activity is NOT related to the products of the commercial interest organization.
- DNA requirements exclude employees of any commercial interest from being on a Planning Committee.
Individuals who have non-employee relationships with commercial interest organizations are permitted to serve as planners, speakers, presenters, authors and/or content reviewers if the Applicant has implemented a mechanism to identify, resolve and disclose the relationship as outlined in ‘ANCC’s Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities’ available in the Appendix.

Disclosure of Conflicts of Interest

- The presence or absence of conflicts of interest for all planners/presenters/authors/content reviewers/other faculty must be disclosed in writing and be visible to learners prior to the start of the activity.
- The disclosure must include the name of the individual involved, name of commercial interest organization, and nature of the relationship with the commercial interest.

COMMERCIAL SUPPORT

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

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

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

Commercial Support is:

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

ENSURING CONTENT INTEGRITY OF AN EDUCATIONAL ACTIVITY IN THE PRESENCE OF COMMERCIAL SUPPORT

Commercial interest organizations providing commercial support for continuing educational activities may not influence or participate in the planning, implementation, or evaluation of an educational activity. When commercial support is accepted, the Provider must satisfy the following requirements to ensure content integrity.

1. The commercial interest organization and Provider must have a written agreement setting forth the terms of the relationship and the support that will be provided. The written agreement will also reflect the requirements set forth in items 2-4, below.
2. All payments for expenses related to the educational activity must be made by the Provider. The Provider must keep a record of all payments made using Commercial Support funding. Commercial Support funds may only be used to support expenses directly related to the educational activity.
3. The Provider is responsible for maintaining an accounting of expenses related to Commercial Support.
4. A commercial interest organization may not jointly provide educational activities.

Content integrity of the educational activity must be maintained in the presence of commercial support. The Provider developing the educational activity is responsible for ensuring content integrity.
Commercial interest organizations may not exhibit, promote or sell products or services at any point (introduction, during, after) in the educational activity, regardless of the format of the activity.

To maintain content integrity, slides, handouts and the like should be void of any logos and proprietary information. If the educational content is focusing on the treatment of a specific disease, medications/treatments discussed should be from more than one pharmaceutical company (commercial interest organization). This is to avoid any bias or perceived bias/conflict of interest by the learners.

- Continuing nursing education should be free of all influence or bias, effective in improving practice, based on valid content, and independent of commercial interests.
- The Nurse Planner is responsible for ensuring content integrity in the presence of commercial support.
- The Nurse Planner is responsible for ensuring adherence to all standards set forth in the ‘ANCC’s Content Integrity Standards for Industry Support in Continuing Nursing Educational Activities’.

**Sponsorship**

Sponsorship is financial or in-kind contributions from an organization that does not fit the category of commercial interest and is used to pay for all or part of the cost of a CNE activity.

Under the 2015 ANCC criteria, sponsorship agreement is no longer required documentation for CNE approval. However, it is prudent and good business practice to have a signed agreement with all sponsors. A sponsorship form is available for use from the DNA website.

Sponsorship must be disclosed to learners as part of the required disclosures.

Attach a signed Commercial Support Agreement for every commercial interest organization providing in-kind support of funding for the activity, if applicable.

**Vendors or Exhibitors**

Vendors or Exhibitors are people or organizations who exhibit, promote, or sell their products in conjunction with a live or enduring material educational activity. They may or may not be a commercial interest organization and may or may not pay a fee for exhibiting or advertising. Vendors and exhibitors:

- Do not participate in planning, implementing, or evaluating the educational activity. Exhibits, promotion, and sales must be separated from the educational activity, regardless of the format of the activity.
- Are not considered commercial supporters or sponsors, and no written agreement is required. However, the Provider must still adhere to the following ANCC standards:
  - Exhibiting, promoting, and selling products may not take place during the content of an educational activity.
  - Marketing or advertisement for exhibits, promotions, or sales may not be included within educational activity content (e.g., slides, handouts, enduring materials).
  - Marketing or advertisement for exhibits, promotions, or sales must take place in a location that is physically separated from the area where educational content is delivered (not just in a different area of the same room).

Giveaways are donated items such as cups, bags, sticky notes, etc. which are not related to the provision of the educational activity, so are not considered to be ‘in-kind’ sponsorship or commercial support. Commercial interest organizations may provide giveaways for learners if there is physical separation between accessing the giveaway and learner engagement in the educational activity. Educational materials may not be packaged in items (folder, binder, bag) bearing logos/trademarks of a commercial interest.
REQUIRED INFORMATION PROVIDED TO LEARNERS

Learners must receive required information prior to the start of the activity. The information must be visible to learners before the activity – it may not be located or occur at the end of the activity.

Required information must be in writing and must include the following:

- Promotional materials (e.g., marketing material, brochure, website info, social media, e-blast, etc.)
- Disclosures prior to educational content (e.g., handout, PPT slide, poster [visible and readable]) must include the following:
  - Criteria for successful completion of the educational activity.
  - Number of contact hours offered
  - Presence or absence of conflict of interest for planners, faculty, authors, and content reviewers.
  - Expiration of enduring materials (if applicable)
  - Commercial support (if applicable)
  - Sponsorship (if applicable)

INDIVIDUAL CNE ACTIVITY APPROVAL STATEMENT

- If the promotional material will be distributed before the activity application is reviewed/approved:

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

- If the promotional material will be distributed only after the activity is approved:

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

- Save-the-date information that provides only the date, title, and other basic information and no reference to contact hours are not required to include the above information as it is assumed more complete promotional materials will follow.

Attachments for this section include:

- All promotional information used for the activity (e.g., marketing material, brochure, website info, social media, e-blast, etc.).
- Evidence of disclosures (handout, screen-print of slides, copy of poster)

PARTICIPATION VERIFICATION

The Planning Committee determines how participation will be verified. The attendance/participation may include but is not limited to:

- sign in sheets
- registration forms
- signed attestation statements by the participant verifying completion
- computer log verifying participation

Attach sample participation verification method.

ACTIVITY FILE REQUIREMENTS

DNA recordkeeping requires that the Provider keep a list of all participant names (with unique identifier) and the number of contact hours earned by each in the activity file.

Other record keeping requirements include:
• DNA approval letter
• Title of activity
• Location
• Type of activity format: Live or Enduring
• Date live activity presented or, for ongoing enduring activities, date first offered and subsequent review dates.
• Description of professional practice gap
• Evidence that validates the professional practice gap
• Educational need that underlies the professional practice gap
• Description of target audience
• Desired learning outcomes
• Description of evidence based content with supporting reference or resources
• Learner engagement strategies used
• Criteria for awarding of contact hours (successful completion requirements)
• Description of evaluation method (Evidence that a change in knowledge, skills, and/or practices of learners was assessed)
• Names and credentials of all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers). Must identify individual filling roles of Nurse Planner and Content Experts
• Evidence of conflict of interest disclosure from all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers)
  o Name of individual
  o Past twelve months
  o Spouse/significant other
  o Individual providing the information is provided definition of commercial interest organization
• Evidence of resolution process for conflict of interest (if applicable)
• Number of contact hours awarded for activity including method of calculation (Note: Provider must keep a record of the number of contact hours earned by each participant.)
• Agenda for the entire activity
• Documentation of completion and/or certificate:
  o Title and date of the educational activity
  o Name and address of Provider of the educational activity (web address acceptable)
  o Number of contact hours awarded
  o Correct DNA Approval statement
  o Participant name
• Commercial Support Agreement with signature and date (if applicable)
  o Name of the Commercial Interest Organization (CIO)
  o Name of the Provider
  o Complete description of all the CS provided, including both financial and in-kind support
  o Statement that the CIO will not participate in planning, developing, implementing or evaluating the educational activity
  o Statement that the CIO will not recruit learners from the education activity for any purpose
  o Description of how the CS must be used by the Provider (unrestricted use &/or restricted us)
  o Signature of a duly authorized representative of the CIO with the authority to enter the binding contracts on behalf of the CIO
• Signature of a duly authorized representative of the Provider with the authority to enter the binding contracts on behalf of the Provider
• Date on which the written agreement was signed

• Promotional material
  o Name of Applicant organization awarding contact hours for the DNA approved activity
  o Target audience
  o Learner outcome(s)
  o Presenter/author names and credentials
  o DNA Approval statement for awarding contact hours – see below Statements on Promotional Material
  o If applicable, joint-provider statement
    ▪ Materials associated with this activity (marketing materials, advertising agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to the ANCC criteria
  o Criteria for awarding contact hours (successful completion requirements)
  o Presence or absence of conflicts of interest for everyone in a position to control activity content (planners, presenters, authors, content reviewers, other faculty)
  o If applicable, commercial support
  o Enduring Materials Only - The date that contact hours will no longer be offered for the activity, called the ‘Expiration Date’ - this is two years from the approval date.

• Summative evaluation

Submit 60-day post-session **CE Summary Form** submitted to DNA after the activity – obtain this document from the DNA web site
GLOSSARY

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

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

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

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

Best Available Evidence Choosing evidence based on an evidence hierarchy, with higher levels of the hierarchy consistent with a stronger evidence base.

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

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

Commercial Bias Favoritism or influence shown toward a product or company in relation to an educational offering.

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

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

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

Commitment Duty or responsibility of those providing or approving continuing education to meet learner needs, provide quality CNE, and support Provider Unit goals and improvements.
**Conflict of Interest** An affiliation or relationship of a financial nature with a commercial interest organization that might affect a person's ability to objectively participate in the planning, implementation, or review of a learning activity.

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

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

**Content Expert** An individual with documented qualifications demonstrating education and/or experience in a particular subject matter.

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

**Continuing Nursing Education (CNE) Activities** Learning activities intended to build upon the educational and experiential bases of the professional RN for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public and RNs’ pursuit of their professional career goals.

**Eligibility** An applicant’s ability to meet the requirements established by ANCC as a prerequisite to evaluation for accreditation or reaccreditation in order to be considered qualified to apply for accreditation.

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

**Evaluation**—**Formative** Systematic evaluation in the process of curriculum construction, teaching, and learning for the purpose of improving any of these three processes

**Evaluation**—**Summative** Samples the entire range of outcomes associated over a long period and assesses student mastery of those skills.

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

**Gap Analysis** The method of identifying the difference between current knowledge, skills, and/or practices and the desired best practices.

**In-Kind Support** Nonmonetary support (e.g., marketing assistance, meeting room, event registration assistance) provided by the giver to the taker. (In the accreditation community, the “taker” is the provider of CNE.)

**Interprofessional Continuing Education** Education that occurs when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes (www.jointaccreditation.org).
Joint Providership Planning, developing, and implementing an educational activity by two or more organizations or agencies.

Jointly Provided Activities Educational activities planned, developed, and implemented collaboratively by two or more organizations or agencies.

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

Multifocused Organization (MFO) An organization that exists for more than the purpose of providing CNE.

Needs Assessment The process by which a discrepancy between what is desired and what exists is identified.

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

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

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

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

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

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

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

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

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

Provider Unit Comprises the members of an organization who support the delivery of continuing nursing education activities.
Relevant Relationship  A relationship with a commercial interest is considered relevant if the products or services of the commercial interest are related to the content of the educational activity. The individual’s spouse/partner’s financial relationship with any commercial interest is also considered a relevant relationship.

Target Audience  The group for which an educational activity has been designed.

Teaching Strategies  Instructional methods and techniques that are in accord with principles of adult learning.
APPENDIX: STANDARDS FOR DISCLOSURE AND COMMERCIAL SUPPORT

These Standards have been adapted from the Accreditation Council for Continuing Medical Education (ACCME), which articulates its policies for disclosure and commercial support in:

(1) The Standards for Commercial Support: Standards to Ensure Independence in CME Activities, as adopted by ACCME in September 2004; and
(2) ACCME policies applicable to commercial support and disclosure.

STANDARD 1: INDEPENDENCE

1.1 An entity has a commercial interest if it is:

1. An entity that produces, markets, sells, or distributes health care goods or services consumed by or used on patients OR

2. An entity that is owned or operated, in whole or in part, by any entity that produces, markets, sells or distributes health care goods or services consumed by or used on patients.

An entity is NOT a commercial interest if it is:

1. A government entity

2. A non-profit (503(c) organization; or

3. A non-healthcare related entity.

This definition permits an Approved Provider to be owned by an entity that is not a commercial interest. It also allows a Provider to have a ‘sister company’ or parent company that is a commercial interest, as long as the approved Provider has and maintains adequate corporate firewalls to prohibit any influence or control by the sister or parent company over the continuing education program of the Approved Provider. In this case, DNA would expect that the Approved Provider would have adequate corporate firewall in place to prohibit any influence or control by the ‘sister company’ over the continuing education program.

DNA and ANCC do not consider Providers of clinical service directly to patients to be commercial interests.

1.2 A continuing nursing education Provider must ensure that the following decisions were made free from the control of a commercial interest.

(a) Identification of continuing nursing education needs

(b) Determination of educational objectives

(c) Selection and presentation of content

(d) Selection of all persons and organizations that will be in a position to control the content of the continuing nursing education.

(e) Selection of educational methods, and

(f) Evaluation of the activity

1.3 An entity with a commercial interest cannot take the role of non-approved partner in a joint provided relationship.

STANDARD 2: RESOLUTION OF PERSONAL CONFLICTS OF INTEREST

2.1 An individual must disclose any financial relationships with an entity with a commercial interest (see STANDARD 1).

2.2 The Provider must be able to show that each individual who is in a position to control the content of an education activity has disclosed all financial relationships with any entity with a commercial interest in the
Provider. ANCC defines “financial relationships” as those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include ‘contracted research’ where the institution gets the grant and manages the funds and the individual is the principal or named investigator on the grant. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ANCC considers relationships of the person involved in the continuing nursing education activity to include financial relationships of a spouse/partner. Financial relationships must be disclosed to the learners during the time when the relationship is in effect and for twelve months afterward.

With respect to personal financial relationships, ‘contracted research’ includes research funding where the institution gets the grant and manages the funds and the person is the principal or named investigator on the grant.

ANCC considers financial relationships in any amount occurring within the past 12 months as “relevant” in terms of creating a conflict of interest.

2.3 An individual who refuses to disclose relevant financial relationships will be disqualified from being a Planning Committee member, a teacher, or an author of continuing nursing education and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the CNE activity.

2.4 The Provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

2.5 ANCC defines a “conflict of interest” to exist when an individual has an opportunity to affect continuing nursing education content with products or services from a commercial interest with which he/she has a financial relationship.

ANCC considers “opportunity to affect continuing nursing education content” to include content about specific agents/devices, but not necessarily about the class of agents/devices, and not necessarily content about the whole disease class in which those agents/devices are used.

With respect to financial relationships with commercial interests, when a person divests himself/herself of a relationship, it is immediately not relevant to conflicts of interest but it must be disclosed to the learners for 12 months.

**STANDARD 3: APPROPRIATE USE OF COMMERCIAL SUPPORT**

3.1 The Provider must make all decisions regarding the disposition and disbursement of commercial support.

ANCC defines “commercial support” as financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a continuing nursing education activity.

ANCC does not consider Providers of clinical service directly to patients to be commercial interests. For the purposes of eligibility, ANCC considers the following types of organizations eligible for accreditation/approval and free to control the content of continuing nursing education (Standard 1):

- Liability insurance Providers
- Health insurance Providers
- Group medical practices
- Acute care hospital (for-profit and not-for-profit)
- For-profit rehabilitation centers
- For-profit nursing homes
- Universities with nursing development and continuing nursing education programs
- Specialty Nursing Organizations
- Constituent Member Associations
- Federal Nursing Services
- National nurses’ organizations based outside the United States
- A single-focused organization devoted to offering continuing nursing education. (See Glossary)

3.2 A Provider cannot be required by an entity with a commercial interest to accept advice or services concerning teachers, authors, or other education matters, including content, from the entity as conditions of contributing funds or services.

3.3 All commercial support associated with a continuing nursing education activity must be given with the full knowledge and approval of the Provider.

Written Agreement Documenting Terms of Support

3.4 The terms, conditions, and purposes of the commercial support must be documented in a written agreement with the entity that includes the Provider and its educational partner(s). The agreement must include the Provider, even if the support is given directly to the Provider’s educational partner or a Joint Provider.

3.5 The written agreement must specify the entity that is the source of commercial support.

3.6 Both the entity and the Provider must sign the written agreement regarding the support to be provided/accepted.

Expenditures for an Individual Providing Continuing Nursing Education

3.7 The Provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers, and authors.

3.8 The Provider, the Joint Provider, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the Provider’s written policies and procedures.

3.9 No other payment shall be given to the director of the activity, Planning Committee members, teachers or authors, Joint Provider, or any others involved with the supported activity.

3.10 If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for Learners

3.11 Social events or meals at continuing nursing education activities cannot compete with or take precedence over, the educational events.

3.12 The Provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a continuing nursing education activity. The Provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the Provider, Joint Provider, or educational partner. This element applies only to nurses whose official residence is in the United States.

Accountability

3.13 The Provider must be able to produce accurate documentation detailing the receipt and expenditure of commercial support.
STANDARD 4. APPROPRIATE MANAGEMENT OF ASSOCIATED COMMERCIAL PROMOTION

Commercial exhibits and advertisements are promotional activities and not continuing nursing education. Therefore, monies paid by commercial interests to Providers for these promotional activities are not considered to be ‘commercial support.’ However, Approved Providers are expected to fulfill the requirements of Standard 4 and to use sound fiscal and business practices with respect to promotional activities.

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for continuing nursing education activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during continuing nursing education activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from continuing nursing education.

- Print advertisements and promotional materials shall not be interleaved within the pages of the continuing nursing education content. Advertisements and promotional materials may face the first or last pages of printed continuing nursing education content as long as these materials are not related to the continuing nursing education content they face and are not paid for by the entities with commercial interests in the continuing nursing education activity.

- Computer-based advertisements and promotional materials shall not be visible on the screen at the same time as the continuing nursing education content and not interleaved between computer ‘windows’ or screens of the continuing nursing education content.

- Audio and video recording advertisements and promotional materials shall not be included within the continuing nursing education content. There will be no ‘commercial breaks.’

- Live, face-to-face continuing nursing education advertisements and promotional materials shall not be displayed or distributed in the educational space immediately before, during, or after a continuing nursing education activity. Providers shall not allow representatives of an entity with commercial interests to engage in sales or promotional activities while in the space or place of the continuing nursing education activity.

4.3 Educational materials that are part of a continuing nursing education activity, such as slides, abstracts, and handouts, shall not contain any advertising, trade name, or a product-group message.

4.4 Print or electronic information distributed about the non-continuing nursing education elements of a continuing nursing education activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.

4.5 A Provider shall not use an entity with a commercial interest as the agent providing a continuing nursing education activity to learners, e.g., distribution of self-study continuing nursing education activities or arranging for electronic access to continuing nursing education activities.

STANDARD 5. CONTENT AND FORMAT WITHOUT COMMERCIAL BIAS

5.1 The content or format of a continuing nursing education activity or its related materials must promote improvements or quality in health care and not a specific proprietary business interest of an entity with a commercial interest.

5.2 Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the continuing nursing education educational material or content includes trade names, when available trade names from several companies should be used, not just trade names from a single company.
STANDARD 6. DISCLOSURES RELEVANT TO POTENTIAL COMMERCIAL BIAS

Relevant financial relationships of those with control over continuing nursing education content.

Disclosure of information about Provider and faculty relationships may be disclosed verbally to participants at a continuing nursing education activity. When such information is disclosed verbally at a continuing nursing education activity, Providers must be able to supply ANCC with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

A. A representative of the Provider who was in attendance at the time of the verbal disclosure must attest, in writing:
   - that verbal disclosure did occur; and
   - itemize the content of the disclosed information (Standard 6.1) or that there was nothing to disclose (Standard 6.2).

B. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

6.1 The Approved Provider is responsible for ensuring that learners are aware of any relevant financial relationship(s), to include the following information:
   - The name of the individual
   - The name of the commercial interest(s), and
   - The nature of the relationship the person has with each commercial interest

6.2 For an individual with no relevant financial relationship(s), the learners must be informed that no relevant financial relationship(s) exist.

Commercial Support for the Continuing Nursing Education Activity

The Provider’s acknowledgment of commercial support as required by Standard 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product-promotional in nature.

6.3 The source of all support from entities with commercial interests must be disclosed to learners. When commercial support is other than monetary support, the nature of the support must be disclosed to learners.

6.4 ‘Disclosure’ must never include the use of a trade name or a product-group message.

Timing of Disclosure

6.5 A Provider must disclose the above information to learners prior to or at the time of the beginning of the educational activity.

¹These materials can be found at www.accme.org under Accreditation Requirements – ACCME Essential Areas & Elements (Element 3.3). ACCME provides additional information about commercial support and disclosure in the form of frequently asked questions under the "Ask ACCME" tab on its web site.