

# APPROVED PROVIDER Planning Form EDUCATION DESIGN I (ED I)

## MISSISSIPPI NURSES FOUNDATION

**Educational Design I (ED I)/ Provider Directed:** An activity involving participant attendance. It is distinguishable by the fact that the pace of the activity is determined by the provider who plans and schedules the activity. Examples may include but are not limited to: conventions, courses, seminars, workshops, lecture series, and distance learning activities such as teleconferences and audio conferences. **Point-of-Care Learning.** Learning conducted in the practice setting. (This is also sometimes referred to as **"bedside learning"**.) The learning consists of a learning "project" related to an immediate need of the nurse/nurses for knowledge to guide the nurse's/nurses' practice. The point of care learning can be done **"asynchronously"** (with it being initiated in the practice setting to address an emergent need for knowledge to guide the nurse's practice) or **multiple activities** addressing a single underlying goal or purpose may be 'bundled' as one activity. The **minimum number of contact hours allowed for Point of Care learning remains 0.5 (30 minutes) which may be awarded retrospectively.**

**Guidelines and Instructions:** Complete according to guidelines of Approved Provider Agency...

<b>APPROVED PROVIDER</b>	
<b>TITLE OF ED I</b>	
<b>SCHEDULED DATE(S)</b>	
<b>LOCATION OF ACTIVITY</b>	

Number of **contact hours awarded:**

*Please note: Sixty (60) minutes of learning time equals on(1) contact hour. Overview of objectives and evaluation time is included in calculating contact hours. Breaks and meals are not included.*

Is there a utilization or registration fee? YES  NO  If yes, indicate amount of fee

Nurse Planner completing this form (Please Print)

<b>Signature</b>		<b>Date</b>	
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Address

Street or P.O. Box	City	State	Zip
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Phone	Fax	
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Email

Would you like this activity to be listed in the CE Calendar of *The MS RN* and in the CE Calendar on the MNA web site?

YES  NO

**I. PLANNING**

**A. ASSESSMENT OF LEARNER NEEDS**

Describe how the need for this activity was determined, including how learner input was considered in the planning process. *Check all that apply.*

Problem or issue related to nursing practice	<input type="checkbox"/>
Learner request (needs assessment verbally or written)	<input type="checkbox"/>
Change in patient population or care requirements	<input type="checkbox"/>
Review of nursing related literature	<input type="checkbox"/>
Changes in legislation	<input type="checkbox"/>
Findings from QA/QI activities	<input type="checkbox"/>
Other <input style="width: 300px;" type="text"/>	<input type="checkbox"/>

Collection Method:

Survey	<input type="checkbox"/>
Informal	<input type="checkbox"/>
Discussion	<input type="checkbox"/>
Meeting	<input type="checkbox"/>
Observation	<input type="checkbox"/>
Other	<input type="checkbox"/>

**B. ASSESSMENT OF TARGET AUDIENCE**

Describe the target audience (may include other disciplines or professionals, but RNs are the primary focus). The audience may be described in terms of practice areas or other identifying characteristics as specialties or professionals caring for specific patient populations (elderly, diabetics, cardiac, etc.) Check to indicate inclusion of RNs in the target audience. YES  NO

Level of Education:

Practice Area/Specialty:

Geographical Area Represented:

**C. QUALIFIED PLANNERS AND PRESENTERS (Attachment A)**

- The planning committee is made up of at least two (2) members. One member, the **Lead Nurse Planner**, is administratively responsible for planning and producing the educational activity while adhering to ANCC Accreditation Program criteria in the provision of continuing nursing education. The Lead Nurse Planner must be a registered nurse and hold a baccalaureate degree in nursing or higher.
- Other designated planner(s) may work for the provider unit as staff members, consultants, or volunteers and function as a **planning member** of the target audience **and/or content expert**. Complete an **Attachment A** for each member of the **planning committee**. Each **planner must complete and sign Attachment A, whether or not** they have any vested interest in the continuing education activity.
- The planning members are as listed below:

Registered Nurse- Lead Planner

Name:  Content Expert

Contact No.  Audience

Responsible for adherence to ANCC Criteria

Nurse Planner(s)

Name:  Expert

Contact No.  Target Audience

Other Planner(s)

Name:  Expert

Contact No.  Target Audience

Other Planner(s)

Name:  Expert

Contact No.  Target Audience

- Each **presenter** must complete an **Attachment A**. Each presenter **must complete and sign all sections on Attachment A, whether or not** they have any vested interest in the continuing education activity. Presenters must have documented qualifications that demonstrate their education and experience in the content they are presenting. Presenters should participate in planning, evaluation and documentation of involvement in the own presentations.
- Commercial interest** is defined as an entity that has a “commercial interest” as any proprietary entity producing health care goods or services, with the exception of non-profit or government organization (ANCC, 2006 Accreditation Manual).

6. **Financial relationships** are defined by ANCC (2006) 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 educational activity to include financial relationships of a family member. ANCC considers financial relationships in any amount occurring within the past 12 months as “relevant” in terms of creating a conflict of interest.
7. **Conflict of interest** is defined by ANCC (2006) as when an individual has an opportunity to affect the educational content with products or services from a commercial interest with which he/she has a financial relationship. ANCC considers “opportunity to affect the educational 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. **Off label** is defined by ANCC as using products for a purpose other than for which it was approved by the Food and Drug Administration.
8. An individual who refuses to disclose relevant financial relationship will be disqualified from being a planning committee member, a presenter, or an author of a continuing nursing education activity and cannot have control of, or responsibility for, the development, management, presentation, or evaluation of the activity.
9. All planners are kept up-to-date on the requirements for adhering to the ANCC accreditation criteria. Check all that apply:

Email	<input type="checkbox"/>	Letters	<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Phone calls	<input type="checkbox"/>	Meetings	<input type="checkbox"/>
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## ATTACHMENT A - Biographical/Vested Interest

**Name:**  *Check all that apply.*  
Lead Nurse Planner (Administrator)

**Title of Activity:**  er (target audience

**Date of Presentation:**  Presenter

**Biographical Data:**

Degree	Year	Institution

Present Employer	Title	Description

**Vested Interest**

I. Have you received anything of value from a commercial supporter, which may be perceived as direct or indirect interest in the subject(s) you are addressing in this education activity?

NO  YES  List the commercial supporter

II. If there is a commercial supporter, please describe your relationship:

speaker's bureau  major stockholder  shareholder  consultant

large gift(s)  grant/research support  no relationship

other  please describe

III. How will conflict of interest be resolved?

Describe professional experience or areas of expertise (including publications) related to the involvement in continuing nursing education.

IV. Identify how you took part in the planning and evaluation of this activity:

planned objectives/content  reviewed evaluation summary  planned time frame

will utilize evaluation to revise presentation as needed  planned teaching strategies

received up-to-date ANCC Accreditation standards  attended committee meetings

V. **Presenter:** During your presentation, will you include discussion of an unlabeled or the investigational use of a product, device or drug that has not been approved by the FDA, for the use being presented in this education activity?

NO  YES  \*Explain:

\*If yes, you must disclose this information during your presentation. Select which method:

verbally during presentation  handouts  audiovisuals  other

\*How will conflict of interest be resolved?

**Signature** of Planner/Presenter

**Date**

### SAMPLE (OPTIONAL) CE Attestations for Presenters/Planners with Vested Interests

Please indicate your understanding of and willingness to comply with each statement below. If you have any questions regarding your ability to comply, please contact the office at 601-898-0890 as soon as possible.

1. I have disclosed to the MNF all relevant financial relationships, and I will disclose this information to learners verbally and in print. Agree  Disagree
2. The content and/or presentation of the information with which I am involved will promote quality or improvements in healthcare and will not promote a specific proprietary business interest of a commercial interest. Content for this activity, including any presentation of therapeutic options, will be well-balanced, evidence based and unbiased. Agree  Disagree
3. If I am presenting at a live event, I understand that a MNF monitor will be attending the event to ensure that my presentation is educational, and not promotional, in nature. Agree  Disagree
4. I will use generic names to the extent possible when discussing specific health care products or services. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from any single company. Agree  Disagree
5. If I am discussing any product use that is off label, I will disclose that the use or indication in question is not currently approved by the FDA for labeling or advertising. Agree  Disagree
6. If I have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation will not be included in any way with this activity. Agree  Disagree
7. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and will not promote the commercial interest of the funding company. All scientific research referred to, reported or used in the activity in support of justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection, and analysis. Agree  Disagree
8. I understand that MNF may need to review my presentation and/or content prior to the activity, and I will provide educational content and resources in advance as requested. Agree  Disagree

***I have carefully read and considered each item in this attestation form, and have completed it to the best of my ability.***

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*Signature*

*Date*

## II. EFFECTIVE ACTIVITY DESIGN (Attachment B)

Objectives, content, time frame, presenter(s), teaching strategies, evaluation tool, and evaluation category must be in a six-column format to provide documentation on the Attachment B.

### A. OVERALL PURPOSE *Purpose/goal, as listed, must be included on the evaluation form.*

Clearly state the overall purpose/goal for this activity:

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Please **select any of the following** as it applies to how this activity will enrich the nurse's contribution to quality health care and pursuit of professional career goals:

Expands the nurse's knowledge and skills in providing quality health care

Enhances the nurse's clinical skills in specialized health care areas

Enriches the nurse's opportunities for new career goals in the changing job market

Provides opportunities for the nurse to continue the process of life-long learning

Provides opportunities for nurse to learn the newest techniques in providing quality health care

Other


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### B. OBJECTIVES

Objectives are derived from the overall purpose/goal of the activity. The objectives should clearly describe the learner's expected outcomes, be expressed in measurable terms, identify observable actions, and specify one outcome per objective. Start with an ACTION VERB that describes a specific behavior or activity by the learner.

*EXAMPLES of action verbs from three domains of learning:*

**Cognitive** (learning activities related to thinking processes) – define, describe, list, name, state

**Psychomotor** (activities related to motor skill; also thinking component) – demonstrate, administer, write

**Affective** (learning activities related to feeling in terms of attitudes, values) – feels, listens, integrates, appreciates, prefers (most difficult to evaluate)

### C. CONTENT

Each objective should have corresponding **content** written in outline form. The content should be in outline form, related to the activity and consistent with the objective **without restating the objective**.

### D. TIME-FRAME

Each objective must have corresponding **time-frame** allotted in adjacent column consistent with the objectives and corresponding content. **Time** must be allotted for breaks and mealtimes, but not included in the calculation of contact hours. The **evaluation** time must be included at the conclusion of the educational activity and calculated in the contact hours. A contact hour is sixty (60) minutes of an organized learning activity, either a didactic or clinical experience; the minimum number of contact hours to be awarded is one (1). After the first contact hour, fractions or portions of the 60-minute hour should be calculated. For example: 135 minutes of the learning experience equals 2.25 contact hours.

### E. INSTRUCTIONAL METHODS

Instructional methods that support attainment of the educational objectives must be used. The action indicated as the expected outcome determines the teaching strategies to be used. For example, a learning objective that requires the learner to successfully demonstrate a psychomotor skill must include teaching strategies that utilize demonstration and return demonstration. An objective that requires a learner to describe a phenomenon would include teaching strategies such as lecture and discussion. In addition to teaching strategies that support the learning objectives, attention must be given to the fact that principles of adult learning should be evident in the selected strategies.

### F. EVALUATION TOOL

Methods evaluating what the participant has learned are documented under the "**evaluation tool**" section. Examples are: tests, interviews, attitude scales, observation of skill performance.

### G. EVALUATION CATEGORY

Methods to show how the participant has learned are documented under the "**evaluation category**" section. Examples are: learner satisfaction, knowledge, skills and attitude changes, change in practice.

## ATTACHMENT B Educational Design I

<b>Title of Activity:</b>	<b>Contact Hours:</b>
<b>Overall Purpose:</b>	

Objectives	Time Frames	Presenter(s)	Teaching Strategies/Resources	Evaluation Tool	Evaluation Category
List the educational objectives and corresponding content. Content is specific and in outline form.	Provide time frame for each objective. Include break and meal times.	List presenter(s) for each objective.	List the teaching strategies by each presenter for each objective. List audio visuals needed for each presenter.	Select evaluation method to be used to evaluate this activity.	Select the most appropriate evaluation category for this activity.
<p>At the end of this activity, the learner will be able to:</p> <p><b>Objective 1:</b> Content: 1. 2.</p> <p><b>Objective 2:</b> Content: 1. 2.</p> <p><b>Objective 3:</b> Content: 1. 2.</p> <p>Etc.</p> <p><b>Evaluation:</b></p>				<p>_____ Post Test</p> <p>_____ Structured Interview</p> <p>_____ Attitude Scale</p> <p>_____ Direct Observation of Skill Performance</p> <p>_____ Other _____</p>	<p>_____ Learner Satisfaction</p> <p>_____ Knowledge</p> <p>_____ Skill and Attitude Change</p> <p>_____ Change in Practice</p> <p>_____ Other _____</p>

**TOTAL TIME IN MINUTES**  divided by 60 =  **contact hour(s).**

### III. ACTIVITY EVALUATION

An evaluation process can provide information about the overall activity, as well as, the specific components.

A clearly defined method for evaluation includes the following:

1. relationship of objectives to overall purpose/goal(s);
2. learner's achievement of each objective;
3. expertise of each individual presenter;
4. appropriateness of teaching strategies.

A. Describe the method used to evaluate the activity:

B. Describe how the evaluation data will be used:

C. **Submit copy of the learner evaluation form.**

D. **After the presentation, submit a summary of learner evaluation results.**

# SAMPLE EVALUATION - Approved Provider Education Design I

***TITLE***

***Date***

***Location***

***Provided by***

**Overall purpose(s)/goal(s):**

**Objectives**

At the end of this activity, the participant should be able to:

1.
2.
3.
4.
5.

Etc

**Please fill in one response per line.**

**Applicable**

1. To what extent was the overall purpose(s)/goal(s) of this activity related to the objectives?

2. To what extent did the presenter address each objective?

Objective 1: \_\_\_\_\_

Objective 2: \_\_\_\_\_

Objective 3: \_\_\_\_\_

Objective 4: \_\_\_\_\_

Objective 5: \_\_\_\_\_

Etc: \_\_\_\_\_

3. To what extent did each presenter demonstrate expertise in the content area:

Presenter (Name)

Presenter (Name)

Presenter (Name)

4. To what extent were the teaching/learning strategies appropriate?

5. Did you detect any commercial bias?

If so, by whom?

What made you feel there was bias?

Low/Poor	High/Excellent	Non-
1	2	3
4	5	N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES  NO

**PLEASE MAKE WRITTEN COMMENTS ON REVERSE SIDE.**

**IV. DOCUMENTATION AND ACCREDITATION STATEMENTS**

**Verifying Participation and Successful Completion**

Rationale and criteria for successful completion must be determined as part of the overall planning of the learning activity. ED I activities may differ in expectation and requirements for verification of participation and successful completion of the activity. The learner is informed of the criteria prior to participation in the activity.

**A. Select the method of verifying participation:**

roll call  sign-in sheets  self-reported attendance  return of evaluation tools

**B. Select achievement of successful completion:**

achievement of objectives  evaluation  attendance at the entire activity   
 return demonstration  discussion with presenters  other

**E. Participants must receive written verification (see sample) of:**

1. successful completion of the educational activity
2. name of learner
3. number of contact hour(s) awarded
4. name and address of provider of the educational activity
5. title and date of the education activity
6. official statement of approval identifying ANCC accredited organization:

***“(Name of Approved Provider) is an approved provider of continuing nursing education activity by the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”***

**F. Submit a copy of any publication (brochure, flyer, etc.) related to this activity with the appropriate ANCC language.** All communications, marketing materials, certificates, and other documents that refer to the provider’s ANCC-accredited status must contain the official accreditation statement.

**Before an contact hours are awarded**, the following language is used: *“An application for continuing nursing education credit has been submitted to the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”*

**SAMPLE ATTENDANCE VERIFICATION FORM:**

**APPROVED PROVIDER  
 Nursing Continuing Education  
 Attendance Verification**

This participant has successfully completed this educational activity:	Educational Design #	<input type="text"/>
Name of Participant:	Contact Hours:	<input type="text"/>
Provider of Educational Activity:	<b>(60 minutes = 1 contact hour)</b>	
Address of Approved Provider:	Title:	<input type="text"/>
	Date:	<input type="text"/>

***“(Name of Approved Provider) is an Approved Provider of continuing nursing education activity by the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”***

**V. COMMERCIAL SUPPORT (You Must Select One of the Following)**

Commercial support is defined by ANCC (2006) as financial or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of an educational activity. Commercial support, exhibits, or the presentation of research conducted by a commercial company is not permitted to affect the design and scientific objectivity of any educational activity. A provider cannot be required by an entity with commercial interest to accept advice or services concerning presenters, authors, or other educational matters, including content, from the entity as conditions of contributing funds or services.

Select one of the following:

**NO**, this activity **does not receive commercial support.** OR

**YES**, this activity **does receive commercial support.** The provider must make all decisions regarding the disposition and disbursement of commercial support. All commercial support associations with an activity must be given with the full knowledge and approval of the provider. Describe how the integrity of the activity will be maintained. The Provider will maintain control of the educational content and disclose to the learners all financial relationships, or lack of, between the commercial supporter and the provider or presenters.

1. Learners are made aware of the nature of all commercial support of all education activities on all **promotional materials.** *Attach a copy.*
2. Funds should be in the form of an educational grant and must be acknowledged in printed material and brochures.
3. Arrangements for commercial exhibits will not influence the planning of or interfere with the presentation of the education activities.
4. Education activities are distinguished as separate from the endorsement of commercial products. When commercial products are displayed, participants will be advised that approval status as a provider refers only to its continuing education activities and does not imply ANCC Commission on Accreditation endorsement of any commercial products.
5. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.
6. Learners will be informed of any off-label use of a commercial product that is presented in education activities.
7. As a Mississippi Nurses Foundation Provider, our agency agrees to maintain control of the educational content and disclose to the learners all financial relationships or lack of, between the commercial supporter and the provider or presenters, and adhere to the above guidelines. Y  NO

**IF commercial support is provided**, the terms, conditions, and purposes of the commercial support must be documented in a written agreement with the entity that includes its educational partners. **Attach a copy of the letter of agreement (you may use the attached sample).**

8. Commercial Information

Name of company:
Nature of relationship to person & commercial interest:
Representative: _
Address:

9. Describe how conflict of interest is resolved. Conflict of interest is defined by ANCC as when an individual has an opportunity to affect the educational activity content with products or services from a commercial interest she/he has a financial relationship. ANCC considers "opportunity to affect educational content" to include content about special agents/devices, but not necessarily about the class of agents/drugs, and not necessarily content about the whole disease class.

SHOW DOCUMENTATION FOR ALL SELECTED AREAS:

Audience informed on printed materials <input type="checkbox"/>	Disclosure during introduction of speaker <input type="checkbox"/>
Discussion/documentation with presenter or planner <input type="checkbox"/>	Handout/Power <input type="checkbox"/>
Nursing Planner in audience <input type="checkbox"/>	Evaluation of bias on evaluation form <input type="checkbox"/>

# SAMPLE COMMERCIAL SUPPORT AGREEMENT

Date:

This educational activity  is being supported by:  
*Title of activity*

*Name of Commercial Supporter*

The **Commercial Supporter** agrees to provide the following services:

**Unrestricted educational grant** for support of the CE activity in the amount \$ \_\_\_\_\_.

**Restricted educational grant** to reimburse expenses for:

a. Speaker(s) to include:    \_\_\_ all expenses    \_\_\_ travel only    \_\_\_ consulting fee only  
\_\_\_\_\_ other \_\_\_\_\_

Support for catering functions (specify) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Other (e.g. equipment loan, brochure distribution, etc.) in the amount of \$ \_\_\_\_\_

Written policies and procedures and documentation governing honoraria and reimbursement of out-of-pocket expenses for planners, presenters, and authors are on file with the continuing education provider. The **Continuing Education Provider**  will ensure that the following decisions are made free from control of a

interest:

- Identification of educational activity needs;
- Determination of educational objectives;
- Selection of presentation of content;
- Selection of all persons and organizations that will be in a position to control the content of the educational activity;
- Selection of educational methods;
- Evaluation of the educational activity.

It is understood that:

1. Learners will be made aware of the nature of all commercial support of all education activities on all promotional materials. **Attach a copy.**
2. Funds should be in the form an educational grant and must be acknowledged in printed material and/or brochures.
3. Arrangements for commercial exhibits will not influence the planning of or interfere with the presentation of education activities.
4. Education activities are distinguished as separate from endorsement of commercial products. When commercial products are displayed, participants will be advised that accredited status as a provider refers only to its continuing education activities and does not imply ANCC Commission on Accreditation endorsement of any commercial products.
5. Education activities that present research conducted by commercial companies will be designed and presented with scientific objectivity.
6. Learners will be informed in the presentation is about the off-label use of a product (using products other than that for which it was approved by the Food and Drug Administration.)

Commercial Supporter Signature

Date

Educational Provider Signature

Date

**VI. DISCLOSURES PROVIDED TO ACTIVITY PARTICIPANTS**

Please select the appropriate answer and submit copies of documentation.

1. **Notice of requirements for successful completion:** Learners are informed, in advance verbally and/or in written form, of the criteria to be used to determine successful completion of an educational activity.

YES  NO

2. **Conflicts of interest:** Learners are informed of any influencing financial relationships, or lack thereof, disclosed by planners or presenters at the beginning of the educational activity which is documented in writing.

YES  NO

3. **Non-endorsement of products:** Learners are advised verbally and/or in written form that accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with an activity.

YES  NO

**VII. RECORD KEEPING SYSTEM**

The Provider must keep the following information on file for a minimum of **six (6) years**:

**A. Planning**

1. Description of the target audience
2. The method and findings of the needs assessment
3. Names, titles, and expertise of the activity planners and presenters
4. Conflict of interest disclosure statements from planners and presenters
5. Purpose, objectives, and content
6. Instructional strategies, delivery methods, learner feedback mechanisms, and resources to be used
7. Methods or process used to verify participation
8. Notice to learners identifying how successful completion will be measured
9. Marketing and promotional materials
10. Division of responsibilities among co-providers, if any
11. Means of ensuring content integrity with commercial support, if any

**B. Implementation**

1. Title, location, and date of the educational activity
2. All evaluation tools used, including a summative evaluation
3. Participant names and addresses
4. Sample certificate of completion
5. Number of contact hours associated with official accreditation statement awarded to individual participants

C. As a Mississippi Nurses Foundation Provider, our agency agrees to maintain records for each education activity for six (6) years in a secure and confidential manner, including the above essential information.

YES  NO

D. Describe the **record-keeping and storage system** to include the following:

1. ***New records are consistently collected and retention of records;***

2. ***Confidentiality;***

3. ***Filing, storage and easy retrieval of records by authorized individuals.***

### VIII. CO-PROVIDERSHIP

If two or more individuals, organizations, or agencies work together to plan, develop, implement, and evaluate an educational activity, then the activity is being co-provided. An entity with a commercial interest cannot take the role of non-accredited partner in a co-provider relationship.

A. **Select one of the following:**

1. This activity is **not co-provided**.  **OR**

2. This activity is **co-provided**.  When educational activities are co-provided, an ANCC accredited provider unit is responsible for ensuring adherence to all ANCC criteria and retains responsibility for:

- a) determination of the educational objectives and content
- b) selection of the content specialist planners and activity presenters
- c) the awarding of contact hours
- d) record-keeping procedures
- e) evaluation methods

If collaborating providers are all ANCC-accredited, one is designated to retain the provider responsibilities by mutual written agreement. The unit designated to retain these responsibilities is referred to as the provider, and the other collaborating providers are referred to as co-providers.

B. **Submit a copy of the co-providership agreement, if applicable.** See sample below.

#### **SAMPLE CO-PROVIDERSHIP AGREEMENT**

Title of Educational Activity _____	
Date _____	Location _____
<b>Name of Provider Agency</b> _____	
<b>Name of Contact Person</b> _____	
Address _____	Phone _____
_____	Email _____
_____ ( <i>Lead-approved Provider Unit</i> ) is responsible for ensuring adherence to all ANCC criteria and retains responsibility for ANCC accredited provider unit:	
1. Determination of the educational objectives and content	
2. Selection of the content specialist planners and activity presenters	
3. The awarding of contact hours	
4. Record-keeping procedures	
5. Evaluation methods	
<b>Name of Co-Provider Agency</b> _____	
<b>Name of Contact Person</b> _____	
Address _____	Phone # _____
_____	Email _____
_____	_____
Signature of Provider Representative _____	Date _____
_____	_____
Signature of Co-Provider Representative _____	Date _____
_____	_____

Other Planner(s)  
 Name: \_\_\_\_\_  
 Contact No. \_\_\_\_\_

\_\_\_\_\_ Content Expert  
 \_\_\_\_\_ Target Audience

## Evaluation Summary – Education Design I

Approved Provider:

CE #:

Title of Activity:

Date of Activity:

Likert Scale:

Low/Poor

High/Excellent

Not Applicable

1	2	3	4	5	N/A
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1. Relevance of purpose/goals to objectives:

1	2	3	4	5	N/A

2. Extent that the presenter addressed each objective:

1	2	3	4	5	N/A

3. Presenter expertise in content area:

1	2	3	4	5	N/A

4. Appropriate teaching/learning strategies:

1	2	3	4	5	N/A

5. Commercial Bias:

YES	NO

Number of RNs receiving Verification of Attendance forms

Number of Non-RNs receiving Verification of Attendance forms

Number of total participants receiving Verification of Attendance forms

This educational activity approved for  contact hours.

Total contact hours awarded to RNs (  contact hrs  number of RNs ) =

Total contact hours awarded to all participants  contact hrs x  total part.

Printed publicity was utilized:  Yes or  No. All printed publicity related to this activity must be attached.

Action plan for negative evaluations:

Written comments: (may continue on the back)

# CHECKLIST - Educational Design I (EDI)

Approved Provider

Name of Approved Provider Planner:

Title:

ED I Number:  Date of Activity:

Registration Fee Stated:  Yes  No  No Fee Charged

Contact Hours Awarded

Check each item: **S** = Satisfactory or **U** = Unsatisfactory or **N/A** = Non-Applicable. Please make comments as necessary.

CATEGORY	FACTORS	S	U	N/A	COMMENTS
<b>Introduction Information</b>	45-day deadline met				
	Application received 10 days before approver unit meeting				
	Letter of Exception, if applicable				
	Dates and Locations stated				
	Signature of Submitter				
	Current forms used				
<b>I. PLANNING</b> <b>A. Assessment of Learner Needs /Target Audience</b>	Description of needs assessment for activity				
	Learner input considered in planning process				
	Target audience described				
	"RN" included in target audience				
<b>B. Qualified Planners and Presenters Attachment A</b>	Lead Nurse Planner (BSN degree or higher): Attachment A completed with signed Vested Interest Statement				
	Planner(s): Attachment A completed with signed Vested Interest Statement				
	Planner(s) identified as content expert and target audience				
	Presenter(s): Attachment A (Vested Interest Statement) completed and signed				
<b>II. EFFECTIVE ACTIVITY DESIGN</b> <b>A. Purpose/Goal(s)</b>	Overall Purpose clearly and broadly stated				
	How activity enriches nurses' contribution to health care				
	How activity promotes professional career goals				
<b>B. Objectives Attachment B</b>	Required SIX-column format utilized				
	Derived from overall purpose/goal(s)				
	Expressed in measurable or behavioral (observable) terms				
	Specifies one outcome per objective				
<b>C. Content Attachment B</b>	Each objective has corresponding content				
	Content outline describes each objective without restating				
<b>D. Time Frame Attachment B</b>	Each objective has corresponding time frame				
	Break and meal times included but not calculated in time				
	Evaluation time frame allotted for the entire activity				
<b>E. Presenters Evaluation form</b>	Each presenter is listed on Attachment B				
	Each presenter is listed on the Evaluation Form				
<b>F. Instructional Methods Attachment B</b>	Concurrent with objectives				
	Listed for each objective/content				
	Listed for each presenter				
<b>G. Evaluation Tool Attachment B</b>	Methods evaluating what the participant has learned are documented				
<b>H. Evaluation Category Attch B</b>	Methods showing how the participant has learned are documented				

CATEGORY	FACTORS	S	U	N/A	COMMENTS
III. ACTIVITY EVALUATION	Describe method used to evaluate activity and how evaluation data will be used:				
	Copy of learner's evaluation attached				
	Evaluates relationship of objectives to purpose/goal(s)				
	Evaluates achievement of each objective				
	Evaluates expertise of each individual presenter				
	Evaluates appropriateness of teaching strategies				
	Evaluates commercial bias				
IV. DOCUMENTATION OF ACCREDITATION STATEMENTS	Method for verifying participation				
	Method for achieving successful completion				
	<b>Sample of verification</b> of attendance form which participants receive include: a. successful completion of educational activity b. name of the learner c. number of contact hours awarded (identifying calculation of hours: <i>60 minutes = one contact hour</i> beginning January 1, 2007) d. title of activity and date of educational activity e. official approval statement (ANCC) <b><i>“(Name of Approved Provider is an approved provider of continuing nursing education by the Mississippi Nurses Foundation, Inc., an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”</i></b>				
	<b>Sample of promotional materials (brochure, flyer, letter, email, etc.) with appropriate ANCC approval statement.</b>				
V. COMMERCIAL SUPPORT	Statement of <b>Non-Commercial Support</b>				
	<b>Commercial Support Agreement (attach a copy)</b>				
	Learners are aware of nature of commercial support				
	Funds are in the form of an educational grant and acknowledgement in printed materials/brochures				
	No influence of planning/presentation by commercial exhibits				
	Educational activities are separate from endorsement of commercial products (No implication of ANCC Commission on Accreditation endorsement of any commercial products)				
	Research activities are designed and presented with scientific objectivity				
	Learners are informed of any off-label use of commercial products				
	Commercial Support information provided				
	Conflicts of interest resolved and documented				
VI. DISCLOSURES PROVIDED TO ACTIVITY PARTICIPANTS	Notice of requirements for successful completion				
	Conflicts of Interest (Attachment A)				
	Non-endorsement of products				
	Commercial Support				
	Off-label use				

CATEGORY	FACTOR	S	U	N/A	COMMENTS
VII. RECORD KEEPING SYSTEM	A statement describing the collection, confidentiality, and maintenance of listed records for six (6) years				
	<b>Planning</b> – target audience, needs assessment, Attachment A for each planner and presenter – with signed vested interest statement, Attachment B, notice to participants regarding successful completion, marketing/promotional materials, co-providership agreement if any, and commercial support agreement, if any				
	<b>Implementation</b> – title, location, and date of educational activity, evaluation tools used, participants’ names and addresses, sample certificate of completion (verification form), number of contact hours with official ANCC accreditation statement				
VIII. CO-PROVIDERSHIP	Statement of <b>non-Co-Providership</b>				
	<b>Co-Providership</b> policy ( <b>attach signed copy of agreement</b> ): a. Objectives and content are applicant’s responsibility b. Content specialist planners and activity presenters are applicant’s responsibility c. Contact hours determined/awarded by applicant d. Budget is applicant’s responsibility e. Record-keeping procedures are applicant’s responsibility				

Contact Hours:  Date:

Signature of Lead Nurse Planner: