

# Writing to the ANCC NCPD Accreditation Criteria

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## FOR APPROVED PROVIDERS

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### SELF-LEARNING GUIDE

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The intent of this self-learning guide is to provide direction and guidance to organizations completing the Approved Provider self-study and activity file documentation.

Created in collaboration with Pam Dickerson, PhD, RN, NPD-BC, FAAN, and Kelli Schweitzer, MSN, RN, NPD-BC.

## INTRODUCTION

The ANCC Nursing Continuing Professional Development (NCPD) Accreditation Program is continuously looking for opportunities to support organizations as they navigate the application process and apply the NCPD accreditation criteria on a continuum. With feedback from our accredited organizations, appraisers, and the Commission on Accreditation (COA) in NCPD, we have developed this self-learning guide to provide clarity and guidance surrounding the revised 2015 NCPD Approved Provider criteria as reflected in the resources provided by the Accredited Approver.

**Notice:** From time to time, changes are made to the ANCC NCPD Accreditation Program and the ANCC NCPD criteria. Applicants must confirm that they are using the most current updates provided by the Accredited Approver.



**NCPD SUCCESS TIP:** Review this self-learning guide and the resources provided by the Accredited Approver.

# SELF-STUDY CRITERION

The self-study document is a detailed overview of the structural capacity (SC), educational design process (EDP), and quality outcomes (QO) related to NCPD.

- ▶ A process description and example are required for each of the SC and EDP criterion.
- ▶ In the QO section, QO 1 requires a description and QO 2 and 3 require examples.
- ▶ The process description should be in narrative format and should clearly describe how each criterion is met by the Provider Unit (PU) on an ongoing basis.
- ▶ The example should be a concise narrative of how the PU operationalized the criterion in one specific instance.

Self-Study Guide Dos and Don'ts	
DOs	DON'Ts
Provide a clear process description followed by a specific example where the criterion was implemented.	Provide extraneous materials including full-text articles, full PowerPoint slides, and full text organizational policies.
Use complete sentences in paragraph format. (Organizations may use bullet points with a <i>complete</i> thought or sentence.)	Provide process description and/or example documentation in a bulleted format with incomplete sentences.
Use data, graphs, and tables to supplement the narratives, if appropriate, and to support or amplify findings.	Provide links to external websites or documents.
Upload the document per the instructions provided by the Accredited Approver.	Provide a process description or example that solely contains graphs or tables.

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## ORGANIZATIONAL OVERVIEW

The Organizational Overview provides a context for understanding the Provider Unit (PU) and its unique processes to ensure the ANCC criteria are utilized and maintained.

### 001 Executive Statement/High-Level Summary

Submit an executive statement and/or high-level strategic summary of the Provider Unit (PU). This statement should be less than 1,000 words and include:

- ▶ Overall description on how the PU functions.
- ▶ The mission of the PU as it relates to its NCPD offerings.
- ▶ Impact the PU has on the organization and its learners.

**Note:** With the revision to the 2015 criteria, organizations are no longer required to include the size, geographic range, target audience, content areas, and types of educational activities, but these components may be helpful in describing the mission and impact of the PU.

### 002 Role Description

- a. Submit a list, including names and credentials, positions, and titles of the Primary Nurse Planner and other Nurse Planners (NP), if any, in the Provider Unit.
  - ▶ The credentials are an important component of this list as they ensure that the Primary Nurse Planner and NPs have the necessary education to fulfil their roles.
- b. Submit position descriptions for the Primary Nurse Planner and Nurse Planners (if any) in the Provider Unit.
  - ▶ If the PU does not have NPs employed, the criterion does not require an organization to submit position descriptions for NPs. However, we do encourage the PU to create an NP position description in the event that the PU does hire an NP(s) in the future.

**Note:** With the revision to the 2015 criteria, the Organizational Overview criterion no longer requires an organization chart, flowchart, or image that depicts the structure of the PU or organization.

## STRUCTURAL CAPACITY

The SC portion of the self-study focuses on the commitment, accountability, and leadership of the Provider Unit (PU). The narratives and examples should demonstrate the Primary Nurse Planner's commitment to learners needs, accountability for ensuring NPs are oriented and trained, and leadership of the PU throughout the development of NCPD.

### SC1

The Primary Nurse Planner's commitment to learner needs, including how Provider Unit processes are revised based on **aggregate** data, which may include but are not limited to, individual educational activity evaluation results, stakeholder feedback (staff, volunteers), and learner/customer feedback.

- ▶ This criterion is under structural capacity and therefore should include how the Primary Nurse Planner uses **aggregate** data to make changes to the infrastructure of the PU to better meet learner needs.
- ▶ When creating this narrative, answer these questions:
  - Where and how does the Primary Nurse Planner and PU obtain feedback from learners and other stakeholders?
  - What data does the Primary Nurse Planner and PU use to learn about their learner needs related to the process of NCPD delivery (i.e., format, types of programs, registration, timing, evaluation methods, etc.)?
  - How has the Primary Nurse Planner made changes to PU processes based on learner and/or stakeholder feedback?

**Note:** Aggregate data involves combining data from multiple evaluations or data sources. Therefore, the process and example for this criterion should not be related to one individual activity but the combination of multiple individual activity evaluations or multiple feedback sources.

### SC2

How the Primary Nurse Planner ensures that all Nurse Planners of the Provider Unit are appropriately oriented and trained to implement and adhere to the ANCC accreditation criteria.

- ▶ This criterion narrative should include all components of training including orientation, monitoring for adherence, and updating NPs when there are additions or changes to ANCC criteria.

**Note:** If the PU does not employ NPs, the PU should still provide a narrative related to this criterion that highlights how the PU would orient, monitor, and update a new NP or how the PU trained the Primary Nurse Planner to the organization and ensures continued adherence to criteria.

**SC3**

How the Primary Nurse Planner and/or Nurse Planner provides direction and guidance to individuals involved in planning, implementing, and evaluating CNE activities in compliance with ANCC accreditation criteria.

- ▶ This criterion is related to other members of the planning committee or others involved with activities, **not including the Primary Nurse Planner or NPs**. These members could include presenters, content experts, professional development assistants, marketing team, etc.
- ▶ Discuss how these individuals are provided direction and guidance, and are updated on changes related to the ANCC criteria.
- ▶ Discuss how the Primary Nurse Planner and NP ensure these individuals understand and adhere to the ANCC criteria.
  - The NPs play a critical role in providing guidance and direction to these members independent of, or in tandem with, the Primary Nurse Planner.

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## EDUCATIONAL DESIGN PROCESS

The EDP portion of the self-study focuses on the assessment, planning, design, and evaluation of NCPD activities. The narratives and examples should demonstrate how the Provider Unit (PU) assesses learners' needs, plans an educational activity that is free of any conflict of interest, incorporates best available evidence, and effectively evaluates and modifies activities based on learner feedback.

**EDP1**

The process used to identify a problem in practice or an opportunity for improvement (professional practice gap [PPG]).

- ▶ The narrative should not simply include a list of evidence used to identify a problem. It should go a step further to discuss how the NP analyzes these resources to determine the existence of a PPG.
- ▶ The narrative for this criterion should only focus on the process to identify a PPG. This response does not need to include the implementation and evaluation process.

**EDP2**

How the Nurse Planner identifies the underlying educational needs (knowledge, skills, and/or practice) that contribute to the PPG.

- ▶ This criterion is focused on determining whether the educational activity should focus on a gap in knowledge, a gap in skill implementation, and/or a gap in practice. This ensures that subsequent activity design is appropriate to address learner needs and close the identified gap.
- ▶ The underlying educational need can be combined (i.e., knowledge and skill).
- ▶ Determining the underlying educational need is a strategic analysis completed by the NP and other key stakeholders to determine the root cause of the PPG and ensure that the focus of the educational activity meets that underlying need.

**EDP3**

How the Nurse Planner identifies and measures change in knowledge, skills, and/or practice of the target audience that are expected to occur as a result of participation in the educational activity.

- ▶ This criterion is focused on the process used to select evaluation methods that will determine if the activity effectively achieved the desired learning outcomes.
- ▶ Question to be answered here:
  - How will I evaluate this activity as it relates to the PPG, underlying educational need and learning outcome(s) to measure impact or change?
- ▶ The NP should identify evaluation methods that are consistent with the PPG, the underlying educational need, and learning outcomes.
- ▶ The key here is alignment with the PPG, the underlying educational need, and the learner outcomes. If the PPG and the underlying educational need of an activity is knowledge, the outcome measure should be related to the learner's change or impact in knowledge.

**Consideration:** Although it is not required to determine the process for how outcomes will be evaluated in this criterion, it is a logical step to consider based on the PPG, the underlying educational need, and the identified learning outcomes when determining the evaluation methods. Of note, it is required to identify how educational activities will be evaluated in each activity file.

**EDP4**

The process for identification, mitigation, and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity.

**Purpose of EDP4:** The purpose of EDP4 is to ensure that educational activities are developed independent of control, influence, and bias by “ineligible companies” as defined in the Standards for Integrity and Independence in Accredited Continuing Education.

Key element that must be addressed in EDP4:

- ▶ The process of identifying relevant financial relationships with ineligible companies of all individuals in a position to control educational content within the last 24 months, if applicable. This should include the process used to identify relevant financial relationships with ineligible companies for the NPs as well.
- ▶ Tools used to mitigate the risk of commercial bias in the activity.
- ▶ Strategies for mitigating relevant financial relationships with ineligible companies include:
  - Changing NPs for the activity if the intended NP has a relevant financial relationship;
  - Barring the individual with a relevant financial relationship from participating in all parts of the educational activity;
  - Revising the role of the individual with the relevant financial relationship so the relationship is no longer relevant to the educational activity;



- Pairing a planner with relevant financial relationships with another planner who does not have relevant financial relationships to facilitate development of fair and balanced content;
  - Not awarding continuing education contact hours for a portion or all of the educational activity;
  - Undertaking review of the educational activity by the NP 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 NP 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 (an independent individual who has not participated in planning the activity) 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.
- ▶ A description of the PU process that ensures appropriate disclosures are provided to learners prior to the start of the educational activity.



**Tip:** While information other than relevant financial relationships is not to be included in EDP4, it is critical that the Primary Nurse Planner and NPs understand the definition of financial relationships, ineligible companies, commercial support, and bias.

- **Financial relationship:** A financial relationships of any dollar amount are defined as relevant if the educational content is related to the business lines or products of the ineligible company.
- **Ineligible company:** Any entity whose primary business is producing, marketing, selling, reselling, or distributing health care products used by or on patients.
- **Commercial support:** Financial or in-kind contributions given by an ineligible company that are used to pay for all or part of the costs of a CNE activity. Providers of CS may not be providers or joint providers of an educational activity.
- **Bias:** Tendency or inclination to cause partiality, favoritism, or influence.

**Note:** It is recommended that new applicants and Provider Units review and familiarize themselves with the [Standards for Integrity and Independence in Accredited Continuing Education](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce) (<https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>).

**EDP5**

How the content of the educational activity is developed based on best available current evidence (e.g., clinical guidelines, peer-reviewed journals, experts in the field) to foster achievement of desired outcomes.

- ▶ In this criterion, the PU should demonstrate how content is developed and how meaningful resources are selected that will aid in achieving the activity outcome.
- ▶ Organizations are responsible for determining what is best available evidence. ANCC does not define a time frame associated with the best available current evidence (i.e., 3-5 years).
- ▶ Industry standard is no less than 5-7 years except for seminal work that remains credible and relevant.
- ▶ If there is a concern that the content is not based on best available evidence, a **content reviewer** can be utilized to ensure validity and integrity within the educational activity.
- ▶ **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.

**EDP6**

How strategies to promote learning and actively engage learners are incorporated into educational activities.

- ▶ Learner engagement strategies are developed to keep learners involved in an educational activity to facilitate their achievement of the desired learning outcome.
- ▶ The engagement strategies should be tailored to the underlying educational need. For example, if the underlying educational need is skill, a learner engagement strategy could involve a hands-on skills practice or computer simulation.

**Reminder:** PowerPoint alone is not a learner engagement strategy. Keep in mind that this criterion focuses on learner engagement, not teaching methods.

**EDP7**

How the summative evaluation data for an educational activity are used to analyze the outcomes of that activity and guide future activities.

- ▶ In this criterion, the PU should demonstrate how the evaluation data is analyzed to determine whether the activity was effective and if the evaluation data can be used to guide future activities.

**Reminder:** It is not acceptable to simply collect and combine evaluation data from educational activities. This data is a valuable source of information that should be reviewed by the NP and planning committee to close the loop in the EDP.

## QUALITY OUTCOMES

The QO section of the self-study highlights the overall effectiveness of the Provider Unit (PU) in analyzing its structure, processes, and outcomes to continually improve quality of educational activities and contribute to the strategic goals of the organization in which the PU operates.

**Note:** In this criterion domain, QO1 is the description, and QO2 and 3 are the examples.



**Tip:** QO2 is about **processes**; QO3 is about **people**.

### QO1

The process used for evaluating the overall effectiveness of the Provider Unit in carrying out its work as a provider of NCPD.

- ▶ The narrative for this criterion should include the process that the PU uses to determine if it is meeting learner needs and achieving expected goals or outcomes for the PU. The narrative may include:
  - How often the PU evaluates effectiveness.
  - What resources are used to measure effectiveness including:
    - Hard data (patient satisfaction surveys, aggregate evaluation data, human resource or budget data, etc.)
    - Comments from learners or discussion with key stakeholders.
- ▶ Once data is identified, demonstrate how the Primary Nurse Planner and PU evaluate the data to isolate an opportunity for improvement.
- ▶ This criterion is related to overall PU effectiveness and should not be related to one individual activity.

### QO2(A)

Identify at least one quality outcome the Provider Unit has established and worked to achieve over the past 12 months to improve PU operations. Identify the metrics used to measure success in achieving that outcome.

- ▶ The outcome developed in this criterion should be related to overall PU operations and not to a specific educational activity.
- ▶ The outcome should be created in alignment with the PU strategic goals and should be thoughtful and impactful to the PU.
- ▶ The outcome should be written in a measurable format.
  - It is not required, but it may be helpful to use the SMART format to develop this outcome.
  - SMART outcomes are Specific, Measurable, Achievable, Relevant, and Time-Bound.

**Example:** The PU will increase its online enduring educational offerings by 20% by January 1, 2021. **Note:** This is a generic example and may not be an impactful, meaningful goal for many PUs.

**Reminder:** Do not overcomplicate this criterion. The criterion is asking for a one sentence measurable outcome.

**QO2(B)** Using one of the quality outcomes identified in QO2a, explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome for Provider Unit operations, including how that outcome was measured and analyzed.

- ▶ The narrative for this criterion should include a discussion of why the organization identified this quality outcome goal as a result of the evaluation plan (QO 1) and the strategies used by the Provider Unit (PU) to achieve this goal. This narrative should also describe how the outcome was measured and whether the goal was achieved.

**Note:** It is not a requirement that the PU meet its established outcome. If the PU does not meet the outcome, a discussion around how it will adjust to meet the outcome or adjust the outcome in the future should be included.

**QO3(A)** Identify at least one quality outcome the PU has established and worked to achieve over the past 12 months to improve the professional development of nurses. Identify the metrics used to measure success in achieving that outcome.

- ▶ This narrative should discuss how the PU developed a measurable outcome to improve professional development of nurses. This outcome should be about the PU's impact on the **people** and not about operational changes.
- ▶ The outcome should be constructed in a measurable format similar to the outcome documented in QO2(A).

**Reminder:** Do not overcomplicate this criterion. The criterion is asking for a one sentence measurable outcome.

**QO3(B)** Using one of the outcomes identified in QO3(A), explain how the most recent evaluation process (QO1) resulted in the development and/or improvement of an identified outcome to improve the professional development of nurses, including how that outcome was measured and analyzed.

- ▶ Similar to QO2(B), this narrative should include a discussion of why the organization identified this quality outcome and discuss the strategies used to achieve this goal. The narrative should describe how the outcome was measured and whether the goal was achieved.

# ACTIVITY FILE DOCUMENTATION

When completing activity file documentation, it is important that the NP recognizes that activity file documentation is more than filling in required boxes. The planning of an educational activity should be deliberate and thoughtful. The NP should demonstrate consistency and congruency throughout the activity file. The planning should be completed with a backward planning approach where the outcome of the educational activity is identified early in the planning process and steps are taken to design the activity to meet the identified outcomes.

Completing regular quality audits will help the PU determine if all the components of the required documentation are not only present but adhere to, and comply with, the ANCC criteria.

Activity File Submission Dos and Don'ts	
DOs	DON'Ts
Upload the document per the instructions provided by the Accredited Approver.	Upload a document using Microsoft Word or upload a document with missing or incorrect bookmarks.
Ensure consistency throughout the document.	Provide links to external websites or documents.
Provide a single slide from the PowerPoint presentation to demonstrate how the disclosure to learners was presented, if disclosure was done in a slide format.	Provide the PowerPoint slides for the entire educational activity presentation.
Provide a summative evaluation that includes a discussion on whether the desired outcome was met and how the data was used to guide future activities.	Provide raw data and every completed evaluation form from learners in the summative evaluation

## APPROVED PROVIDER ACTIVITY SUBMISSION REQUIREMENTS

As a component of the educational design process, the Approved Provider applicant submits to the Accredited Approver CNE activity files that have been prepared within twelve months of the Approved Provider application date and comply with ANCC criteria. Accredited Approvers will provide the required number and type of CNE activity files to be submitted, the frequency of submission, and the review process to be followed.

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## TYPE OF ACTIVITY FORMAT

**Provider-directed, provider-paced:** Activities that are controlled by the provider and in which the provider determines the learning outcome, selects content, and chooses strategies to facilitate learning and evaluation.

- ▶ Examples include live activities and live webinars.

**Provider-directed, learner-paced:** Activities where the provider determines the learning outcome, selects content, and chooses strategies to facilitate learning and evaluation. The learners determine the pace at which they engage in the learning activity.

- ▶ Examples include print articles, online courses, e-books, and self-learning modules.

**Learner-directed, learner-paced:** With guidance from an NP, an individual learner identifies their own learning needs, formulates outcomes, identifies resources, and chooses strategies to facilitate learning and evaluation. The learner also determines the pace in which they complete the educational activity.

- ▶ Example includes learners designing, implementing, and evaluating their own educational activity in collaboration with the NP.

**Live:** Live activities can be in person or web-based and have no expiration date. The provider is expected to periodically evaluate repeated live activities to determine if the practice gap still exists and ensure the underlying educational need remains applicable to the target audience. Content should be evaluated regularly to ensure it is the most current evidence. Live activities may be repurposed into enduring activities. If they are repurposed, they will need to have an expiration date. The NP will also need to consider learner engagement and evaluation strategies that might be different with the transition from live to enduring formats.

**Enduring:** Enduring material is provider-directed and learner-paced. Enduring materials should have an expiration date based on the content of the material. Providers must review content of an enduring material at least every three years or more frequently if there are new developments in the content field.

**Blended:** Blended activities involve a “live” component in combination with a provider-directed, learner-paced component. The learner-paced component can be an integral part of the blended activity or can exist on its own as enduring material.

- ▶ **Example A:** An article on a particular skill is available to learners as enduring material. They can access the content at any time, independent of any other learning experience. However, for those who are required to demonstrate skill performance as part of a competency assessment, the article must be read prior to the learner arriving to perform a skills demonstration. Learners can earn contact hours for either the enduring material completion or the skills performance, or both.
- ▶ **Example B:** An article is provided for learners to read in preparation for a journal club meeting. The article is only available as a pre-read for those participating in the journal club and is not available as enduring material after the journal club meeting. Learners earn contact hours for reading the article and participating in the discussion.

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## DATE OF ACTIVITY

**Live:** Must include the date first offered and the subsequent offering dates if applicable.

**Note:** Activity documentation is completed PRIOR to the first time an activity is offered. A new file does not have to be created for repeats of the activity, but dates of changes, and rationale for changes, must be documented.

**Enduring:** Must include the date first offered and the expiration date.

- ▶ Expiration date can be no greater than three years after the first offered date.
- ▶ Contact hours cannot be awarded after the expiration date unless the activity content is reviewed and determined to still be relevant to the identified gap, underlying educational need, and learner outcome.

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## ACTIVITY FILE COMPONENTS

### 1 Description of the professional practice gap (PPG):

- ▶ Provide a brief description of the problem or opportunity for improvement this activity is designed to address for your learners.
- ▶ What is the problem or opportunity that needs to be addressed by this activity?
  - This can be a one-sentence response that includes what the specific problem or opportunity is.
- ▶ **Example:** Cardiac ICU nurses are not aware of new evidence-based treatment options for patients with congestive heart failure (CHF).



**Tip:** Although not required to include the target audience in the PPG statement, it is important to consider the target audience when investigating the problem or opportunity and determining the gap. This helps ensure the gap is specific to the problem or opportunity the education is targeting.

### 2 Evidence that validates the professional practice gap (PPG):

- ▶ Why do learners need this education? What data supports the need for this educational intervention?
- ▶ The evidence statement should include the NP/planning committee's analysis of the data, not just the data sources.
- ▶ Data can come from a number of sources including:
  - Survey data from stakeholders, target audience, subject matter experts
  - Input from stakeholders (learners, managers, health care team)
  - Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement
  - Evaluation data from previous activities
  - Trends in literature
  - Direct observation

**Note:** Only identifying a “need” or “request” here is not an adequate response to support evidence that validates a PPG.

**Reminder:** Make sure the data source is related to the activity and target audience. For example: If the data source is an educational needs assessment for respiratory therapists, it may not be relevant data to support a nursing educational activity.

### 3 Education need that underlies the professional practice gap (PPG):

- ▶ Why do learners need this education?
  - Is it something that they don’t know (knowledge).
  - Is it something that they don’t know how to do (skill).
  - Is it something that they cannot implement into practice (practice).



**Tip:** This can be a simple one-word response of knowledge, skill, or practice, but should be supported by the PPG, the evidence to support the PPG, and desired outcome. The underlying educational need should align with the PPG.

### 4 Description of target audience:

- ▶ Who needs this education?
  - Analyzing the PPG and the evidence to support the PPG should help to determine the target audience.

**Reminder:** The target audience must include registered nurses but may include other members of the health care team.

### 5 Desired learning outcomes:

- ▶ What is the measurable goal or outcome that this activity set out to achieve?
- ▶ What will be measured when the learner completes the activity?
- ▶ The learning outcome statement needs to be written in measurable terms and should include the outcome and the metric that the outcome is measured by.
- ▶ The learning outcome must tie to the professional practice gap and the underlying educational need. If the underlying need is knowledge, the outcome should be related to measuring a change in the learner’s knowledge, etc.
- ▶ **Please note that the measurable learning outcome is not a list of objectives.**
- ▶ A long-term change may be the ultimate goal of the activity (e.g., a decrease in falls). However, this learning outcome should relate to the measurable change that occurs at the end of the educational activity and not weeks, months, or years later.



- ▶ **Example:** At the end of the activity, 100% of learners will successfully complete a return demonstration of peripheral IV placement on a mannequin in the simulation lab using the new IV materials. The underlying educational need for this activity is skill and the learning outcome demonstrates an improvement in skill and a metric of 100% demonstrating.

**Note:** Outcomes are different from objectives. Please review the Outcomes vs Objectives section of this guide.

## 6 Description of evaluation method:

- ▶ What data will be collected to determine whether the learners achieved the desired outcome?
- ▶ The evaluation method needs to align with the outcome and underlying educational need. If the underlying educational need is skill, the evaluation method should demonstrate a change or impact in skill.



**Tip: An evaluation form is not required.** The description of the evaluation method should discuss how the evaluation data is obtained and analyzed and should clearly describe the data being collected. For example, do not simply state that an evaluation form will be completed, go into detail on what types of questions are being asked on the evaluation form.

- ▶ **Example A:** The evaluation form will ask learners three questions related to their knowledge of best practices in caring for CHF patients.
- ▶ **Example B:** At the end of the workshop, each participant will be asked to share one new or reinforced point related to evidence-based care for patients with CHF.

### Examples of short-term evaluation options:

- Self-report of learner(s) intent to change practice
- Active participation in learning activity
- Post-test (knowledge)
- Return demonstration (e.g., skill when simulated, practice when observed in practice)
- Case study analysis
- Role play

### Examples of long-term evaluation options:

- Self-reported change in practice over a period of time
- Change in quality outcome measure (e.g., recruitment and retention data, patient safety data)
- Return on investment (ROI)
- Observation of performance (at a predetermined point in time after post activity)

## 7 Description of evidence-based content with supporting references or resources:

**Reminder:** This criterion has two parts: 1) The description of the evidence-based content and 2) supporting references.

- ▶ Description of evidence-based content can be presented in various formats, such as an educational planning table, an outline format, an abstract, an itemized agenda, or a narrative response.
- ▶ For a conference, an abstract can include a description of how the overall content facilitates learner achievement of the expected outcome for the conference. Detailed information about sessions, and individual session outcomes, are not required.
- ▶ The supporting references should include the best available evidence that appropriately supports the outcome of the educational activity.
- ▶ Industry standard is for references and resources that have been developed and/or published within the last 5-7 years.



**Tip:** It is not required that references be provided in APA format, however references should include adequate detail to ensure the information referenced can be located (i.e. page number, standard number).

### Examples of supporting evidence-based references or resources:

- Information available from an organization/website
  - Organization/website must use current available evidence within past 5-7 years as resource for readers; may be published or unpublished content
  - Examples: Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health
- Information available through peer-reviewed journal/resource (reference(s) should be within past 5-7 years)
- Clinical guidelines
  - Example: [www.guidelines.gov](http://www.guidelines.gov)
- Expert resource (individual, organization, educational institution, book, article, website)
- Textbook reference

## 8 Learner engagement strategies:

**Note:** This section is about learner engagement, not teaching methods.

- ▶ Learner engagement strategies must be congruent with activity format and the underlying educational needs identified above (knowledge, skill, and/or practice).
- ▶ The learner engagement strategies can be provided in an educational activity table, in a list, or in a narrative format.
- ▶ Learner engagement strategies should be developed by the NP and planning committee, in collaboration with the speaker(s).
- ▶ Strategies should be realistic for the activity type. For example, if the activity is presented as a live webinar and then transitions to a recorded enduring material, the learner engagement strategy should address both methods of delivery.

### Examples of learner engagement strategies:

- Integrating opportunities for dialogue or question/answer
- Including time for self-check or reflection or discussion groups
- Analyzing case studies or peer review
- Think, pair share
- Providing opportunities for problem-based learning

### 9 Number of contact hours awarded AND calculation method:

- ▶ The number of contact hours awarded for an educational activity needs to be logical and defensible.
- ▶ There is not a minimum or maximum number of contact hours allowed.
- ▶ Pre-work, such as that described in the definition of blended learning above, can be included in the calculation of contact hours.
- ▶ **Live activities:**
  - Live activities or recorded webinars should provide contact hours based on time with 60 minutes of educational activity equal to one contact hour.
  - For an activity of less than three hours, stating start-end times or providing times for each segment of the activity are acceptable options.
  - If a live activity is greater than three hours, an agenda must be provided that contains time frames for each component of the activity.
  - Time for breaks, meals, and introductions (that do not include educational content (e.g., overview of the content, identification of expected outcome) should not be included in the calculation for total contact hours.
- ▶ **Enduring materials:**
  - Calculation for enduring materials can include a pilot study, Mergener formula, or other defensible rationale.
  - A pilot study involves a number of learners who complete the study and identify the length of time it took to complete the activity. Their times are then averaged to calculate the appropriate contact hours to award. Pilot study learners are the only learners who can obtain contact hours retroactively. Pilot study participants should be drawn from the pool of target audience members and should not include the NP, members of the planning committee, or content experts. While there is no specific number of people required to complete a pilot study, three to five is the usual number.
  - The Mergener formula is an evidence-based formula that is used to calculate contact hours based on word count, number of evaluation questions, and degree of difficulty of content. These calculators can be found on many web-based platforms.
  - Historical data can be used as a rationale for the number of contact hours to be awarded. For example, enduring material has been used by learners for one year, with an average of two hours per learner to complete the material. That two-hour time frame can be used when the activity is reissued after review of content. A new pilot study or other validation of number of contact hours is not required. Supporting evidence of that historical data should be placed in the file.

- ▶ **Rounding contact hours:** If rounding the contact hours, the provider may round up or down to the nearest 1/4 (0.25) hour (i.e., if the calculation is 1.19 contact hours, it may be rounded up to 1.25 contact hours).
  - The rationale for the number of contact hours awarded must be present in the activity file.

**Reminder:** Speakers cannot earn contact hours for sessions they present. If they are presenting one or more sessions at a conference, but are also attending other sessions at that conference, they can earn contact hours for those sessions they attend as learners. Planning committee members may earn contact hours if they participate in the activity as learners.

## 10 Criteria for awarding contact hours:

- ▶ Clearly outline what is expected of the learners in order to earn their contact hours.
- ▶ The criteria should relate to the outcome and be enforceable for the activity.
- ▶ The criteria for awarding contact hours, as documented in the planning document, needs to match the disclosure to learners related to criteria for awarding contact hours. It is important that the documentation show consistency between what is planned and what is implemented.

**Note:** Do not confuse criteria for awarding contact hours with calculation of contact hours. These criteria are not the same.

## 11 Documentation of completion and/or certificate:

- ▶ A sample certificate or documentation of completion should be included with the activity file. A sample certificate should include:
  - Title and date of educational activity
  - Name and address of the provider of the educational activity (a web address or email address is acceptable)
  - Number of contact hours awarded
  - Approved Provider Statement as provided by Accredited Approver.
  - Space for participant name



**TIP FOR NEW APPLICANTS:** When applying for approval for the first time, the organization should develop a mock certificate of completion that would be used after approval is achieved. The certificate should include all components listed above including the number of contact hours that would be provided and the Approved Provider statement that the organization would use if they were approved.

**Reminder:** Each activity file submitted by the first-time applicant should contain a sample certificate or certificate as directed by the Accredited Approver.

## *Standards for Integrity and Independence and Standards (12-15):*

### **12 Names and credentials of all individuals in a position to control content:**

- ▶ When providing a list of individuals, clearly identify who is the NP and who is the content expert.

**Reminder:** Every activity must have an NP and a content expert. The NP and the content expert can be the same person. However, a planning committee must always include at least two individuals.

- ▶ Provide credentials along with the names of the individuals.
- ▶ The list must include all individuals with the ability to control content, whether or not they are members of the planning committee.

### **13 Demonstration of identification, mitigation, and disclosure of relevant financial relationships of all individuals who control the content of the continuing education activity:**

- ▶ It is recommended that the Primary Nurse Planner and NP review and familiarize themselves with the Standards of Integrity and Independence in Accredited Continuing Education prior to completing their self-study and activity file documentation.

**Reminder:** All activities submitted after 7/1/2022 must demonstrate adherence to these standards.

- ▶ If the topic of the educational activity is not clinical (i.e., an educational activity on communication strategies), financial relationships do not need to be identified and mitigated. The planning document should include a statement that makes it clear that the NP made the deliberate decision that it was not necessary to identify and mitigate financial relationships due to the activity topic.
- ▶ If the topic of the educational activity is clinical, the activity file planning documentation should demonstrate the identification of financial relationships for all individuals in a position to control content.
  - There are templates on the learning community for collecting information about all financial relationships from Nurse Planners, content experts, faculty, and others. These forms are not required.
  - The NP cannot evaluate their own financial relationships; their financial relationships must be evaluated by another individual with knowledge of the identification and mitigation process.

### **14 Evidence of mitigation of relevant financial relationships:**

- ▶ If a relevant financial relationship is identified, documentation needs to be present to demonstrate mitigation of risk created by the relevant financial relationship by the NP using the strategies presented in the self-study portion of this guide.

## 15 Commercial support agreement:

Please review **Standard 4** of the [Standards for Integrity and Independence in Accredited Continuing Education](https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce) (<https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>) for full details on managing commercial support appropriately.

**Purpose:** PUs that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of the education.

▶ **Key elements that must be addressed in the activity files:**

- Appropriate management of commercial support, if applicable.
  - Maintenance of the separation of promotion from education, if applicable.
  - Promotion of improvements in health care and NOT proprietary interests of a commercial interest.
- ▶ **Decision-making and disbursement:** The PU must make all decisions regarding the receipt and disbursement of the commercial support.
- Ineligible companies must not pay directly for any of the expenses related to the education or the learners.
  - The PU may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
  - The PU must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
  - The PU may use commercial support to defray or eliminate the cost of the education for all learners.



**Tip:** Many commercial interest organizations have their own templates, and it is appropriate to use these as long as they contain all of the required components.

- ▶ **Agreement:** The terms, conditions, and purposes of the commercial support must be documented in an agreement between the ineligible company and the PU. The agreement must be executed prior to the start of the accredited education. A PU can sign onto an existing agreement between a PU and a commercial supporter by indicating its acceptance of the terms, conditions, and amount of commercial support it will receive.
- ▶ **Accountability:** The PU must keep a record of the amount or kind of commercial support received and how it was used and must produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.

### **Required Disclosures to Learners (must be included in the activity file application) (16-21):**

- ▶ Disclosures must be provided to the learners prior to the beginning of the educational activity.
- ▶ Disclosures may be provided in several ways, including but not limited to the marketing material, agenda, opening PowerPoint slide, or verbally in the opening remarks of an activity.

**Reminder:** The activity file documentation must provide evidence that these disclosures were provided to learners.



**Tip:** If providing the PowerPoint slide as evidence of disclosure to learners, only provide the slide(s) that relates to the disclosures. It is not appropriate to provide the full activity PowerPoint presentation in the activity file.



**Tip for New Applicants:** When applying for approval for the first time, the organization should provide mock disclosures with each activity file that would be used if the organization received approval.

Evidence of required information provided to learners prior to start of the educational activity. Include relevant slide(s), screen shot(s), script(s), or other evidence showing what the learners will receive. Disclosures are to include the following:

#### **16 Approved Provider statement of the activity provider:**

- ▶ Verbiage should be consistent with the statement provided by the Accredited Approver and should match the statement on the sample or actual certificate or document of completion.
- ▶ New applicants should provide a sample accreditation statement disclosure that would be provided to learners if accreditation was achieved.

#### **17 Criteria for awarding contact hours:**

- ▶ Criteria for awarding contact hours disclosure statement should be consistent with the criteria documented in the planning process.

#### **18 Presence or absence of relevant financial relationships and mitigation of relevant financial relationships for all individuals in control of content (if applicable):**

Please review Standards for Integrity and Independence in Accredited Continuing Education (<https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>) for full details on identifying, mitigating, and disclosing financial relationships.

- ▶ If relevant financial relationships were identified the disclosure statement must include:
  - The names of individuals with relevant financial relationships
  - The names of the ineligible companies with which they have a relationship (Identify ineligible companies by their names only, do not include logos or trade names.)

- The nature of the financial relationships
  - A statement that all relevant financial relationships have been mitigated. The mitigation steps do not need to be outlined.
  - **Example:** Samantha Turner is on the speakers' bureau for ABC Pharmaceuticals. The relevant financial relationships have been mitigated. No relevant financial relationships were identified for any other individuals with the ability to control content of the activity.
- ▶ If no relevant financial relationships were identified, the disclosure should inform the learners that no relevant financial relationships with ineligible companies were identified.
- **Example:** Samantha Turner, Jessica Smith, and Eva Grace have no relevant financial relationship(s) with ineligible companies to disclose.
  - **Example:** None of the planners or presenters for this activity have relevant financial relationship(s) to disclose with ineligible companies.

**Exceptions:** PUs do **not** need to identify, mitigate, or disclose relevant financial relationships for any of the following activities:

- Education that is non-clinical, such as leadership or communication skills training.
- Education where the learner group is in control of content, such as a spontaneous case conversation among peers.
- Self-directed education where the learner controls their educational goals and reports on changes that resulted, such as learning from teaching, remediation, or a personal development plan. When PUs serve as a source of information for the self-directed learner, they should direct learners only to resources and methods for learning that are not controlled by ineligible companies

### 19 Commercial support (if applicable):

- ▶ If the educational activity received commercial support, there must be a disclosure to learners of the names of the ineligible companies that gave the support and the nature of the support.
- ▶ **Disclosure to learners:** The PU must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support and the nature of the support prior to the learners engaging in the education.
- ▶ Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.

### 20 Expiration date for enduring material (if applicable):

- ▶ If the activity is enduring, the expiration date must be provided to learners.

### 21 Joint providership (if applicable):

- ▶ If the activity is jointly provided, there should be a statement that demonstrates that two or more groups were involved in the planning and development of the activity.
- ▶ There is not a prescribed statement that must be used for disclosing joint providership.
- ▶ **Joint providership** occurs when two or more groups collaborate to develop an educational activity. The PU is responsible for ensuring adherence to ANCC educational design criteria.



The PU name should be used for Approved Provider statements on the certificate of completion and disclosure to learners, and it should be clear which organization is providing the contact hours. If both or more than one organization is approved and/or accredited, one organization needs to take responsibility for being the provider of contact hours.

## 22 Summative evaluation:

- ▶ The summative evaluation contains two components:
  - A summary of data highlighting whether the activity was effective in closing or narrowing the gap and achieving the educational activity outcome.
  - An analysis of what was learned from the evaluation data and what can be applied to future activities.
- ▶ The summative evaluation does not simply include the data collected from the evaluations. There should be a clear analysis of the data from the NP and planning committee documented.
- ▶ There is no prescribed method for providing the summative evaluation information. Common delivery methods include a narrative format, SBAR format, SOAP note, or table with analysis information.

**Reminder:** Do not only provide raw data collected or each individual completed evaluation form.

# TIP SHEET

## OUTCOMES vs OBJECTIVES

Outcomes and objectives are often confused and used interchangeably in developing NCPD activities and providing documentation. These terms are not interchangeable and have different implications in educational design.

OUTCOMES	OBJECTIVES
A statement describing the overall goal for learners at the end of the educational activity.	Defines the content of an educational activity.
Must be quantifiable and able to be measured.	Highlights the topics that will be discussed during the presentation.
Is based on the professional practice gap and underlying educational need.	Is focused on content delivery.

## MYTH vs REALITY

MYTH	REALITY
Organizational flowcharts are required in the Organizational Overview section.	Organizational flowcharts are no longer a required portion of the Organizational Overview section.
The content expert must be a registered nurse.	The content expert does not have to be a registered nurse. <ul style="list-style-type: none"><li>• The content expert is an individual with education and/or experience in the subject matter of the activity and is chosen by the NP.</li><li>• <i>Evidence of expertise is not required.</i></li></ul>
Contact hours cannot be awarded for non-clinical educational activities (i.e., a leadership, communication, or finance management course).	The only requirement is that the content of an educational activity providing contact hours is related to the professional development of nurses. The content of an educational activity does not have to be clinical in nature. Leadership, communication, and finance management courses can all relate to NCPD. (Note: Some state boards of nursing do have rules regarding what content they will accept if continuing education is required for relicensure.

## MYTH vs REALITY

MYTH	REALITY
Outcomes and objectives are interchangeable terms that mean the same thing.	Outcomes and objectives are not interchangeable and have different meanings. Please review the Outcomes and Objectives section of this guide for further review.
An NP cannot also be the content expert.	The NP can serve as both the NP and content expert on a planning committee. However, there must be a minimum of two members on each planning committee. If the NP is filling both roles, the NP must have another individual on the planning committee with them.
PowerPoint is an acceptable learner engagement strategy.	PowerPoint alone is not an acceptable learner engagement strategy. PowerPoint is a method of sharing information but does not ensure that learners are engaged and, by itself, does not enhance the learner's ability to meet a required outcome.

# REFERENCES

American Nurses Credentialing Center. (2015) ANCC primary accreditation provider application manual. Silver Spring, MD: Author.

American Nurses Credentialing Center. (2019) Streamlining and revising the 2015 ANCC Accreditation criteria and requirements (Memorandum). American Nurses Credentialing Center.

Standards for Integrity and Independence in Accredited Continuing Education (2021). Accreditation Council for Continuing Medical Education. Retrieved from <https://accme.org/accreditation-rules/standards-for-integrity-independence-accredited-ce>.

