**Approved Provider Activity Planning Template**

**Clinical Topic**

**This activity contains clinical topic(s) about clinical knowledge or skills. Each person with the ability to control content of this activity will need to identify if they have a financial relationship with an ineligible company. Any relevant financial relationships with ineligible companies will need to be mitigated and disclosed to learners.**

Provider:

Title of Activity:

Date Form Completed:

Contact Hours:

Advanced Pharmacotherapy Contact Hours (if applicable):

Activity Type:

Provider-directed, provider-paced: Live (in person or webinar)

Date

Location of live in-person activity (City, State \*this is needed for NARS)

Check here if Internet Live Course

Provider-directed, learner-paced: Enduring Material, online, video, article

Start date of enduring material:

Expiration/end date of enduring material:

Blended Activity

Date (s) of pre-work/post-work material:

Date of live portion of activity:

Provider-directed, provider-paced: Live first then turned into an independent, enduring activity

Date       Expiration Date of enduring/independent study

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

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

Is this activity jointly provided:      Yes      No If yes, who is this activity being joint provided with?          Note: An ineligible company may not be a joint provider.

Has this activity received commercial support (defined as financial or in-kind support from ineligible companies)?

     Yes      No If yes, attach a copy of the commercial support agreement to the activity file.

The **Nurse Planner** must be actively involved in planning, implementing, and evaluating this continuing education activity and must be a Nurse Planner for the Provider Unit.

Nurse Planner contact information for this activity:

Name/Credentials:

Email:

**Qualified Planners and Faculty/Presenters/Authors/Content Reviewers**

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

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

|  |  |
| --- | --- |
| **Name of individual, credentials, educational degrees** | **Individual’s role in activity (Nurse Planner, content expert, LPN, other planner, presenter, author, etc.)** |
|  | **Nurse Planner (Required)** |
|  | **Content Expert (Required)/ Presenter** |
|  | **Presenter** |

*Add additional lines to the above table, if needed.*

**Identification, Mitigation, and Disclosure of Relevant Financial Relationships.**

**Provide evidence of process to identify relevant financial relationship(s). If no relevant financial relationship(s), disclose no relevant financial relationships. If relevant financial relationship(s), document mitigation using the Mitigation Worksheet. Then, disclose to learners relationship(s) and the mitigation of the relationship(s).**

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

1. **Evidence to validate the professional practice gap**

1. **The fundamental educational need that must be addressed to close the professional practice gap.** Is it a deficit in knowledge, skill and/or practice? Most activities are designed to address knowledge or skill.

1. **Description of the target audience**

     RNs      RNs in Specialty Areas (Identify):

     APRNs      LPNs, in Ohio if targeted audience must have LPN on planning committee

     Interprofessional      Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Measurable learning outcome expected of learners at the end of the activity (How will you measure whether the gap identified in “A” above was narrowed or closed?)**

1. **Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience will be assessed.**

1. **Content of activity: A description of the content (please provide paragraph or outline) with supporting references or resources. \*In Ohio, if Category A-please keep the content in your activity file ie. Slides/handouts/Enduring Material.**

1. **Learner engagement strategies, check all that apply**

**Integrating opportunities for dialogue or question/answer**

**Including time for self-check/reflection**

**Analyzing case studies**

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

**Other: Describe**

1. **Criteria for awarding contact hours/Criteria for Successful Completion**

     Attendance at entire event or session

     Signing in on registration sheet

     Completion/submission of evaluation form

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

     Credit awarded commensurate with participation

     Return demonstration

     Other: Describe

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

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

If activity is longer than 3 hours, upload an agenda

**Content:**

**Category A time/content if applicable:**

**Pharmacotherapeutic time/content if applicable:**

**Testing/return demonstration:**

**Evaluation:**

**Independent study activity:**

1. **What was the method for calculating the contact hours: (Check the best description that applies and show the data that resulted from the method)?**

**Pilot Study**

**Historical Data**

**Mergener Formula** [**http://touchcalc.com/calculators/mergener**](http://touchcalc.com/calculators/mergener)

**Other: Describe:**

**ATTACHMENTS**

**Please provide evidence of the following along with this Activity Document**:

|  |  |
| --- | --- |
| **Attachment 1** | **Identification, Mitigation, and Disclosure of Relevant Financial Relationship** from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers).  Process for identification of relevant financial relationships, Mitigation worksheet if applicable, and evidence of accurate disclosure in attachment 4. |
| **Attachment 2** | Documentation of Completion and/or Certificate |
| **Attachment 3** | Commercial Support Agreement with signature and date (if applicable) |
| **Attachment 4** | Evidence of required disclosure information provided to learners:   1. Approved provider statement of provider awarding contact hours 2. Criteria for awarding contact hours/Criteria for Successful Completion. Assure that this matches “I” in your activity planning document. 3. If a clinical topic and no relevant financial relationships state: No one with the ability to control content of this activity has a relevant financial relationship with an ineligible company. If a relevant financial relationship has been found, include the following: 4. The name(s) of the individual(s) with relevant financial relationships 5. The name(s) of the ineligible companies with which they have/had relationships. 6. The nature of the relationships. 7. A statement that all relevant financial relationships have been mitigated.   Example: Sally Jones is on the speakers’ bureau for Eli Lilly. This financial relationship has been mitigated. (See mitigation worksheet for further examples.)   1. Commercial support (if applicable) 2. Expiration date (enduring materials only) 3. Joint Providership (if applicable) |
| **Attachment 5** | Agenda if applicable (more than 3 hours) |

**Summative Evaluation to be completed by the Nurse Planner following the activity. Include objective and subjective data by the Nurse Planner that evaluates the outcome and includes future plan for the activity or how what was learned from this activity can be applied to other activities in the future.**

**Approved Provider Activity Planning Template Guide**

**Please refer to the ONA approved provider manual for additional assistance**

[**http://ohnurses.org/education/approved providers**](http://ohnurses.org/education/#CE)

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

What the learners currently know compared to what they should know. Improvement could exist because of new guidelines.

The educational activity you are developing is intended to close that gap.

1. **Evidence to validate the professional practice gap**

Example: New Guidelines have been published

Briefly describe the evidence you have that supports why the practice gap exists. You can use internal or State/National data.

1. **The fundamental educational need that must be addressed to close the professional practice gap. Is it a deficit in knowledge, skill and/or practice? Most activities are designed to address knowledge or skill.**

Is the gap in knowledge, skill, or practice?

The process may also identify non-educational interventions that are needed to address the problem, such as, updating policies or procedures to reflect new guidelines.

1. **Measurable learning outcome expected of learners at the end of the activity** (How will you measure progress?)

A clear outcome statement is required. An objective is NOT the same thing as an outcome. What do you expect the learner to know at the end of this activity? How will you measure it?

Example: 100% of learners will demonstrate knowledge of \_\_\_\_\_\_\_\_\_ by passing a post-test with 80% or better.

1. **Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience will be assessed.**

How will you measure there was a change in knowledge or skill? What specific questions do you want to ask, or evidence do you need? Examples may include post test, skills demonstration or formative evaluation discussion. If using an evaluation form be sure to state what question you will use to measure the outcome in E.

1. **Content of activity: A description of the content (please provide paragraph or outline) with supporting references or resources. (\*In Ohio, if Category A-please keep the content in your activity file i.e. Slides/handouts/Enduring Material.)**

**Be sure to include your references**. What content will be included in your activity?

Example: the activity will be a one-hour live class on how to prepare a continuing education packet. It will include information on the planning committee process, conflict of Interest, and the difference between objectives and measurable outcomes. Learners will participate in “Planning an Education Program” Game.

1. **Learner engagement strategies:**

How will learners be active? And participate in the event?

Example: Learners will have the opportunity to ask questions about the information and will participate in “Planning an Education” Game. Another example, take a 10-question quiz to assess knowledge or participate in demonstration of correct information.

1. **Criteria for successful completion**. Make sure that this is accurately reflected in your evidence of required disclosure information to learner, attachment 4.

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

Notes:

1. Identify Pharmacotherapeutic minutes or hours if the activity is for APRNs and the content relates to pharmacotherapeutics (See PNP for this criteria).
2. Identify the Category A (Ohio nursing law and rules) minutes or hours if the activity is for Ohio nurses or others regulated by the Ohio Board of Nursing.
3. A contact hour is a 60-minute hour. The contact hour may be taken to the hundredths; but may not be rounded up. (e.g. 2.75 or 2.7, not 2.8)
4. Faculty Directed activity: Include an agenda or schedule for the entire event if it is more than 3 hours. Clearly state time spent on pre/post-tests, presentation, clinical experience and evaluation as these all count in the calculation of contact hours. Welcome, introductions, breaks, and tours, as well as any other non-education components (e.g. viewing of exhibits) do not.

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

**(Example: 110 content, 10 evaluation = 120 minutes)**

**(120 / 60 minutes = 2 contact hours)**

**Content:**

**Category A time/content if applicable:**

**Pharmacotherapeutic time/content if applicable:**

**Testing/return demonstration:**

**Evaluation:**

**Independent study activity:**

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

**Pilot Study**

**Historical Data**

**Mergener Formula**

**Other: Describe:**