**Nurse Planner contact information for this activity.**

Name and credentials: Click here to enter text.

Email Address: Click here to enter text.

The **Nurse Planner** must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) **AND** hold a baccalaureate degree or higher in nursing (or international equivalent) **AND** be actively involved in planning, implementing and evaluating this continuing education activity.

**Planning Documents must be completed three weeks prior to the educational offering.**

**Title of Activity**: Click here to enter text.

**Activity ID #**: 2020-\_\_\_\_\_\_-ENPDC

Date Form Completed: Click here to enter a date.

**Activity Type**: [ ] Provider-directed, provider-paced: Live (in person or webinar)

* Date of live activity: Click here to enter a date.
* Location of activity: City, State.

 [ ] Provider-directed, learner-paced: Enduring material

* Start date of enduring material: Click here to enter a date.
* Expiration/end date of enduring material: Click here to enter a date.

 [ ] Learner-directed, learner-paced: Enduring material

* Start date of enduring material: Click here to enter a date.
* Expiration/end date of enduring material: Click here to enter a date.

 [ ] Blended activity

* Date(s) of pre-work or post-activity work: Click here to enter a date.
* Date of live portion of activity: Click here to enter a date.

**NARS Reporting Conversion Terms *(****for ENPDC use only****)***

NARS Activity Type:

[ ] **Course-** A course is a live educational activity where the learner participates in person.

[ ] **Regularly Scheduled Series**- A regularly scheduled series (RSS) as a course that is planned as a series with multiple, ongoing sessions.

[ ] **Internet Live Course-** An Internet live activity is an online course available via the Internet at a certain time on a certain date and is only available in real-time.

[ ] **Journal Based CNE-** A journal-based CNE activity includes the reading of an article (or adapted formats for special needs).

[ ] **Other-** (Manuscript Review, Test writing item, Committee Learning, Performance Improvement, Internet searching and learning)

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

Describe the current state: Click here to enter text.

Describe the desired state: Click here to enter text.

Identified gap: Click here to enter text.

1. **Evidence to validate the professional practice gap (check all methods/types of data that apply)**

[ ]  Survey data from stakeholders, target audience members, subject matter experts or similar

[ ]  Input from stakeholders such as learners, managers, or subject matter experts

[ ]  Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement

[ ]  Evaluation data from previous education activities

[ ]  Trends in literature, law and health care

[ ]  Direct observation

[ ]  Other—Describe:

Please provide a brief summary of data gathered that validates the need for this activity:

 Click here to enter text.

1. **Educational need that underlies the professional practice gap (e.g. knowledge, skill and/or practices)**

Choose an item.

1. **Description of the target audience. (You can select more than one target audience).**
2. Choose an item.
3. Choose an item.
4. Choose an item.
5. Choose an item.
6. **Desired learning outcome(s) *(What will the outcome be as a result of participation in this activity?)***

Click here to enter text.

1. **Outcome Measure(s) *(A quantitative statement as to how the outcome will be measured):***

Click here to enter text.

1. **Content of activity: A description of the content with supporting references or resources**

[ ]  See Educational Planning Table OR

[ ]  Describe content and include time calculation for content: Click here to enter text.

**Content for this educational activity was chosen from:**

[ ]  Information available from the following organization/web site (organization/web site 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): Please identify specific reference articles, book, web links, or other information rather than a general title (example: www.cdc.gov/immunization

[ ]  Information available through peer-reviewed journal/resource (reference should be within past 5 – 7 years):

[ ]  Clinical guidelines (example - www.guidelines.gov):

[ ]  Expert resource (individual, organization, educational institution) (book, article, web site):

[ ]  Textbook reference:

[ ]  Other:

1. **Learner engagement strategies** [ ]  See Educational Planning Table OR

[ ]  Integrating opportunities for dialogue or question/answer

[ ]  Including time for self-check or reflection

[ ]  Analyzing case studies

[ ]  Providing opportunities for problem-based learning

[ ]  Other:

1. **Criteria for Awarding Contact Hours**

**CNE Activity must be at least 30 minutes in length.
Attach the AGENDA for your CNE Activity if it is greater than 3 (three) hours in length**.

* Clearly state time spent on pre/posttests, 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 count toward contact hours.
* Identify **Pharmacotherapeutic** minutes or hours if the activity is for APRNS and the content relates to pharmacotherapeutics.
* For enduring materials (print, electronic, web-based, etc.), the method for calculating the contact hours must be identified. The method may include but is not limited to a pilot study, historical data, or complexity of content.
* Contact hours may not be awarded retroactively except in the case of a pilot study. Participants in a pilot study assist in determining the length of time required for completing an educational activity so the number of contact hours to award can be calculated. Those participants may be awarded contact hours once the number is determined.

A contact hour is a 60 minute hour. The contact hour may be taken to the tenths or the hundredths; but may not be rounded up. (e.g. 2.758 should be 2.75 or 2.7, not 2.8). Activities must be a minimum of 30 minutes.

**Actual Minutes = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Divided by 60 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_contact hours requested.**

Criteria for awarding contact hours for live and enduring material activities include:

(Check all that apply)

[ ]  Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)

[ ]  Credit awarded commensurate with participation

[ ]  Attendance at 1 or more sessions

[ ]  Completion/submission of evaluation form

[ ]  Successful completion of a post-test (e.g., attendee must score      % or higher)

[ ]  Successful completion of a return demonstration

[ ]  Other - Describe:

**NOTE:** The Nurse Planner is responsible for assuring all participants are aware of the requirement(s) for receiving their certificate of completion for the activity.

1. **Description of evaluation method: How change in knowledge, skills, and/or practices of target audience will be assessed at the end of the activity (relate this to identified practice gap and educational need). Evaluation summary must be completed and returned within 14 days of educational offering.**

Click here to enter text.

|  |  |
| --- | --- |
| **Short-term evaluation options:** | **Long-term evaluation options:** |
| [ ]  Intent to change practice[ ]  Active participation in learning activity[ ]  Post-test[ ]  Return demonstration[ ]  Case study analysis[ ]  Role-play[ ]  Other – Describe:        | [ ]  Self-reported change in practice[ ]  Change in quality outcome measure[ ]  Return on Investment (ROI)[ ]  Observation of performance[ ]  Other – Describe:        |

1. **The following statement is REQUIRED for ALL advertisements** (flyers, brochures, emails, etc.) **related to this activity (provide a copy with this document):**

*Emory Nursing Professional Development Center (ENPDC) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.  Attendees to this CNE activity will be awarded contact hours by ENPDC. No conflict of interest has been found with the speaker for this CNE activity nor with the members of the planning committee****.***

**ATTACHMENTS**

***Please provide evidence of the following:***

|  |  |
| --- | --- |
| **Attachment 1** | Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s)).(Example and table on next page) |
| **Attachment 2** | Activity Planning Table – Outline of content, time frame, presenter credentials, learner engagement strategies and references. |
| **Attachment 3** | Conflict of interest documentation from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable. |
| **Attachment 4** | Commercial Support Agreement with signature and date (if applicable). |
| **Attachment 5** | Participant’s evaluation of educational activity. |
| **Attachment 6** | Summative evaluation (added to the activity file at the conclusion of the activity). |
| **Attachment 7** | Roster with different disciplines receiving contact hours tallied at the top within 14 days of the educational offering. |

**Planning Documents must be completed three weeks prior to the educational offering.**

**Attachment 1**

**Individuals in a Position to Control Content**

Complete the table below for each person in a position to control content of the educational activity and include name, credentials, educational degree(s), and role on the planning committee. There must be one Nurse Planner and one other individual to plan each educational activity. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC criteria. One planner needs to have appropriate subject matter expertise for the educational activity being offered (Content Expert). **The individuals who fill the roles of Nurse Planner and Content Expert must be identified.**

List any Joint Providers associated with this educational event.

*Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s). Add more rows if needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of individual and credentials** | **Individual’s role in activity** | **Planning committee member? (Yes/No)** | **Name of commercial interest** | **Nature of relationship** | **COI\*** |
| *Example: Jane Smith, RN-BC* | *Nurse Planner* | *Yes* | *None* | *---* |  |
| *Example: Sue Brown, RNC* | *Content Expert* | *Yes* | *None* | *---* |  |
| *Example: John Doe, PhD* | *Presenter* | *No* | *Pfizer* | *Speakers Bureau*  |  |
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**\*NOTE: The Nurse Planner is responsible to assess all individuals with ability to control content for conflict of interest. If a conflict of interest is identified the full COI document must be completed and returned with this planning document. Contact** **ENPDC@emory.edu** **if you have any questions.**

**Completed by:**

**Date form submitted to ENDPC:**

ENPDC TO COMPLETE:

Date Received:
Accepted: YES NO Returned for editing:
Follow Up date:
Notes: Initials:

**EMAIL COMPLETED DOCUMENTS TO:** **ENPDC@emory.edu**