

**BRIGHAM AND WOMEN'S HOSPITAL
Center of Nursing Excellence
Independent Study Application Form**

For Individual Activity Applicants

Please Note Independent Study is defined as any independent study programs, online courses, and articles from professional journals

Demographic Data:

1. Title of learning activity: _____
2. Date of documentation form completion: _____
3. Contact hours: _____
4. How long will this study be available to learners? _____
5. Contact person for this activity. **Note:** If this person is also on the planning committee, be sure to include his/her name in the Planning Committee list.


Name & Credentials: _____

Address: _____

Email Address: _____

Daytime Phone including extension: _____

Organization's website: _____

6. Nurse Planner who actively planned this activity with the planning committee
 - A. Name & Credentials: _____
Address: _____
Daytime Phone including extension: _____ Email Address: _____
 - B. This nurse is current on CE criteria through:
_____ Reviewed the most current Northeast Multi State Division Provider Manual
_____ Other: Describe: _____
7. Is this continuing education? Does it enable the learner to acquire or improve knowledge or skills that promote professional or technical development to enhance the learner's contribution to quality health care and pursuit of professional career goals?
_____ Yes
_____ No
If No,  Stop. An activity for nursing contact hours must be CE.

9. Assessment of Learner Needs:

- A. Identify the target audience for which this content is being designed:
_____ RNs
_____ RNs in Specialty Areas (Identify): _____
_____ LPNs
_____ APRN
_____ Other: Describe: _____
- B. What method was used to identify the need for this activity? (Check all that apply)
_____ Written Needs Assessment
_____ Learners/Management Requested Activity
_____ Quality Studies/Performance Improvement Activities
_____ Trends in Literature, Law & Health Care
_____ Other: Describe: _____

Note: Evidence of the need's assessment data must be retained in the activity file and be available to RISNA upon request.

- C. Describe the evidence from the needs assessment that led you to plan this activity: _____
- D. Describe the gap identified through your needs assessment that indicates where learners are now compared to where they need to/should be in relation to the knowledge or skill being addressed in this learning activity. _____
- E. Based on the needs assessment evidence and gap analysis described above, state what outcome you wish the learner to achieve: _____

10. **Qualified Planners, authors, content specialists and feedback personnel:**

- For each person listed on the planning committee, please list name, educational degrees and credentials.
- Planning committees must have a minimum of one nurse planner and one other planner to plan each educational activity. The nurse planner is knowledgeable about the CE process and is responsible for adherence to ANCC criteria and Northeast Multi State Division rules. One planner needs to have appropriate subject matter expertise for the educational activity being offered.
- If this activity is specifically designed for APRNs, then an APRN must be on the planning committee.
- A content reviewer may also be included on the planning committee. The purpose of a content reviewer is 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, potential bias, and any other aspects of the activity that may require evaluation.

A. Planning Committee:

1. Nurse Planner responsible for activity (*this person was listed on p. 1, item 6 of this form*)
2. Content Expert (name, degrees, and credentials): _____
3. LPN (name, degrees, and credentials) if applicable: _____
4. APRN (name, degrees, and credentials) if applicable: _____
5. Other planning committee members (name, degrees, credentials): _____
6. Content reviewer (if applicable) (name, degrees, and credentials): _____

_____ *Bio form* including conflict of interest/conflict resolution for each planning committee member is attached.

B. 1. Authors: 1) List names below and 2) attach the completed bio form for author.

- a. _____
- b. _____

_____ *Bio form* with conflict of interest & conflict resolution for each author is attached.

11. **Educational Design Process**

- A. Explicit, measurable educational **Objectives** – document in column 1. (**Page 7** of documentation form)
- B. **Content:** List the content for each objective in column 2 (**Page 7** of documentation form). Content must be congruent with goal/purpose and objectives.
- C. **Teaching-Learning Strategies:** List the methods, strategies, materials and resources to be used to cover each objective in the last column of page 7 of the documentation form. They must be congruent with objectives and content. Include reference list/bibliography showing best current evidence.
- D. **Learner Feedback:** Check the best description or describe how you will provide feedback to the learners.
 - _____ Question and answers during learning process.
 - _____ Return results of testing.
 - _____ Return demonstration.
 - _____ Debriefing.
 - _____ Follow-up communication.
 - _____ Other: Describe: _____
- E. **Successful Completion:** (Consistent with the outcome, objectives, and teaching and learning strategies)
 1. Criteria for successful completion include: (Check all that apply)
 - _____ Completion/submission of evaluation form.
 - _____ Achieving passing score on post-test. (____%)
 - _____ Return demonstration
 - _____ Other: Describe: _____
 2. Rationale for method selected to determine the criteria for successful completion: (Check all that apply)
 - Goal or purpose of event indicated what was needed to successfully complete the activity
 - Category of evaluation selected
 - Importance of content knowledge
 - Importance of content application

- Required by employer or organization
- Other: Describe: _____

F. Verify Participation

- _____ Participation will be verified through sign in sheets/registration form/log in.
- _____ Signed attestation statement by participant verifying completion.
- _____ Other: Describe: _____

G. Learning Activity Plan/Process

1. Describe the entire independent study package which includes an outline of all activities of the learner:

- _____ Article(s): Title(s): _____
- _____ Audiotape: Title(s): _____
- _____ Videotape/DVD: Title(s): _____
- _____ On-line Program
- _____ Registration Form
- _____ Post-test
- _____ Evaluation Form

List other if applicable: _____

2. Describe the method the learner will use to get assistance with resources or interact with the provider of the independent study: _____

12. Awarding contact hours

A. Effectiveness of Study:

- 1. Describe how the effectiveness of the independent study was assessed: _____
- 2. Describe the results of the assessment: _____
- 3. Describe the changes made based on the assessment prior to making the study available to learners: _____

B. Contact Hour Calculation:

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

- _____ Pilot Study
- _____ Historical Data
- _____ Complexity of content and data
- _____ Other: Describe: _____

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

Note: If this study was previously given contact hours and you wish to continue it, please include information in this section from those learners who have completed the study during the past two years rather than from the original pilot study.

13. Evaluation

- A. Check or describe the methods of evaluation to be used: (Check all that apply)

- _____ Evaluation Form. Evaluate the achievement of each objective and how long it took the learner to complete the study). (*Attach copy*)
- _____ Pre and/or Post-test (Optional) – (*Attach a copy if testing is to be used*)
- _____ Return Demonstration (*Attach a copy of the tool if applicable*)
- _____ Other: Describe: _____ (*Attach copy if applicable*)

B. Note: A copy of the summative evaluation must be kept in the activity file for six years. (A summative evaluation is the compilation of the results of the learners’ comments in a statistical format and a listing of all comments made by the learners. For example, if 10 participants stated they met objective 1, then you would insert the number 10 into that portion of the blank evaluation form.)

C. **Quality Improvement Process:** It is also an expectation that the nurse planner and planning committee will evaluate the activity after it is presented. In order to document this evaluation, a tool has been added to the end of this documentation form. Topics include whether the objectives were met; effectiveness of the speaker/faculty (if live presentation); presence or absence of any bias; and any changes that need to be made in the future. Please complete it and keep it in the file for six years. This is in addition to creating the summative evaluation. You may choose to add questions to the tool for your specific needs.

14. Approved Provider Statement as noted on advertising.

- A. Include a copy of the **advertising material** including relevant pages of the web site (if applicable). Ensure that the Approved Provider statement stands alone and is worded as noted here.

ABC Hospital (RI-###, expiration date) is an approved provider of continuing nursing education by the Northeast Multi State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

B. Type of advertising: (*attach copy*)

- Flyer/brochure
- Memo/Letter
- Meeting Notice
- E-mail
- Web site
- Other: Describe _____

15. **Documentation of completion.** Include a copy of the *completed certificate* to be awarded to learners.

Document/certificate to include:

- Name of learner
- Name and address of Approved Provider Unit (web address acceptable)
- Title & date of completion of educational activity
- Number of contact hours awarded
- Official Approved Provider Unit statement

ABC Hospital (RI-###, expiration date) is an approved provider of continuing nursing education by the Northeast Multi State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

16. **Commercial Support and Sponsorship**

- A commercial interest is defined by ANCC as any entity either producing, marketing, re-selling, or distributing healthcare goods or services consumed by, or used on, patients or an entity that is owned or controlled by an entity that produces, markets, re-sells or distributes healthcare goods or services consumed by, or used on, patients. Exceptions are made for non-profit or government organizations and non-healthcare related companies.
- Commercial Support is financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity.
- A sponsor is identified as an organization that provides financial or in-kind contributions for a CE activity and does not meet the definition of commercial interest.
- A provider of commercial support or sponsorship may **not** be on an educational planning committee, be a coprovider of the activity, or the provider of the activity.
- If commercial support is provided for a CE activity, an employee from the organization providing commercial support / sponsorship may **not** be a speaker.
- **Note:** You are not required to have a commercial support or sponsor agreement for those who are only exhibiting at the event.

If no commercial support or sponsorship received, check #A, then go to item 17.

If commercial support or sponsorship is received, complete items B, C, and D and attach the signed agreement(s).

A. This activity has no commercial support or sponsorship.

B. Commercial support/sponsorship has been provided by the following: (List name of organization(s) providing commercial support or sponsorship.) _____

C. Content integrity has been/will be maintained by: (Check all that apply)

- 1. Our commercial support/sponsorship policy/procedure has been discussed with those providing commercial support or sponsorship.
- 2. Faculty has been informed of our policy/procedure re: commercial support and sponsorship and agree to not promote the products or entity providing the financial or in-kind services. There will be no logos from the commercial entity in the CE materials.
- 3. In conjunction with a-c, the session will be monitored & violators of policy will not be asked to present again.
- 4. Other: Describe: _____

D. *Signed commercial support or sponsorship agreement attached.*

17. **Prevention of Bias:** Bias is defined as the process of causing partiality, favoritism or influence. (2013 Primary Accreditation Manual, 2011). The following precautions have been taken to prevent bias in the educational content:

- a. Our position on bias has been discussed with each presenter/author.
- b. Each presenter has signed a statement that says s/he will present information fairly and without bias.
- c. Each presenter has agreed to not promote his/her books, services or products.
- d. The speaker(s)'s slides and handouts have been reviewed by a content expert to ensure lack of bias.
- e. In conjunction with a-b-c, the session will be monitored & violators of policy will not be asked to present again.
- f. Other: Describe: _____

18. Written **disclosures provided to activity participants**: Learners must receive written disclosure of required items prior to beginning the learning activity. Disclosures are required to be provided for items A through B for all learning activities. Disclosures for items C and D apply only in relevant situations. Describe methods used to inform activity participants of:

A. *Outcome or objectives and criteria for successful completion* (**Note**: Not applicable is not an acceptable response)

- Information on advertising material. (*Attach copy*)
- Written information on handouts. (*Attach copy*)
- Other: Describe: _____ (*Attach copy if applicable*)

B. *Presence or absence of conflict of interest for planners, presenters, faculty, authors and content reviewers. Must disclose name of individual, name of commercial interest, and nature of the relationship the individual has with the commercial interest.* (**Note**: Not Applicable is not an acceptable response)

- Information provided on advertising. (Should be present on advertising provided in Item 14).
- Information provided on handouts. (*Attach copy*)
- Other: Describe: _____ (*Attach copy*)

C. *Commercial support/sponsorship:*

- No commercial support or sponsorship received. (No statement needed)
- Information provided on advertising. (*Attach copy*)
- Information provided in handouts. (*Attach copy*)
- Other: Describe: _____ (*Attach copy*)

D. *Non-endorsement of products displayed in conjunction with this activity.*

- No products are being displayed. (No statement needed.)
- Information provided on advertising. (Statement to be used: "Approved Provider status does not imply endorsement by the provider, ANCC or Northeast Multi State Division of any products displayed in conjunction with an activity.")
- Information provided in handouts. (*Attach copy*)
- Other: Describe: _____ (*Attach copy*)

E. *Expiration date for awarding contact hours for enduring materials/independent studies:*

- Information provided on advertising prior to the learner purchasing or starting the activity. (Required) (*attach copy*)
- Other: Describe: _____

19. **Recordkeeping**: Remember to keep records as described in the Provider Manual and your policy for six years.

20: Co-providership

If not co-providing, check #A; if yes, answer #B, C and attach signed agreement.

A. This activity will not be co-provided.

B. Co-providership of this activity has been arranged with: (List organization name): _____

C. As the Approved Provider Unit, we will maintain responsibility for determining of educational objectives and content, selection of planners, and presenters, faculty, authors, and content reviewer, awarding of contact hours, record keeping procedures, developing evaluation methods, and managing commercial support or sponsorship. Our name as the provider will be prominently listed in advertising.

D. The signed, dated, written co-provider agreement is attached.

Summary: Attach the following to the documentation form:

- Bio forms for planning committee members and faculty
- Evaluation form and any other evaluation tools used (e.g., post-test)
- Advertising material/flyer/email announcement
- Certificate/documentation of completion
- Signed commercial support or sponsorship agreements if applicable
- Disclosures if not included on advertising; internet or intranet posting and included as bullet 4 above
- Signed co-provider agreement(s) if applicable.

- Reference list/bibliography

Independent Study

OBJECTIVES	CONTENT (Topics)	TEACHING METHODS
List learner's objectives in behavioral terms	Provide an outline of the content for each objective. It must be more than a restatement of the objective.	Describe the instructional strategies & delivery methods for each objective

INDIVIDUAL ACTIVITY QUALITY IMPROVEMENT TOOL (2012-2013 Criteria)

Please complete after each presentation of the activity done and keep in activity file with the summative evaluation for six years. If this was an independent study, complete this QI tool at the conclusion of its availability.

<i>Activity Title:</i>	
<i>Dates Given in Faculty Directed:</i>	
<i>Period of Time available if independent study:</i>	
<i>Source of Information:</i>	<input type="checkbox"/> Personal Observation <input type="checkbox"/> Review of Evaluations

Were the objectives met? Yes No

If no, please describe

For faculty directed (live) activities, was/were the faculty effective? Yes No

If no, please describe

Was there evidence of bias in the activity based on your observation or the learner evaluations? Yes No

If yes, please describe what happened and how this will be prevented in the future.

Were any changes needed? Yes No

If yes, please describe:

Did this activity help fill the gap you identified in planning? Yes No

If no, please describe why not, and how this will be prevented in the future.

What difference did this activity make in patient outcomes or nursing professional development?

Nurse Planner Recommendation: Continue activity End activity Revise activity

Signature of nurse planner: _____ Date: _____

* Brigham and Women's Hospital is approved as a provider of nursing continuing professional development by the Northeast Multistate Division, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. Please submit completed form and all attachments to NursingCEURequest@partners.

