

ATTACHMENTS required

Please provide evidence of the following by including these Attachments:

<input type="checkbox"/>	Attachment 1	<u>Educational Activity Planning Table required</u> for all activities. <i>(If the activity is 3 or more hours, a full agenda timeline from registration to closing is also required)</i>
<input type="checkbox"/>	Attachment 2	<u>Names and credentials of all individuals</u> in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s)).
<input type="checkbox"/>	Attachment 3	<u>Conflict of Interest (COI) Forms required</u> for all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content experts and reviewers)
<input type="checkbox"/>	Attachment 4	Documentation of completion and/or certificate. Number of contact hours awarded for activity, including method of calculation (Provider must keep a record of the number of contact hours earned by each participant.) <u>*If the activity is longer than 3 hours, attach the agenda for the entire activity</u>
<input type="checkbox"/>	Attachment 5	<u>Commercial Support Agreement</u> with signature and date (if applicable)
<input type="checkbox"/>	Attachment 6	<u>Disclosures/ Evidence of required information provided</u> to learners prior to start of the activity: 1. Approval statement as issued by the Northeast Multistate Division <i>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.</i> 2. Learning Outcomes 3. Criteria for successful completion in order to receive contact hours 4. Declaration of presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers) If COI is present, disclosure must include name of person, type of relationship, and name of commercial entity. 5. Commercial support (if applicable) 6. Expiration date (enduring materials only) 7. Name(s) of Joint Providership(s) (if applicable) NOTE: Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and is responsible for adherence to ANCC criteria)
<input type="checkbox"/>	Attachment 7	<u>Summative evaluation</u> (added to the activity file at the conclusion of the activity) <u>Documentation after the event must summarize:</u> •Total number of participants •Contact hours earned by each participant •Pertinent findings from the participant feedback, comments, and suggestions for future topics •Documentation by the nurse planner of need for any follow up action steps and actions taken

Completed by: _____

Date: [Click or tap to enter a date.](#)

**BRIGHAM AND WOMEN'S HOSPITAL
 Center of Nursing Excellence
 EDUCATION ACTIVITY PLANNING APPLICATION**

Approved Provider Unit Name: Brigham and Women's Hospital

* *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.org.*

Date Form Completed: [Click here to enter a date.](#)

Title/Name of Activity: BWH [Click here to enter text.](#)

Number of participants contact hours offered: **Number of contact hours to be reviewed:**

ACTIVITY TYPE:

- Provider-directed, provider-paced: Live (in person or webinar)**
 - **Date of live activity:** [Click here to enter a date.](#)
 - **Time of Activity:**
 - **Location of Activity**
 - **Method of Calculation**
 - *Contact the CNE to discuss plan for awarding contact hours for enduring materials*
- learner-directed, learner-paced: Enduring material**
 - Start date of enduring material: [Click here to enter a date.](#)
 - Expiration/end date of enduring material: [Se Click here to enter a date.](#)
 - Method of Calculation
 - *Contact the CNE to discuss plan for awarding contact hours for enduring materials*
- 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.](#)
 - Number of contact hours to be awarded and method of calculation
 - *Contact the CNE to discuss plan for awarding contact hours for blended activity*
 - **Nursing Activity Reporting System (NARS) Type:**

This section is included to assist the Center for Nursing Excellence with our required data tracking per ANCC/COA. Please check appropriate box.

- 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).

Nurse Planner contact information for this activity.

Name and credentials:

Nursing License No: State(s) in which licensed as a RN:

Email Address:

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.

EDUCATION NEEDS IDENTIFICATION AND ASSESSMENT OF LEARNER NEEDS

A. 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.](#)

B. 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/or health care
- Trends in practice, treatment modalities and/or technology
- Direct observation
- Other—Describe:

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

[Click here to enter text.](#)

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

- Gap in knowledge (does not know)
- Gap in skills (does not know how)
- Gap in practice (does not show/do in practices)
- Other- Describe:

EDUCATION DESIGN PROCESS

D. Description of the target audience. (You can select more than one target audience).

- RNs
- Advanced Practice RNs
- RNs in Specialty Areas (Identify Specialty):
- LPNs
- Interprofessional (Describe):
- Other-Describe:

E. Desired learning outcome(s): (What will the outcome be as a result of participation in this activity?)

While a goal gives a general statement of your program's purpose, objectives are more concrete and specific in how the goal will be achieved. This is not about goals and objectives but about **outcomes**. Outcomes should reflect what is the expected as a result of your CE event. What will the **learner's** outcome be as a result of participation in this activity? Clear articulation of learning outcomes serves as the foundation to evaluating the effectiveness of the teaching and learning process.). For example, "As a result of this activity, the learner will..."

As a result of this activity, the learner will

Area of impact (check all that apply):

- Nursing Professional Development
- Patient Outcome
- Other- Describe: _____

F. Outcome Measure(s): - A quantitative statement as to how the outcome will be measured to assess the impact of this educational activity in closing the identified gap. **Focus on attendee behavior, use simple, specific action verbs, select appropriate assessment methods that are measurable, and state desired performance criteria that relate to the gap in knowledge, skill, and/or practice.** For example, to measure a change in knowledge, a pre- and/or post-test may be used. To measure a change in skill and/or practice, return demonstrations, role-playing, case reviews, etc. may be utilized.

The outcome of this activity will be measured by: [Click here to enter text.](#)

This will be assessed through a post-course evaluation on HealthStream®.

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

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: ww.cdc.gov/immunization) **Identify here:** _____
- 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: _____

H. 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
- Pre/Post Test
- Other: _____

I. Criteria for Awarding Contact Hours

Criteria for awarding contact hours for live and enduring material activities include: (Check all that apply)

- Attendance for a specified period
 - 100% attendance for entire event
 - May attend partial event (*i.e. conferences*)
 - Other-Describe _____
- Credit awarded commensurate with participation (*This option allows for partial credit*)
- Attendance at 1 or more sessions
- Completion/submission of evaluation form in HealthStream®
- Successful completion of a post-test (e.g., attendee must score _____% or higher)
- Successful completion of a return demonstration
- Other - Describe: _____

J. 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 identified in “C” above and educational need)

Click here to enter text.

Evaluation methods **may include both** short term and long term.

Short-term evaluation options: (How will this information be gathered, and results analyzed at the end of the CE event?)

- Participant evaluation with self-report of intent to change practice
- Active participation in learning activity
- Post-test
- Return demonstration
- Case study analysis
- Role-play
- Summary of evaluations in HealthStream®
- Other – Describe: _____

Long-term evaluation options: (This is not required but if long term evaluation will be conducted, you must describe how the information will be gathered and results analyzed to determine impact of the CE event over time at a specific interval after the event has been completed?)

- Self-reported change in practice
- Change in quality outcome measure
- Return on Investment (ROI)
- Observation of performance
- Other – Describe: _____

Attachment 1

**Brigham and Women's Hospital
Educational Planning Table – Live/Enduring Material**

Approved Provider Unit Name: Brigham and Women's Hospital

Title of Activity: _____

Program # (for CNE to designate)

Date(s) of Activity: _____

Presentation Location (BWH is accepted for all onsite programs): _____

Time of Program: _____ **Location of activity** _____

Expected Number of Total Attendees: _____

Will this program be opened to Non-BWH Attendees? Yes No

Expected Number of Non-BWH Attendees: _____

NOTE: Please contact the CNE to discuss evaluation process and obtaining CE credit for Non-BWH Attendees at NursingCEURequest@partners.org.

Plan for course evaluation/assignment of completed CEs for Non-BWH Attendees: Describe _____

Live Enduring

Contact Hours Awarded for Total Minutes (for CNE to designate): _____ = _____

Agenda attached (programs \geq 3 hours in length)

If Live:

Learning Outcome (s) for this activity as a result of participants taking part in the activity (reference Section E of application): _____			
Select all that apply: <input type="checkbox"/> Nursing Professional Development <input type="checkbox"/> Patient Outcome <input type="checkbox"/> Other: Describe _____			
CONTENT	TIME FRAME	PRESENTER/ FACULTY/AUTHOR	LEARNER ENGAGEMENT STRATEGIES
Provide an outline of the content to be presented, related to each learning outcome, in sufficient detail to determine consistency with learning outcomes, selected learner engagement strategies and appropriate time allotted. <i>(Restatement of learning outcomes does not meet the criteria)</i>	List the number of minutes for each topic/ content area and/ or active learner engagement strategies.	List the presenter, faculty person or author for each content area.	List the learner engagement strategies to be used by Faculty, Presenters, Authors (Example: Question/Answers, Audience response system, Role Play, small group discussion, analyzing case studies)
Beginning of Program Activities Introduction Learning Objectives	N/A	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text	Click here to enter text	Click here to enter text	Click here to enter text
End of Program Activity - Question & Answer Evaluation	10 min	Click here to enter text.	Question/Answer

Note: This section is available to the Activity Nurse Planner as a reference for estimating contact hours. Time spent evaluating the learning activity at the end of the program may be included in the total time when calculating contact hours. Official number of approved contact hours will be determined by the Primary Nurse Planner/Reviewer at the CNE.

Method of calculating contact hours:

If Live:

Total Minutes divided by 60= Contact Hour(s)

If Enduring:

- Pilot Study** **Mergener Formula** (Text-based, non-timed courses are based on word count, level of difficulty and the number of assessment questions)
 Historical Data **Complexity of Content** **Other: Describe**

Number of Contact Hours to be awarded for enduring materials:

Click here to enter text.

Click here to enter text.

Completed By: Activity Nurse Planner Name and Credentials

Date

Note: Request for ADDITIONAL DATES for activity, email [BWH Nursing CEU Request](#)

Program Activity with the following criteria

- 1- Original program is less than 2 years to the date of the program you plan to repeat
- 2- Content and expected outcomes remain the same
- 3- Speakers and / or faculty have not changed

Attachment 2
Biographical data

Complete the table below for each person in a position to control content of the educational activity and include name, credentials educational degree(s), 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 Northeast MSD/ANCC criteria.

There must be at least two people—one Nurse Planner and one other planner—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) and can also be the Nurse Planner or a Presenter who is on the Planning Committee. **The individuals who fill the roles of Nurse Planner and Content Expert must be identified.**

Columns D, E, and F relate to the nurse planner's assessment of **Conflict of Interest** for the individuals in column A. For questions about how to assess for conflict of interest for columns D, E, and F review the *ANCC Standards for Industry Support in CNE Activities* (specifically Section F, page 6):

A	B	C	D	E	F	G
Name of individual and credentials	Individual's role in activity <ul style="list-style-type: none"> • Nurse Planner (only one) • Content Expert • Other- Planner • Presenter/Author 	Planning Committee member? (Yes/No)	Content related to commercial interest entity? (Yes/No)	Commercial interest relationship? (Yes/No)	If Yes in E: Name of commercial interest & nature of relationship	If Yes in C, D, and E: COI Form required (Yes, or N/A)
<i>Example: Jane Smith, RN-BC</i>	<i>Nurse Planner</i>	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>None</i>	<i>N/A</i>
<i>Example: Sue Brown, RNC</i>	<i>Content Expert</i>	<i>Yes</i>	<i>No</i>	<i>No</i>	<i>None</i>	<i>N/A</i>
<i>Example: John Doe, PhD</i>	<i>Presenter</i>	<i>No</i>	<i>Yes</i>	<i>Yes</i>	<i>Pfizer Speakers Bureau</i>	<i>Yes</i>
Click here to enter text.	Click here to enter text.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Click here to enter text.	Click here to enter text.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Click here to enter text.	Click here to enter text.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Click here to enter text.	Click here to enter text.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Click here to enter text.	Click here to enter text.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Click here to enter text.	Click here to enter text.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Add rows as needed</i>	Click here to enter text.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Completed by (Activity Nurse Planner):

Date:

Attachment 3

Conflict of Interest Form

DIRECTIONS: Type information directly into the space provided or type an 'X' in the appropriate box to indicate your response. Save the completed form to your computer.

Section 1: Demographic Data

Name & <u>Credentials</u> :			
Present Position:			
		<i>(job title, employer, city, state)</i>	
Mailing Address:			
Phone:		Email:	

NOTE: The Northeast MSD reserves the right to ask for information on how the presenter's qualifications were validated.

Section 2: Educational Activity

Educational Activity Title:			
Individual Session Title <i>(if different)</i> :			
Education Activity Date(s):			

Individual's role(s) in this Educational Activity: **(Check all that apply)**

- Nurse Planner Presenter/Faculty/Author Content Expert Content Reviewer Other:

Section 3: Actual, Potential & Perceived Conflict of Interest

The potential for **Conflict of Interest (COI)** exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the educational activity. Actions must be taken to resolve any potential or actual COI for planners, presenters/faculty/authors or content reviewers prior to the start of the educational activity.

Each individual who is in a position to control or influence the content of an education activity must disclose all **relevant relationships** with any **commercial interest**, including but not limited to members of the planning committee, speakers, presenters, faculty, authors, and/or content reviewers.

Relevant Relationships, as defined by ANCC, are relationships that are expected to result in financial benefit from a commercial interest organization, the products or services of which are related to the content of the educational activity.

Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated and resolved. Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options), grants, contracts, or other financial benefit directly or indirectly from the commercial interest. Financial benefits may be associated with **employment, management positions, stockholder, independent contractor relationships (including contracted research), other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership**, and other activities from which remuneration is received or expected. Relevant relationships can also include 'contracted research' where the institution receives a grant and manages the grant funds and the individual is the principal or a named investigator on the grant.

Commercial Interest, as defined by ANCC, is any entity 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. Nonprofit or government organizations, non-healthcare-related companies, healthcare facilities, and group medical practices are **not** considered commercial interests.

Individuals found to have a COI are not eligible to serve as a/the Nurse Planner but may be able to serve on the planning committee or as a presenter/author if measures are taken to resolve the COI. Employees or representatives of a commercial interest **may not** serve as a Planner of an educational activity, although they may be eligible to serve as faculty if measures are taken to resolve any potential conflict of interest.

1. Over the past 12 months, have you or your spouse/partner had a financial relationship with a commercial interest whose products or services may be relevant to the educational content that you will plan/present for this activity?

NO **YES** – Provide details of relationship(s) below:

<i>Check all that apply</i>	CATEGORY	DESCRIPTION – Provide Names of Organizations & Relationship
<input type="checkbox"/>	Employee	<i>e.g. salesperson, marketing, or education</i>
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stockholder	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

Section 4: Statement of Understanding

I have taken every precaution to ensure that the presentation identified above will be evidence-based or based on the best available evidence and free from bias and promotion. Completion of the name and date below serves as the electronic signature of the individual completing this Conflict of Interest Form and attests to the accuracy of the information given above.

Name and Credentials: _____ **Date:** _____

Section 5: Nurse Planner, Planning Committee Member Review

The Nurse Planner or member of the planning committee is responsible for ensuring completion and review of the Conflict of Interest form by each planner, presenter/faculty/author, and content reviewer, to document evaluation of actual or potential bias and conflict of interest.

<p>BE COMPLETED BY THE PRIMARY NURSE PLANNER, NURSE PLANNER or MEMBER OF THE PLANNING COMMITTEE:</p>
<p>This form must be reviewed by the Nurse Planner or member of the Planning Committee for this educational activity <u>other than the RN completing it</u> to verify the RN meets the following requirements to serve as a Nurse Planner:</p> <ol style="list-style-type: none"> 1. Is currently licensed as a Registered Nurse 2. Holds a baccalaureate or graduate degree in nursing 3. Is not employed by and does not represent any commercial interest organization 4. Has no COI (relevant relationship with a commercial interest as defined above) 5. Is willing to work to ensure the content integrity of this educational activity <p>Nurse Planner resolution of potential Conflicts of Interest – check all that apply: <input type="checkbox"/> Not Applicable-No relationship(s) with a commercial interest were disclosed</p>

- Not Applicable-Relationship(s) disclosed were found not to be 'relevant relationship(s)' (*explain in NOTES below*)
- Relevant relationship(s) with a commercial interest were identified (**COI exists**):
- RN not eligible to serve as the Nurse Planner

NOTES: _____

Additional concern(s) for potential for bias that were not self-reported on this form AND resolution – if applicable: _____

Presenter/faculty/author and content reviewer resolution of potential Conflicts of Interest – check all that apply:

- Not Applicable-No relationship(s) with a commercial interest were disclosed
- Not Applicable-Relationship(s) disclosed were found not to be 'relevant relationship(s)' (*explain in NOTES below*)
 - Relevant relationship(s) with a commercial interest were identified (COI exists)-ACTIONS TO RESOLVE COI:**
 - Removed individual from participating in all parts of this education activity
 - Revised individual's role in activity so the financial relationship was no longer relevant
 - Not awarding contact hours for a portion or all of the education activity
 - Review of educational activity for evidence of integrity/absence of bias by (name)_____ **AND**
 - Presentation will be monitored to evaluate for commercial bias (*document outcome in NOTES*)
 - Participant feedback will be reviewed to evaluate for commercial bias in the activity (*document in NOTES*)
- Other procedure: _____

NOTES: _____

Additional concern(s) for potential for bias that were not self-reported on this form AND resolution – if applicable: _____

Electronic Signature: An 'X' in the box below serves as the electronic signature of the Primary Nurse Planner or Planning Committee member reviewing the content of this form and attests to the accuracy of the information given above.

Name and Credentials: _____

Date: _____

Attachment 4

Documentation of completion and/or Certificate via HealthStream /Paper evaluation/ Survey Monkey

***If the activity is longer than 3 hours, attach the agenda for the entire activity**

Attachment 5

Commercial Support Agreement with signature and date

(Attached to email)

Attachment 6

A copy of the disclosures provided to learners prior to start of the activity (Attached).

Your disclosures must include items 1-5 and 6-7 if applicable.

Complete the Action area and remove 6-7 if they do not apply

1. Approved Provider statement

**Brigham and Women's Hospital is an approved provider of continuing nursing education by the Northeast Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.*

2. Learning Outcomes

3. Criteria for successful completion in order to receive contact hours

4. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers). If COI is present, disclosure must include name of person, type of relationship, and name of commercial entity.

5. Commercial support (if applicable)

6. Expiration date (enduring materials only)

7. Name(s) Joint Provider(s) (if applicable)

NOTE: (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the name of the Approved Provider awarding contact hours and responsible for adherence to ANCC criteria

Attachment 7

Summative Evaluation

Summative evaluation (added to the activity file at the conclusion of the activity)

Documentation after the event must summarize:

- Total number of participants
- Contact hours earned by each participant
- Pertinent findings from the participant feedback, comments, and suggestions for future topics
- Documentation by the nurse planner of need for any follow up action steps and actions taken