Continuing Nursing Education FAQs

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1. What is Continuing Nursing Education or CNE?

As defined by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation, continuing nursing education "builds upon the educational and experiential bases of the Registered Nurse for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public."

The purpose of continuing education is to ensure that nurses stay abreast of current industry practices, enhance their professional competence, learn about new technology and treatment regimens, and update their clinical skills. According to the Texas Board of Nursing (BON), continuing nursing education (CNE) included "programs beyond basic nursing preparation which are designed to promote and enrich knowledge, improve skills and develop attitudes for the enhancement of nursing practice, thus improving health care to the public."

Registered nurses (RN) in the State of Texas are required to acquire **20 contact hours** (not CEUs) every two years for re-licensure. The acquisition of the contact hours must coincide with the nurse's license renewal. Contact hours are based on the 60-minute hour.

Licensed Vocational Nurses (LVNs) and RNs are held to the same CNE requirements – 20 contact hours every two years as part of the re-licensure process. CNE activities that award contact hours through TNA are designed with the RN as the target audience. LVNs may attend CNE activities designed for the RN and, if they meet the requirements for successful completion, should be awarded the same certificate of successful completion that an RN would receive for successful completion. LVNs do need to be a little more discerning about the CNE activities that they attend. The content addressed in the CNE activity should be or needs to be applicable to their practice and within their scope of practice.

For Nurses licensed by the state of Texas, the Texas Board of Nursing (BON) drives/determines what is and is not considered continuing nursing education. In Texas, ANCC sets the evidence-based educational design principles for the development, implementation, and evaluation of continuing nursing education that are accepted internationally. The Texas BON sets the definition of and criteria for what is – and is not – considered continuing nursing education for the purposes of re-licensure.

2. What is Not CNE?

(From the Texas BON)
According to Board Rule 216.6, the following activities do not meet continuing education requirements for licensure renewal:
- Basic Life Support (BLS);
- Cardiopulmonary resuscitation (CPR);
- In service programs sponsored by the employing agency to provide specific information about the work setting and orientation or other programs which address the institution's philosophy, policies and procedures, on-the-job training, and equipment demonstration;

- Nursing refresher courses designed to update knowledge of current nursing theory and clinical practice, which consist of a didactic and clinical component, to ensure entry level competencies into nursing practice;
- Orientation programs designed to introduce employees to the philosophy, goals, policies, procedures, role expectations, and physical facilities of a specific work place;
- Courses which focus upon self-improvement, changes in attitude, self-therapy, and self-awareness that do not delineate the impact on nursing practice or improved patient outcomes;
- Economic courses for financial gain (e.g., investments, retirement, preparing resumes, and techniques for job interview);
- Courses which focus on personal appearance in nursing;
- Liberal art courses in music, art, philosophy, and others when unrelated to patient/client care;
- Courses designed for lay people;
- Self-directed study/educational activities wherein the learner takes the initiative and the responsibility for assessing, planning, implementing, and evaluating the activity including, but not limited to, academic courses that are audited, that are not directly relevant to a licensee's area of nursing practice, or that are prerequisite courses such as mathematics, physiology, biology, government, or other similar courses; and
- Continuing Medical Education (CME), unless completed by an APRN in the APRN's role and population focus area of licensure (with the exception of the Nursing Jurisprudence and Nursing Ethics CNE requirement—APRNs must complete CNE, not CME, to fulfill that requirement).

3. What the CNE Requirements for APRNs?
(From the Texas BON)

Like all nurses in Texas, APRNs are required to complete 20 contact hours of continuing education appropriate to the advanced practice role and population focus area recognized by the Board OR achieve, maintain, or renew the national nursing certification recognized by the Board as meeting the certification requirement for the APRN's role and population focus area of licensure within the licensing period and meet the applicable targeted continuing education requirements. This will satisfy the requirements to renew both the RN license and APRN license. In other words, the required 20 contact hours for APRNs are not in addition to the required 20 contact hours for RN license renewal. [Board Rule 216.3]

Any APRN who holds prescriptive authority must complete, in addition to the aforementioned 20 contact hours required for all APRNs, at least 5 additional contact hours of continuing education in pharmacotherapeutics. And, any APRN who holds prescriptive authority and prescribes controlled substances must complete at least 3 more additional contact hours of continuing education related to prescribing controlled substances. These hours are above and beyond the 20 hours required for all nurses and total to 28 contact hours of continuing education each licensing period for APRNs with prescriptive authority who prescribe controlled substances.

Continuing competency requirements must be earned within the two-year period immediately preceding license renewal, beginning on the first day of the month after the renewal month through the last day of the subsequent renewal. For example, if a nurse is required to renew the nursing

license in December 2019 (his/her birth month), then the continuing competency requirements must be earned between January 1, 2018 and December 31, 2019 (the licensing period for the December 2019 renewal). Additional hours earned may not be carried over to the next renewal period.

APRNs can use Category I Continuing Medical Education (CME) contact hours to meet their BON continuing competency requirements for all requirements except the Nursing Jurisprudence and Nursing Ethics CNE requirement.

Please visit the Texas BON Education site to access additional information and details about required continuing education for APRNs. Also see FAQ #25 below.

4. Who Can Provide Continuing Nursing Education?

Providers of continuing nursing education (CNE) can be individuals or organizations that present education activities that meet the definition of and criteria for CNE for the State of Texas. Texas Nurses Association is an accredited approver of CNE through the accreditation process of the American Nurses Credentialing Center (ANCC). Whether or not an individual activity or an organization/individual is recognized through TNA as an Approved Provider is determined by processes defined by the ANCC.

Approval of an individual activity requires the submission of an application that goes through the review process and is then approved to award contact hours. Applications are submitted 45 or 60 days prior to the date of the first presentation.

Approved Provider status requires that a minimum of three (3) individual activities have been planned and presented within the preceding 12 months prior to submission of an application for Approved Provider status. The three (3) activities must meet the criteria established by the ANCC/TNA. Applications for Approved Provider status must be received by the 15th of January or the 15th of July during a calendar year.

Eligibility Requirements: Based on the ANCC "2015 ANCC Primary Accreditation Approver Application Manual" (2015), the following criteria continue in effect:

Approved Provider Units: The following two (2) types of organizations are ineligible for approval as an Approved Provider:

1. **Commercial Interests**: A commercial interest is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by, or used on, patients or is owned or controlled by an entity producing, marketing, reselling, or distributing healthcare goods or services consumed by, or used on patients. (This does not include hospitals, hospices, healthcare clinics or others who care directly for patients.)

2. **Multi-Regional Providers**: An organization that targeted/marketed greater than 50% of their education activities provided during the previous calendar year to Registered Nurses in multiple regions based on the US Department of Health and Human Services (DHHS) regional map. TNA falls within region 6.

Individual Activity Applicants: A commercial interest as defined above is not eligible to submit an individual activity application to TNA. However, a multi-regional provider may submit an individual activity for approval.

If you have questions regarding your eligibility status, please contact the TNA CNE Department.

5. How Do I Get My Individual Activity Approved to Award Contact Hours?

Approval of an activity requires the electronic submission of appropriate activity application form at least 45 days (for small individual activities) or 60 days (for large activities) in advance of the desired date of first presentation of the activity.
For details on Individual Activity Application submission timelines and fees, click on the link below:
- Individual Activity Application Fees and Submission Timelines

When the application is received, several items are considered before it is sent out for review:

Whether the applicant meets eligibility criteria.
Whether the activity meets the Texas Board of Nursing's (BON) definition of and criteria for continuing nursing education.
Whether or not the application was submitted in a timely manner.
Whether or not there is a signature for the "Statement of Understanding."
Whether or not the Nurse Planner has a **bachelor's degree (or higher) in nursing** and a valid, current, unencumbered RN license.
Whether or not the conflict of interest was assessed for all individual in a position to control or influence the content of the educational activity
Whether or not the conflict of interest section of the application form (Section H) has been completed and signed by the nurse planner
Whether or not the application includes an activity-specific certificate of successful completion, evaluation form, sample of the proposed promotional materials, and sample disclosure tool.

If the application meets these criteria, it is then sent out for review to its assigned two (2) member Nurse Peer Review team.

The two (2) member Nurse Peer Review team reviews the activity application. They are reviewing to ensure that the activity meets ANCC/TNA criteria and standards; good, sound educational design principles; and the definition and criteria the BON has established for continuing nursing education. Once the Nurse Peer Reviewers have come to consensus regarding the application, one of the Nurse Peer Reviewers will emerge as a lead reviewer for that application and will contact the identified Nurse Planner for the activity regarding any revisions that need to be made to the application to ensure it meets the required 100% of criteria. After all the "i's" are dotted and the "t's" are crossed, the Nurse Peer Reviewer will notify the TNA Director of Education regarding approval of the activity. The TNA Director of Education will then issue the CNE Unique ID# for the activity.

6. What Are the Fees?

A. Individual Activity Fees?

Click HERE to access a detailed explanation of the individual activity application review fees

- FYI: Expedited individual activity application review services are also available. Information on expedited services
- All Review fees are non-refundable

- Upon receipt of Individual Activity application, you will be invoiced by TNA.
- TNA reserves the right to revise the fee structure when and as needed.

B. Approved Provider Application Fee

Click HERE to access a detailed explanation of the Approved Provider Unit application fees

- This APU application fee document also includes the APU size categories and descriptions of these categories

7. What is the Process for Review?

Every week, applications are sent for review to two (2) members of the TNA Continuing Nursing Education (CNE) Committee, the Nurse Peer Review team. They use a standardized assessment/evaluation tool to review the application to make sure the application meets the definition of and criteria for continuing nursing education in the State of Texas, sound educational design principles and ANCC/TNA criteria. Nurse Peer Reviewers are volunteers who currently work or have experience in continuing nursing education.

The Nurse Peer Review team may approve an activity outright, defer the application back to TNA, or deny approval of the application. Deferred applications must be corrected within 30 days or risk being denied.

Any further action requires submission of a new application with a new review fee. Applicants with denied applications who wish to re-apply must submit a new application with the appropriate review fee.

8. How Do I Use the Forms and Applications in the CNE Section?

All application forms and related forms were created in a Microsoft Word application. This application allows anyone to change/integrate your own information where necessary. We suggest that you go through the forms and/or applications and put your organizational name in the appropriate locations, most of which are highlighted in yellow. In other words, make the forms your own and then download them to your system. To make things easier, choose a naming convention that incorporates the header date so you know if this is the most recent form.

Some of you may wish to change them to other applications and work with them. This is fine. We want you to be able to work and use the forms in the most comfortable format for you and your office.

We do ask that you NOT remove the header information that gives the date the form was created or change the formatting of the document(s). (i.e. you may not put the purpose statement in a different location, etc.) This helps us ensure that you are using a timely form for your work. You may add to the header if you wish but leave the original information alone.

You will notice several "tables" used within this form. When you are working with the form, you can avoid problems with it by doing the following:

1. Turn on your paragraph ¶ button, and
2. Use the tab button to create a new line for more information when necessary within a table. Tables expand automatically as you type in them, i.e. the form will not be thrown off with more material.
3. Use your Layout section at the top of your screen to help you insert new lines.
4. When you are "inside" a table, the "style" may not line up with your computer. You will notice this when you try to insert "bullets" or "numbers". Highlight the column and go to "Change Styles" just below your Layout tab when you are on the "Home" screen. Click "Clear all" and close. This should allow you to insert bullets or numbers/letters as you need.
5. Finally, when you wish to put an "X" where a box is located, just click on the checkbox and that box will be checked.

If you find that it is difficult to work with, contact the TNA office at cne@texasnurses.org or call 512/452-0645 extension 139 and we will assist you through the process.

9. Must the Presenter/Author Be a Registered Nurse?

A presenter/author is a person with content expertise in the topic to be presented by virtue of education, experience, expertise, professional achievement, credentials, honors, awards, publications, etc. The presenter/author should be comfortable with both the teaching methodologies and the learner engagement strategies they are using and should have some level of familiarity with the target audience.

The presenter/author is not required to be a Registered Nurse. However, presentations or portions of a presentation that address the role of a nurse, nursing practice or specific nursing implications or interventions related to the presented contact/topic do require a nurse (RN) presenter/author. Many qualified presenters can teach nurses, by only a nurse can teach nursing.

10. What's in a Name? The Organization's Name

Both individual activity applications and the demographic section of the Approved Provider Application request the "organization name." The organization name is unique to the applicant.

Once an organization's name has been listed either on the individual activity's title page or in the demographics section of an Approved Provider Application that is – verbatim – the organization name that must be used consistently throughout the application. For Approved Providers, the

organization name – verbatim – is part of their approval statement that is used in promotional materials and on the certificate of successful completion.

Once established, changes in the organizational name must be reported to the TNA Director of Education so appropriate action(s) can be taken.

11. Is the Title of Activity Important? Keys to Writing Titles for CNE Activities

When a Registered Nurse attends a continuing nursing education (CNE) activity, the only tangible "thing" he or she walks away with is their certificate of successful completion. The certificate of successful completion contains a lot of information – the activity's provider; date of the activity; number of awarded contact hours – and the activity's title. The activity's title must reflect to entities outside of the activity's planning committee – like the Texas Board of Nursing or a certifying/re-certifying body like ANCC – that the activity truly was CNE.

When developing a title for a CNE activity:

- Craft it to be reflective of the content of the activity. Obviously, as we are developing CNE activities, the content should be nursing/nursing practice focused based on a Registered Nurse target.
- Take a step outside of your planning committee and ask the question – "if someone from outside our organization – like the Texas Board of Nursing or ANCC – read this title with no other supporting documentation would they know that this activity was continuing nursing education? Perhaps someone in your organization but outside of your activity's planning committee could review the title and provide feedback.
- Avoid terms like "basic", "introduction", and "fundamentals" in the title. These terms imply lower-level basic content.
- Be wary of "cutsie" titles. It may be catchy and draw attention to your activity, but it still needs to mean something outside of your planning committee and be reflective of both nursing and the activity's CNE content.
- Spell out abbreviations. Your abbreviations may make sense to you and your planning committee. But, again, look at it from an outside perspective. Even "ACLS" needs to be spelled out – "Advanced Cardiac Life Support."

Additionally, whatever you decide the title of the activity is, it must be used consistently – verbatim – throughout the application. From title page through the certificate of successful completion, the wording of the title, wherever it is used, must remain the same.

12. What is a Learning Outcome?

Over the past several years, we have seen an evolution in the healthcare industry from a focus on measuring quantity to measuring quality. Is what we are doing making a difference? We are seeing this trend in continuing nursing education (CNE) also. With the amount of time and money that go into developing, implementing, and evaluating a CNE activity and then attending CNE activity – are we making a difference? Is professional continuing education improving professional practice and patient/client outcomes? As continuing professional education, in all sectors – nursing, medicine,

and pharmacy – transitions to a focused emphasis on outcomes, it becomes imperative for the CNE activity Nurse Planner to be able to identify and measure outcomes and to be able to reflect those outcomes in a learning outcome statement.

There is no formula for writing a learning outcome statement. Writing a learning outcome statement requires an ability to analyze a problem in practice or an opportunity for improvement and then critically thinking the process through, from the current state of nursing practice to the desired state of nursing practice. Developing a learning outcome statement is part of CNE activity development process.

A learning outcome statement should:
- ➢ Reflect what the learner – the target audience Registered Nurse – will be able to do as a result of participating in the CNE activity.
- ➢ Describe behaviors that are observable and measurable.
- ➢ Address the professional practice gap – the gap in knowledge, skill, and/or practice.

The learning outcome statement helps to keep the CNE activity on track to narrow or close the professional practice gap(s) it is addressing. The learning outcome in the statement may be assessed either in the short or long term. And, depending on the complexity of your professional practice gap(s), there may be more than one learning outcome statement for the CNE activity.

As you critically think the process through to the learning outcome statement, consider the following:

- What is the professional practice gap?
- Why does the professional practice gap exist?
- How can *education* address the professional practice gap?
- Who is the target audience?
- What is the desired outcome?

Example:

- ➢ *What is the professional practice gap?* CNE activities are not being developed with a focus on how CNE can impact nursing practice and/or patient/client outcomes.
- ➢ *Why does the professional practice gap exist*: Over the years, the focus of CNE has been more on meeting regulatory or institutional requirements than on how to improve nursing practice and patient/client care. CNE activity development has been more about filling out forms than critically thinking the process through to a measurable, difference-making outcome.
- ➢ *How can education address the professional practice gap?* The American Nurses Credentialing Center (ANCC) with its 2015 criteria, has refocused the intent of CNE activity development and implementation from filling out a form to an analytical process with measurable, observable outcomes.
- ➢ *Who is the target audience?* The target audience would be Nurse Planners involved in the development, implementation, and evaluation of CNE activities.

> *What is the desired outcome?* Nurse Planners – be they part of an Approved Provider Unit or developing individual activities – will know the 2015 ANCC/TNA criteria related to the development, implementation, and evaluation of a CNE activity.

> *Based on the above, what is the learning outcome statement?* Nurse Planners will actively participate in the activity discussion and will indicate an intent to change practice on the post-activity evaluation tool.

A learning outcome statement is the product of a well thought out and purposeful process designed to set the foundation of an educational activity that will measurably improve nursing practice.

13. What is Joint Providing and How is it Done?

The American Nurses Credentialing Center (ANCC) defines joint providing as the "planning, developing, and implementing of an educational activity by two or more organizations" (Approver Application Manual, 2015, p. 56).

Joint providing an education activity is an excellent opportunity for organizations to share both expertise and workload. However, it is imperative that TNA Approved Providers and individual activity applicants (CNE providers) understand the requirements for establishing joint providerships in order to adhere to ANCC/TNA criteria.

What is joint providing and how is it done? Here is some additional information.
When two or more organizations joint-provide an education activity and one of the organizations is a TNA Approved Provider Unit, the TNA Approved Provider Unit is responsible for ensuring adherence to all criteria as outlined in their Approved Provider "Operational Requirements Attestation" – "Joint Providing Activities for Continuing Nursing Education." The TNA Approved Provider Unit is termed the "provider" and the other organization(s) is termed the "joint-provider."

When two or more organizations enter into a joint provider relationship and all are TNA Approved Provider Units, one (1) organization is designated as the "provider" and is responsible for adhering to all criteria as outlined in their Approved Provider "Operational Requirements Attestation" – "Joint Providing Activities for Continuing Nursing Education." The other organization(s) assume the "joint provider" role.

When two or more organizations enter into a joint provided relationship **under the auspices of an individual activity,** the applying organization would be the "provider" and is responsible for adherence to the ANCC/TNA criteria as outlined in the "Individual Activity Guidelines and Criteria." The other organization(s) would be the joint provider(s).

The "provider" in a joint provider relationship is responsible for the following:

- Determining the learning outcome
- Selecting planners and presenter/authors and/or content reviewers
- Determining appropriate number and awarding of contact hours
- Record keeping procedures

- Developing evaluation methods
- Managing any commercial support
- Ensuring the Provider – as defined above – is prominently displayed on all promotional material and the certificate of successful completion
- Ensuring that the joint provider relationship is reflected on promotional materials and the disclosure to participants.

The "provider" is responsible for ensuring "Joint Provider Agreements" are completed with each joint providing organization and are filed appropriately. (Sample agreement forms can be found on the TNA website, http://texasnurses.site-ym.com/page/FormPage3.)

All documentation and communication, including promotional materials (flyers, brochures, save-the-date cards, websites etc.) must clearly demonstrate the provider/joint provider relationship. The name of the "provider" organization must be loud and proud on all communications related to the education activity.

Example:
"Provider Organization Name
In conjunction with
Joint-provider Organization Name
Joint-provider Organization Name
Proudly Presents ---"

- **Approved Providers:** Your Approved Provider organization name should match your official TNA Approved Provider Unit name and should be in support of your official approval statement.
- **Individual Activity Applicants**: Your provider organization name should match the organization name listed on the title page of the individual activity application.

When applying as a first-time applicant to become an Approved Provider, none of the three (3) individual activity applications may be joint provided. When re-applying for Approved Provider status, if your Approved Provider Unit has joint provided an activity within 12 months of your application date (January 15th or July 15th) at least one of your sample activities must be a joint provided activity.

When **Continuing Nursing Education (CNE) and Continuing Medical Education (CME)** work together:

- When CNE and CME work together to jointly produce an education activity, **it is NOT considered joint providing.** CNE is responsible for adherence to ANCC/TNA criteria. CME is responsible for adherence to the Accreditation Council for Continuing Medical Education (ACCME) criteria. They may share documents as appropriate, etc. but they remain separate adhering to their separate criteria. This holds true for other continuing education providers like the Accreditation Council for Pharmacy Education (ACPE).

- ACCME and ACPE now use the term "joint providership" to describe two or more organizations providing an education activity. ANCC does NOT use the term "co-sponsor."
- As in all things CNE, the active involvement of the identified Nurse Planner must be evident. When planning, implementing, and evaluating an education activity, documentation must reflect the role of the Nurse Planner. The Nurse Planner must ensure that the education activity adheres to the ANCC/TNA criteria and guidelines and that the needs of the target audience, **the Registered Nurse**, are addressed. This can be a challenge when organizations are planning education activities that are targeted to an inter-professional audience. Activity applications/documents document the inclusion of the Nurse Planner as a member of the planning committee but often fail to clearly demonstrate how the Nurse Planner has been an integral part of planning, implementing, and evaluating the education activity – just having an appropriately credentialed RN listed in section "H" of the activity application/document does not an active Nurse Planner make. Evidence of a Nurse Planner's active involvement could include, but are not limited to:

  o A learning outcome includes nursing-focused outcomes.
  o Topics that address the learning needs of the Registered Nurse.
  o Content is congruent with the learning outcome statement and addresses the scope of practice of a Registered Nurse.
  o Outcomes that address gaps in the knowledge, skills, and/or practice of the Registered Nurse.

14. Are "Electronic Signatures" Allowed on CNE Documents?

According to US law, and "electronic signature" is "an electronic sound, symbol, or process, attached to or logically associated with a contact or other record and executed or adopted by a person with the intent to sign the record." It is a fairly broad, generic term encompassing any electronic process used to signify an agreement to or approval of terms.

Electronic signatures can include a broad range of technologies and methodologies including but not limited to use of faxes, e-signatures, and encrypted digital signatures. Electronic signatures are a natural progression in the movement toward electronic documents.

A common concern with any form of electronic signature is its authenticity. How does one actually know who "signed" the document? The responsibility for ensuring that electronic signatures are valid and reliable rests with the activity's Nurse Planner.

Please consider the following when using electronic signatures:
- The preference is the use of original signatures and initials.
- Electronic print of an actual signature placed on a document is acceptable.
- A signed document that is scanned and then electronically submitted is acceptable.
- Documents that are signed and then faxed are acceptable.
- A "font print" signature is acceptable as long as the document is attached to a printed email from the signatory's email address.

An electronic signature is considered to be a legal signature with all that entails.

15. May Previously Developed Content Be Incorporated into CNE Activities and, Thus Award Contact Hours?

The bottom-line answer to the question is "yes". However, the process for developing a CNE activity must be followed.

The role of the Nurse Planner remains pivotal in the assessing, planning, implementing, and evaluating of the education activity. The purpose of the following guidelines, adopted from the American Nurses Credentialing Center (ANCC), is to provide the Nurse Planner flexibility in incorporating previously developed content while adhering to ANCC/TNA criteria and guidelines.

The Nurse Planner and activity planning committee have:

- Conducted an independent needs assessment of the target audience;
- Identified previously developed educational content that relates to the needs assessment and meets the learning needs of Registered Nurse target audience;
- Evidence that the previously developed content is current, evidence-based/best-practice, and meets current standards or practice guidelines;
- Evidence of modifications (revisions/deletions/additions) made to the previously developed content or evidence stating why previously developed content did not require modifications to meet the learning needs of the Registered Nurse;
- Ensured that the previously developed content is objective, unbiased, and free of any promotional influences; and
- Verified that the previously developed content meets the definition of and criteria for "continuing nursing education" as outlined by ANCC, TNA and the Texas Board of Nursing.

Compliance with these guidelines by individual activity applicants will be monitored throughout the activity application's review process.

Nurse Planners and planning committees affiliated with TNA designated Approved Provider Units may not "approve" a previously developed activity and award contact hours without complying with these guidelines.

Approved Provider Units are reminded that they have guidelines addressing this issue – "Provide Not Approve Activities." Failure to comply with these guidelines could result in loss of Approved Provider status.

TEXAS NURSES ASSOCIATION

16. What Are the Criteria for Offering Poster Sessions During a CNE Activity?

A poster is a communication tool that combines a visual display with a verbal presentation. Posters provide an opportunity to engage colleagues in conversation while displaying focused information on a specific topic. When you gather several posters together to be viewed at the same place and the same time, you have a poster session. Both ANCC and TNA allow the awarding of contact hours for poster sessions. The following must be addressed:

Content:
- The titles of the posters should be listed in the "Content" column (column I) of the education documentation form (EDF).

Calculating Contact Hours:
- The same criteria must be followed to calculate contact hours as any other CNE activity. There must be a documented logical, defensible, and rational method used to determine the number of contact hours to be awarded.
- The approach taken to determine the number of contact hours to award may depend on the location of the posters, the activity schedule, and the learning outcomes) of the poster session.
- There are a number of options. Options include but are not limited to piloting, historical data, and observation. The total number of minutes should be listed in the "Time Frame" column (column J) of the EDF. However, please note that simply assigning time in the activity schedule to view the posters is not enough.

Poster Presenters:
- Names of all Poster Presenters/Authors should be listed by their poster title in "Presenter/Author" column (column K) of the EDF.
- Conflict of interest must be assessed for all poster presenters
- Appropriate disclosures regarding conflicts of interests should be shared with attendees.
- In order for the poster to award contact hours, the author(s) of the poster must attend their poster during the open poster viewing times.

Student Posters:
- Posters developed by under graduate-level nursing students under the supervision of a RN faculty member may be considered for inclusion in the contact hour calculation.
- The target audience for the poster must be the Registered Nurse.
- The Nurses planner must assess Conflict of Interest for the faculty and the student(s) and the nurse planner to follow the appropriate process for resolving and disclosing any identified COI

Awarding of Contact Hours:
- The planning committee, under the auspices of the Nurse Planner for that activity, determines the criteria for successful completion of the poster session and the method to be used to "track" or verify participation in the poster session, thus, leading to the accurate

awarding of contact hours. This process should be described in detail in Section "N" of the activity application – "Verifying Participation and Successful Completion."

Evaluation:
- Establish an evaluation method appropriate for the setting. The planning committee will determine if an evaluation tool for each poster reviewed is required or if one for the full poster session is adequate. Post-testing is another accepted evaluation methodology.

Poster Development Guidelines:

- Neither ANCC or TNA have criteria/guidelines related to the development of the actual poster. Criteria for poster development are usually determined by the activity's planning committee. CNE educational design concepts should be taken into consideration when developing a poster just like with any other continuing nursing education presentation/activity.

Posters can be used to disseminate information on current trends in research, best practice, leadership, and education. They are excellent conversation starters. And, with some advanced planning and consistent criteria, a source of contact hours.

17. So You Want to Be a CNE Approved Provider? Timeline for Success.

The process to become an "Approved Provider" of continuing nursing education (CNE) takes at least six (6) months to complete.

An Approved Provider is an individual, institution, organization or agency that has an established process for assessing an educational need, and then planning, implementing, and evaluating continuing nursing education activities. First time applicants must have an operational CNE provider unit for at least six (6) months prior to submitting an Approved Provider Application. The six (6) month time frame is measured by the date on the first TNA activity application approval letter.

First time Approved Provider applicants must have planned, implemented, and evaluated at least three (3) different continuing nursing education activities which are at least 1.0 contact hours and were approved by TNA during the 12 months prior to submitting the Approved Provider Application. Submitting three (3) sessions from the same conference is not permitted. None of these three (3) activities may be joint provided.

Applicants must also meet certain eligibility requirements. In order to apply, applicants may not be a commercial interest or a multi-regional provider.

Commercial Interests: A commercial interest is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by, or used on, patients or is owned or controlled by an entity producing, marketing, reselling or distributing healthcare goods or services consumed by, or used on patients.

Multi-Regional Providers: An organization that targeted/marketed greater than 50% of their education activities provided during the previous calendar year to Registered Nurses in multiple regions based on the US Department of Health and Human Services (DHSS) regional map. TNA falls within region 6.

TIMELINE:

Approved Provider Applications are accepted twice a year – January 15th and July 15th. Therefore -

I.   **At least six (6) months prior to January 15th or July 15th, you must:**

1. Establish your "CNE provider unit". A CNE provider unit is defined as that part of the organization that is administratively and operationally responsible for coordinating all aspects of the continuing nursing education activities provided by the organization.
2. Operationalize your "CNE provider unit". A CNE provider unit is defined as operational when it is functioning under all of the relevant criteria of the American Nurses Credentialing Center's Commission on Accreditation (ANCC COA) and the Texas Nurses Association (TNA) with all essential CNE provider unit personnel (i.e. Primary Nurse Planner and, as appropriate, other Nurse Planner(s)) in place for at least six (6) months.
3. Submit your first individual activity application to TNA for review and approval. (See guidelines for individual activity application submission on the TNA website). Remember that the six (6) month time frame is measured by the date on your first TNA individual activity approval letter.
4. Start developing your Approved Provider Unit based on the ANCC/TNA operational and administrative guidelines found in the Approved Provider "Operational Requirements Attestation" located in the "Approved Provider Application" section of the TNA website.
5. Wait until you receive feedback on your first individual activity application before submitting your second application for review. Submit your third individual activity application after you receive feedback on your second individual activity application.

II.   **At least three (3) months prior to January 15th or July 15th:**

1. Begin working on your Approved Provider Application. Check the TNA website for the most current application format. Review the guidelines and submission criteria in detail. Refer to your copy of the "Scope and Standards of Practice for Nursing Professional Development." (This publication can be purchased off the ANA website). If you attended an "Approved Provider Workshop," refer to your manual.
2. By reviewing all of the above in detail, you can decide either to postpone submitting the Approved Provider Application and work on developing areas of weakness or begin writing the application for submission with all of its associated attachments.

III.   **By 5:00 p.m., on January 15th or July 15th:**

1. Submit your Approved Provider Application to the TNA office with the appropriate application fee. Specific instructions on how to submit the APU application and the

three activities are included in the Approved Provider Criteria and Guideline document posted on TNA CNE web page under the Approved Provider tab.

2. By submitting your Approved Provider Application, you are verifying your organization's eligibility to apply for Approved Provider Status.

3. The application should also identify the Primary Nurse Planner for your organization with whom the Nurse Peer Review team will communicate regarding the application.

IV.   Within six (6) weeks after submission:

1. Within a week, all submitted Approved Provider Applications are reviewed for completeness and processed through the TNA office. Your Approved Provider Application, along with several others, will be sent to a two-person Nurse Peer Review team for further review and evaluation. Nurse Peer Review team consist of members of the TNA CNE Committee.

2. Nurse Peer Review team members may request additional information or revisions to the Approved Provider Application. Compliance with the Nurse Peer Review team requests within their specific time frame is highly encouraged.

V.   March for January submitted applications; September for July submitted applications:

1. The CNE Committee meets in March and September to discuss CNE Committee business and approve/defer/deny Approved Provider Applications.

2. Decisions regarding the outcome of an Approved Provider Application are determined at the CNE Committee meeting.

VI.   By the end of March or September:

1. Final decisions will be made, and a letter will be sent to the Primary Nurse Planner reflecting the final decision of the CNE Committee.

Approved Provider status is awarded upon approval of an Approved Provider Application for three (3) years. **An annual report and Nursing Activity Reporting System (NARS) attestation of the previous year's activities is required every February 15th.** Periodic audits of selected activities may be requested to ensure ongoing compliance with ANCC and TNA criteria.

GOOD LUCK!

18. What Are Some Keys to Writing Narratives for the Approved Provider Application?

In compliance with the 2015 American Nurses Credentialing Center's Commission on Accreditation (ANCC COA) guidelines and standards, Approved Provider applicants are required to address some elements of the Approved Provider Application through use of a narrative. A narrative is a clear and concise description of the element that should give the Nurse Peer Review team a clear picture of what the Approved Provider Unit does in relation to the criteria being addressed.

The Approved Provider applicant will be asked for a "process description" narrative and a "specific example" narrative.

Process Description: Describes the Approved Provider Unit's method for addressing the criteria.

Specific Example: Describes/illustrates how the criterion is operationalized/implemented within the Approved Provider Unit.

Tips for writing narrative responses:

- Pause and reflect on the intent of the criterion/question.
- Answer the question directly – don't "data dump" by adding extraneous information.
- Be precise and concise but complete.
- Give enough background/context for the Nurse Peer Reviewers to understand the response.
- Ask colleagues to proof your responses and tell you if they make sense.
- Focus on key words within the criterion/question and make sure to address them.

The process description tells the story while the specific example describes the good work done by the Approved Provider Unit for Registered Nurses.

19. What is the Difference Between Joint Providing and Commercial Support?

Joint providing and commercial support are very different from each other with different goals for the continuing nursing education (CNE) activity. Two (2) possible common threads are that they:

Are entities from outside of the CNE providing organization that will have an impact on the CNE activity and Cannot use the CNE activity as a way to promote their products or services. **Promotion and education must be kept separate**.

As defined by the American Nurses Credentialing Center (ANCC), **joint providing** (formerly "co-providing") is the "planning, developing, and implementing (of) an educational activity by two or more organizations" (Approver Application Manual, 2015, p. 56.) Joint providing an educational activity is an excellent opportunity for organizations to share both expertise and workload. However, it is imperative that the organizations coming together to plan, develop, and implement an education activity understand the requirements for establishing joint providerships in order to adhere to ANCC/TNA criteria. (See FAQ "What is Joint Providing and How is it Done?") Joint providing is a collaborative effort that focuses on the quality of the education activity.

Commercial support is a method that can be used to financially support your educational activity. Commercial support is defined as "financial or in-kind contributions . . . that are used to pay for all or part of the costs of a CNE activity" (Approver Application Manual, 2015, p. 54). The contributions are specifically earmarked for the provision of the CNE activity. **Commercial support** comes from the commercial interest – defined as "any entity producing, marketing, reselling, 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, resells, or distributes healthcare goods or services consumed by or used on patients (Approver Application Manual, 2015, p. 54). Financial support for the CNE activity is the sole purpose of commercial support. Commercial supporters may not have any input into the development of the CNE activity. They may **not** suggest topics, objectives, presenters, etc. They are simply there to provide financial or in-kind support.

Commercial support is handled as follows:

- There must be a written and signed agreement.
- The commercial supporters must be listed on the CNE activity's promotional materials.
- The commercial supporters must be disclosed to the CNE activity participants/attendees prior to the start of the CNE activity.

20. What is the Difference Between Joint Providing a CNE Activity and Approving a CNE Activity?

FAQs 13 and 18 go into detail regarding what joint providing is and how it is done. It is an excellent way of bringing two (2) more organizations together to provide a well-rounded continuing nursing education (CNE) activity. However, the key to joint providing is the role of the activity's Nurse Planner – whether that Nurse Planner is part of an individual activity application or a designated Nurse Planner within an Approved Provider Unit. The activity's Nurse Planner must be actively involved in all aspects of the CNE activity's development, implementation, and evaluation.

The concept of *approving* can be especially troublesome for Approved Provider Units and could lead to revocation of Approved Provider status.

Approving is defined as awarding contact hours to activities where a designated Nurse Planner from the Approved Provider Unit has not been actively involved in the development, planning, and ultimate evaluation of the CNE activity. The request to award contact hours can come either internally or externally – from inside the Approved Provider Unit's multi-focused organization (ie: a nursing unit) or from an organization outside of the Approved Provider Unit (ie: a local specialty organization).

Only an _accredited approver_ can approve individual activities and/or Approved Provider Units without being actively involved in the development, implementation, and evaluation of the individual activity or in the development and maintenance of an Approved Provider Unit.

Per the American Nurses Credentialing Center (ANCC), an **accredited approver** is defined as *an eligible organization credentialed by ANCC after having submitted to an in-depth analysis to*

determine its capacity to assess and monitor other organization's compliance with ANCC accreditation criteria that support the provision of quality CNE activities, and to assess and monitor applicants' compliance with ANCC accreditation criteria as Approved Providers and Individual Activity Applicants. (Approver Application Manual, 2015, p. 53).

In Texas, there are only three (3) organizations that can approve other organizations to award contact hours without being actively involved in the process. Those three (3) organizations are the United States Air Force, the United States Army, and Texas Nurses Association (TNA).

When the term *Approved Provider* is broken down:
  ➤ Approved = Approved by TNA to award contact hours,
  ➤ Provider = Through activities that you are actively involved in the development, implementation, and evaluation of under the auspices of one of the Approved Provider Unit's designated Nurse Planners.

If your Approved Provider Unit is approached and asked to award contact hours to an educational event that was planned without one of your Nurse Planners being actively involved, say no. You can refer them to TNA.

Approved Providers approving – awarding contact hours without being involved - other individual's or organization's educational events is a hot topic with ANCC and thus, TNA. And, as stated above, and lead to the revocation of Approved Provider status. The bottom-line is that Approved Provider Units should not approve CNE activities.

21. How Do I Calculate and Award Contact Hours for Pre-Work or "Blended Education"?

As continuing nursing education (CNE) providers and Approved Provider Units look for creative and innovative ways to provide CNE, the ability to award contact hours for "pre-work" and "blended education" has become imperative.

"Pre-work" is defined as self-directed activities that are done in preparation for attendance at a CNE activity. An example would be reading an article in preparation for a journal club.

"Blended education" is defined as combining both the elements of a Provider-Directed activity and a Learner-Paced activity into one (1) activity. An example would be completing online modules related to the topic (Learner-Paced) in preparation for a live, preceptor-monitored demonstration of a skill or process (Provider-Directed).

Pre-work can award contact hours independently through the development of a Learner-Paced activity application/document or by being included in the contact hour calculation of a Provider-Directed activity application/document. If included as part of a Provider-Directed activity application/document, the number of minutes to be included in the contact hour calculation for the pre-work must be determined either through a pilot study or a word count process. The minutes calculation – the actual math – should be reflected in section O-3 of the activity application/document.

Blended education can also award contact hours.

- The CNE provider/Approved Provider Unit needs to develop only one (1) activity application/document to cover the two (2) activity formats.
- For the **Provider-Directed** portion of the activity application/document, use the four (4) columned education documentation form (EDF) to document the time frames, and thus minutes, associated with the Provider-Directed portion of the activity. Reflect this contact hour calculation in section O-3 of the activity application/document.
- For the **Learner-Paced** portion of the activity application/document:
  - ➢ Use the three (3) columns of the EDF as directed at the top of the EDF form.
  - ➢ Use either a pilot study or a word count process to calculate the number of minutes to be included in the contact hour calculation.
  - ➢ The minutes calculation – the actual math – should be reflected in section O-3 of the activity application/document.
- Additionally,
  - ➢ In section O-1 of the activity application/document, address all participation verification methods that will be used. Develop and include a sample of all methods to be used with your individual activity application/in your CNE Activity file.
  - ➢ In section O-2 of the activity application/document, address all that will apply to both methodologies used.
  - ➢ Throughout section P of the activity application/document, address all that will apply to both methodologies used.
  - ➢ On the grid in section T of the activity application/document, address all that will apply to both methodologies used.
  - ➢ Develop separate "Disclosure to Participants" tool to accommodate the ANCC/TNA requirements for the Provider-Directed disclosure tool and the Learner-Paced disclosure tool. Include a sample of both tools with your individual activity application/in your CNE activity file.

Bottomline, contact hours must be determined in a logical, defensible, rationale manner. The process for calculating/determining contact hours must be clearly delineated in the activity application/document.

22. Are There Guidelines That Can Be Used to Develop CNE Activities That Meet the Texas Board of Nursing's Mandatory CNE Requirements?
(From the Texas BON)

The Texas Board of Nursing, Board Rule 216 is the Board's continuing competency rule and contains complete information on all of the requirements. All nurses who wish to maintain an active Texas license are required to demonstrate continuing competency for relicensure.
The purpose of this FAQ is to provide guidance to continuing nursing education (CNE) providers - be they Approved Provider Units or individual activity applicants - in the development of CNE activities that will meet the BON's requirements. **Please visit the Texas BON website for details:** https://www.bon.texas.gov/education_continuing_education.asp.
Below is some of the information from the Texas BON. Visit the Texas BON to access all information related to continuing education and requirement for RN, LVN, and APRNs.

Nursing Jurisprudence and Nursing Ethics: Board Rule 216.3(g)

All nurses must complete at least 2 contact hours of CNE relating to nursing jurisprudence and nursing ethics before the end of every third two-year licensing period (applicable to licensing periods that began on or after January 1, 2014).

The CNE course(s) must contain information related to:
- the Texas Nursing Practice Act,
- the Board's rules (including §217.11, Standards of Nursing Practice),
- the Board's position statements,
- principles of nursing ethics, and
- professional boundaries.

Contact hours completed for this requirement do count towards completion of the 20 contact hours of CNE required for all nurses.

Certification may not be used to fulfill this requirement.

APRNs may not use CME to fulfill this requirement. Only CNE is acceptable.
*Please click here to see examples illustrating how to determine when you need to complete this requirement based upon your birth month and year and licensure date (found on page 9).

Older Adult or Geriatric Care: Board Rule 216.3(h)
Any nurse whose practice includes older adult or geriatric populations is required to complete at least 2 contact hours of CNE relating to older adult or geriatric populations before the end of every licensing period (applicable to licensing periods that began on or after January 1, 2014).

The CNE course(s) may contain information related to:
elder abuse,
- age-related memory changes and disease processes (including chronic conditions),
- end of life issues,
- health maintenance, and
- health promotion.

Contact hours completed for this requirement do count towards completion of the 20 contact hours of CNE required for all nurses.
Board-approved certification related to older adult or geriatric populations may be used to fulfill this requirement.

APRNs may use Category I CME to fulfill this requirement.

Forensic Evidence Collection: Board Rule 216.3(d)
Any nurse who is employed in an emergency room (ER) setting, including any nurse who could float to an ER or have shifts scheduled in an ER, as well as any nurse employed under contractual, temporary, per diem, agency, traveling, or another employment relationship whose duties include working in an ER must complete at least 2 contact hours of CNE relevant to forensic evidence collection and age- or population-specific nursing interventions that may be required by other laws and/or are necessary in order to assure evidence collection that meets requirements under the

Government Code §420.031 regarding use of an Attorney General-approved evidence collection kit and protocol.

Content may also include documentation, history-taking skills, use of sexual assault kit, survivor symptoms, and emotional and psychological support interventions for victims.

This is a one-time requirement within two years of the initial date of the nurse's employment in an ER setting. (Maintain record of course completion indefinitely, even if you change employment.)

Any nurse who performs a forensic examination on a sexual assault survivor must complete basic forensic evidence collection training or the equivalent education prior to performing the exam. This is a one-time requirement. (Maintain record of course completion indefinitely, even if you change employment.)

What does this mean for CNE Providers?
It is the Nurse's responsibility to make sure he/she meets all the mandatory requirements that pertain to him/her. However, CNE providers have responsibilities also. Nurses come to CNE activities in good faith that what is presented – and awards contact hours – meets both the BON's and the American Nurses Credentialing Center's (ANCC) requirements so that if audited, the certificate of successful completion that is awarded to the attendee will "fly below the radar of the Board of Nursing."

What that means for CNE providers is as follows:
- The contact hours that are awarded must be approved as continuing nursing education by an agency/organization the BON recognizes.
- The content to be covered is "broadly specific." There is specific content that must be covered – see above – but the content can be addressed broadly based on the needs of the Nurses the activity is designed for - the target audience.
- The CNE activity should be developed as any other CNE activity is developed. Start with the needs assessment. Identify your target audience. Analyze the gap – the professional practice issue – and develop a learning outcome that sets the foundation for the activity. Pull together your planning committee. Etc.
- The "current state" – problem in practice – can<u>not</u> be that the activity is being offered to meet a regulatory requirement. Consider what is occurring in <u>practice</u> that requires these activities.
- The activity can focus on a specific target audience, patient population, or disease process.
  - ➢ *Example:* In the jurisprudence/ethics activity – how professional boundaries are addressed with school nurses may be different than how they are addressed with nursing faculty.
  - ➢ *Example:* In the geriatric care/older adult activity – if the target audience Nurse works in an osteoporosis clinic, the focus of the activity content could be on the patient with osteoporosis. If the target audience Nurse works in an acute care hospital, the approach to the required content would probably be very broad.
- Content should be based on evidence-based, best available references.
- The content may be provided asynchronously, ie: the jurisprudence/ethics activity may be divided into one-hour of jurisprudence on one (1) day and one-hour of ethics on another day.
- The activities do not have to include all of the required content – although from a Nurse's perspective, he/she would probably like to get all of the required topics in the 2.0 contact

hour time frame. However, if the activity does not include all of the required content, the CNE provider must notify potential activity attendees and actual attendees by:
  - ➢ Listing what content will not be included in the activity on promotional materials, and
  - ➢ Including what content will not be included in the activity in the activity's "Disclosure to Participants."
- Reflect on the certificate of successful completion – either through the title of the activity or additional verbiage on the certificate of successful completion – that your activity meets the Texas BON's mandatory CNE requirements for the activity being presented.
- For ease of review by either Nurse Peer Reviewers or the Texas Board of Nursing, it is highly encouraged that the content areas being covered be highlighted in the content columns of the education documentation form (EDF).

As CNE providers, we need to be proactive in assisting the Nurses of Texas in meeting these CNE requirements.

23. Whose responsibility is it to maintain CNE Certificate of Completion?
(The following information is from the Texas BON)

Maintaining Record of Continuing Competency
All nurses are responsible for selecting and participating in continuing competency activities that will meet the requirements and criteria listed in Chapter 216 of the Board's rules. Each individual nurse must maintain continuing competency records that document attendance as evidenced by original certificates of completion, contact hour certificates, or official academic transcripts. Nurses must keep these records for a minimum of three consecutive licensing periods or six years (with the exception of the Forensic Evidence Collection targeted CNE requirement, which must be kept indefinitely) [Board Rules 216.7 & 216.3(d)(3)].
Proof of successful completion of continuing education must contain:
- name of the provider;
- program title, date, and location;
- number of contact hours;
- provider number; and
- name of the credentialing agency.

This information is usually documented on a CNE Certificate of Completion. Certification cards are not acceptable, for example from ACLS or PALS courses, etc. Proof of successful completion must contain the information specified above, as seen in Board Rule 216.4.
You do not need to submit copies of documents validating continuing competency compliance unless you are notified that you are subject to an audit [Board Rule 216.9].

24. How do I comply with the rule related to contact hours in my area of practice?
(This FAQ is from Tx BON Continuing Education FAQs)
The continuing competency rules were amended in October of 2010 to require nurses to complete continuing education in the nurse's area of practice for licensure renewal. Information regarding specific requirements related to "area of practice" as well as requirements for targeted continuing education can be found in Board Rule 216.3
It is the licensee's responsibility to participate in continuing competency activities that meet the criteria of Board Rule 216.4. The nurse is also responsible for keeping a record of all CNE activities according to [Board Rule 216.7(b)], and a copy of the record will be submitted to the Board if the nurse is audited.

Please remember to keep a copy of your records for a minimum of three consecutive renewal periods or six years (Board Rule 216.7).

25. What are the APRNs CNE Requirements for Pharmacotherapeutics and Prescription of Controlled Substances?

(From the Texas BON)

Pharmacotherapeutics Board Rule 216.3(c)(3)

Any APRN who holds prescriptive authority must complete at least 5 additional contact hours of continuing education in pharmacotherapeutics before the end of every licensing period.
These hours are in addition to the 20 contact hours required for all nurses.
(APRNs with prescriptive authority who don't prescribe controlled substances need to complete a total of 25 contact hours of continuing education each licensing period.)
Certification may <u>not</u> be used to fulfill this requirement.

Category I CME may be used to fulfill this requirement.

Prescription of Controlled Substances: Board Rule 216.3(c)(3)

Any APRN who holds prescriptive authority and prescribes controlled substances must complete at least 3 additional contact hours of continuing education related to prescribing controlled substances before the end of every licensing period.

These hours are in addition to the 20 contact hours required for all nurses and the 5 contact hours in pharmacotherapeutics required for APRNs with prescriptive authority.
(APRNs with prescriptive authority who prescribe controlled substances need to complete a total of 28 contact hours of continuing education each licensing period.)
Certification may <u>not</u> be used to fulfill this requirement.
Category I CME may be used to fulfill this requirement.

26. Conflict of Interest (COI): What is it? What are the processes for assessing, resolving and disclosing COI?

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an education activity <u>and</u> has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the education activity.
A <u>commercial interest,</u> as defined by the American Nurses Credentialing Center (ANCC) is an entity producing, marketing, reselling, 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, resells, or distributes healthcare goods or services consumed by or used on patients.

All individuals who have the ability 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, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the <u>start of the education</u> activity.

What are relevant relationships?

Relevant relationships, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the education 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, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, 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 from the commercial interest.

****Employees of a commercial interest:** An individual who is employed by a commercial interest – i.e: receives a W-2 from a commercial interest entity – may <u>not</u> serve on the CNE activity planning committee or be a presenter at a CNE activity.

Actual or Potential of Conflict of Interest Must be Evaluated…

All individuals who have the ability to control or influence the content of an education activity must be evaluated for potential or actual conflict of interest (see definition and description of conflict of interest above).

Who is supposed to do this evaluation?

The nurse planner must evaluate all individuals in a position to control or influence the content of an educational activity for potential or actual conflict of interest. See section H of the Individual Activity Application form (for individual activity applicants) or on the Activity Documentation Tool (for APUs).

What methods can I use to conduct the actual COI evaluation?

Completing and including a COI form in the Individual Activity Application package (for individual activity applicants) or in the Activity Documentation Tool package (for APUs) is no longer required. However, all individuals who have the ability to control or influence the content of an education activity must be evaluated for potential or actual conflict of interest and document on **section H** as mentioned above. The following are some of the methods the nurse planner can use to conduct COI evaluation for each individual in position to control or influence content of an educational activity:

- Direct conversation with the individual either face to face or via phone
- Simple e-mail communications
- A simple COI survey whereby a link can be sent to all individuals involved in the activity to complete. The nurse planner will then review the collected information and may follow up with individual each as applicable. This method may be appropriate for those planning very large CNE activities which are likely to have several speakers/presenters; at time more than

What I am supposed to document on Section H referenced above?

This section is self-explanatory. Follow the instructions provided and answer questions 1-3 on this section. If the answer is **NO to any of the three questions listed on this section (section H),** there is no COI, no disclosure to participants is required.

However, if the answer to <u>ALL THREE QUESTIONS on this section (section H)</u> is **YES**, the nurse planner will provide additional information by completing the textbook on this section (section H). The following are some of the examples of information the Nurse Planner should include:

- Name of the person with COI,
- Type of COI identified,
- How the COI was resolved

Remember all identified COIs need to be disclosed to participants

What if I need to keep records of all individuals evaluated for COI? How can I do this?
Section H of the Activity Documentation Tool (for APUs) and Individual Activity Application form (for Individual Activity Applicants) will act as your record keeping for all individual identified to have potential or actual conflict of interest including the steps taken by the nurse planner to resolve the COI as explained above.

However, if you prefer to have records of everyone evaluated including those with no COL, you can utilize a spreadsheet and keep a log of everyone evaluated for COI.
Remember: A COI log or spreadsheet is not required. What is important is that <u>all individuals with potential or actual conflict of interest are documented on section H</u> as described above.

How do I disclose COI to participants?
To disclose COI, use the sample disclosure information provided in the disclosure to participant document posted on TNA CNE web page on the [APU tab (for APUs)](#) and on the individual activity page for [individual activity applicants.](#)

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27. Regularly Scheduled Series (RSS): We are planning for monthly Nursing Grand Rounds for our nurses. Do these qualify for CNE Credits?

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Nursing Grand Rounds are examples of what is known as **Regularly Scheduled Series (RSS).**
How does the ANCC/TNA define a RSS?
A regularly scheduled series (RSS) is a course that is planned as a series with multiple, ongoing sessions, e.g., offered weekly, monthly, or quarterly; **and is primarily planned by and presented to the Approved Provider's professional staff.**

Examples include grand rounds, tumor boards, and morbidity and mortality conferences. Approved Providers report each RSS as 1 activity. In addition, Approved Providers follow the following guidelines:

- The cumulative number of hours for all sessions within a series equals the number of hours for that activity and each nurse is counted as a learner for each session he/she attends in the series.
- For example: Nursing Activity is planned for the entire year as 1 series.
  - Participants meet weekly during the year for 1 hour each week.
  - The Approved Provider reports the series as 1 activity with 52 hours of instruction.
  - If 20 nurses participated in each session, total nurse participants would be 1,040 (20 nurses per session multiplied by 52 sessions) for that single activity.

Other Important Considerations for RSS?
- Conduct post activity evaluations for each session of the series and overall summative evaluation on an annual basis for the RSS
- Participants will complete a post activity evaluation for each session and will be awarded CNE credits per each session upon meeting all requirements for successful completion
- Report the RSS as one (1) activity in NARS (see example above)

28. What other CNE resources does TNA have?
- TNA has several nursing professional development and CNE opportunities you can share with other nurses in and outside your organizations.
- In addition to the Individual Activity Application and APU resources mentioned above, TNA has the **Learning Curve**, it's Online CNE platform that offers nurses the opportunity to complete CNE activities and earn credits wherever they are and whenever they want.
- The current Learning Curve CNE catalog includes several topics ranging from content designed for all nurses, nurse planners, educators, nursing leaders, etc.
- Click on the link below to access the current TNA Learning Curve CNE catalog: http://tna.mycrowdwisdom.com/diweb/catalog

29. Who should I contact if I have questions?

Contacts:

Chipo Ndlovu, PhD, RN-BC
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