**CLINICAL/NON-CLINICAL PLANNING FORM**

*PSNA: Accredited Approver, Approved Provider Activity Template\_Version 2.0\_10.18.2021\_Updated 10.08.2024*

**The Nurse Planner must be:**

1. A registered nurse who holds a current, unrestricted nursing license (or international equivalent),

2. **-AND-** holds a baccalaureate degree or higher in nursing (or international equivalent),

3. **-AND-** be actively involved in planning, implementing, and evaluating this NCPD educational activity based on educational resources provided by the Accredited Approver Program Director.

Please save and title your Planning Form with the full date (MM.DD.YY), list if it is Clinical or Non-Clinical, and add your program title at the end, separated with an underscore. E.g., “04.27.25 Non-Clinical Planning Form\_Nursing Activity”. Please review all question-stems in blue and fill out all supplementary information appearing as red text.

Activity Nurse Planner:

|  |  |
| --- | --- |
| Name: | Name. |
| RN license/degree credentials (or international equivalent): | License/Credentials. |
| Email Address: | Email. |
| Approval Letter CCed to:  | Name(s), Credential(s).Email(s). |

Activity Title: Activity Title.

Activity Type: Check one box below and provide all information to the right. For activities with multiple, non-consecutive dates, list all dates (e.g., 3-part activity - 11/20/24, 12/5/24, 12/16/24).

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| [ ]  | *Provider*-directed, *provider*-paced: Live, Choose one sub-option. If Other, please describe here. | Date of live activity: Date. | Location of live activity: City, State. If webinar, list virtual software used (e.g., Zoom).  |
| [ ]  | *Provider*-directed, *learner*-paced: Choose one sub-option. If Other, please describe here. | Start date of enduring material: Date. | Expiration/end date of enduring material: Date. |
| [ ]  | *Learner*-directed, *learner*-paced: Choose one sub-option. If Other, please describe here. | Start date of enduring material (if applicable): Date. | Expiration/end date of enduring material (if applicable): Date. |
| [ ]  | Blended: involves a “live” component in combination with a *provider*-directed, *learner*-paced component | Date(s) of pre-work and/or post-work: Date. | Date of live portion of activity: Date. |

1. Provide a brief description of the professional practice gap (PPG).
* The PPG is the change in practice, problem in practice, or opportunity for improvement this activity is designed to address for your learners.
* What is the problem or opportunity that needs to be addressed by this activity?
* This can be a one sentence response that includes what the specific problem or opportunity is.
* TIP: Although you are not required to include the target audience in the PPG statement, it is important to consider the target audience when investigating the problem or opportunity and determining the gap. This helps ensure the gap is specific to the problem or opportunity the education is targeting.

Brief description of the PPG.

1. Provide a brief description of the evidence supporting the PPG and validating the activity need. (Q7 inquires about references relating to activity content.)
* Provide a data analysis summary completed by the NP and/or planning committee. Do NOT provide a list of data sources only. Stating there is a “need” or “request” for the activity is not adequate.
* How is the evidence informing you that a PPG exists for the target audience? What data supports the need for this educational activity?
* Example evidence to support the PPG and activity need:

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| --- | --- |
| Survey data from stakeholders, target audience members, or subject matter experts | 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 | Direct observation |

Brief description of the evidence.

1. Choose the educational need that aligns with and underlies the PPG. (Check ALL that apply.)
* Reflect on the following questions to help choose the underlying need(s) of the activity:
	+ Why do learners need this education?
	+ Is the PPG related to what they do not know (knowledge)?
	+ Is the PPG related to what they do not know how to do (skill)?
	+ Is the PPG related to what they do not know how to apply or implement (practice)?

[ ]  Knowledge

[ ]  Skill

[ ]  Practice

1. Identify the target audience. (Check ALL that apply.)
* Who needs this education? Analyze the PPG and its supporting evidence to determine the target audience.
* The target audience **MUST** include registered nurses but may include other members of a healthcare team.

[x]  **Registered Nurses** (Required)

[ ]  LPN/LVNs

[ ]  CANs

[ ]  MDs

[ ]  PAs

[ ]  Social Workers

[ ]  Interdisciplinary Healthcare Professionals

[ ]  University/College Choose an option.

[ ]  Choose an option. Nursing Students

[ ]  Community Members

[ ]  Other: If Other, please describe here.

1. Identify the desired learning outcome(s) of participants.
* The learning outcome must relate to the PPG and activity need. If the underlying need is knowledge, the outcome should be related to measuring a change in the learner’s knowledge, etc. We highly recommend sharing these with participants at the beginning of the activity.
* Do NOT provide a list of non-measurable learning objectives (e.g., will learn, will understand, will gain knowledge of, will become familiar with, etc.). Learning outcomes are observable and measurable, describing *what* the learner will be able to do. Refer to the supplementary document, Bloom’s Taxonomy of Objective Verbs.
* Reflect on the following questions to help choose the learning outcome(s) of the activity:
	+ What is the measurable goal or outcome that this activity sets out to achieve?
	+ What should the learners know, show, and/or be able to do at the end of the activity?
	+ What will be measured when the learner completes the activity?

Identify the learning outcome(s).

1. Describe the evaluation method(s) and tool(s) (e.g., paper/online post-test, verbal discussion with recorded share outs, etc.), aligning it to the learning outcomes and activity need.
* Evaluations should measure the success/expected results of the learning outcomes. Explain how you will collect evidence to show changes in knowledge, skills and/or practices of the target audience by the end of the activity. Do NOT attach a link to a survey. For longer evaluations, please include an attachment.
* Do not simply state that an evaluation form will be completed; describe what specific data will be collected and how it will be collected and analyzed to assess learning outcomes below.
* TIP: An evaluation survey (post-test) is not required. See short-term evaluations below.

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| **Short-Term Evaluations** | **Long-Term Evaluations** |
| Self-report of learner’s intent to change practice | Self-reported change in practice over a period |
| Active participation/engagement in the learning activity; poll-questions | Change in quality outcome measure(e.g., recruitment and retention data, patient safety data) |
| Post-test (knowledge) | Return on Investment (ROI) |
| Return demonstration(e.g., skill when simulated, rehearsing/observation in practice) | Observation of performance (at a predetermined point in time post-activity) |
| Case-study analysis |  |
| Role-play |  |

Description of the evaluation method(s) and tool(s).

[ ]  I confirm that EACH learning outcome is associated with an observable and measurable evaluation method/tool.

1. Provide a description of the evidence-based content WITH supporting references.
* Descriptions of content can be presented in various formats, i.e., an educational planning table, outlined, abstract, itemized agenda, or narrative response.
* The references should include the best available evidence that supports the content and learning outcomes. For best practice, use references published within the last 5-7 years.
	+ TIP: APA formatting is not required for references. However, references should include adequate detail to ensure the specific information referenced can be located. Unsure where to start? Explore [Purdue Owl](https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/reference_list_basic_rules.html).
* TIP: For conferences, abstracts may include how the expected outcomes for the conference are achieved when the participant meets/achieves activity learning outcomes. Detailed information about sessions and individual session outcomes are not required.
* Examples of evidence-based references:

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| --- | --- |
| Organization/website (e.g., Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health) - May be published or unpublished content | Expert resources (e.g., individual, organization, educational institution; book, article, website, etc.) |
| Peer-reviewed journals/articles | Clinical guidelines (e.g., Guidelines.gov) |
| Textbook |  |

Description of content AND references.

1. Describe how the learner will be actively engaged in the activity.
* Learner engagement strategies must be compatible with the activity format (webinar, in-person, learner directed, etc.) and the educational needs (knowledge, skill, and/or practice). Strategies can be provided in an activity table, list, or narrative format. Strategies should be developed by the NP and Planning Committee, in collaboration with the speaker(s).
* Examples of learner engagement strategies:

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| Integrating opportunities for dialogue or question/answer | Including time for self-check, reflection, or small/whole-group discussion |
| Analyzing case studies | Think, pair, share |
| Peer review | Providing opportunities for problem-based learning |

Description of learner engagement strategies.

1. State the contact hour calculation method and number of contact hours awarded for the activity.
* If the activity is longer than 3 hours, include a Program Agenda as a supplementary document. For activities with contact hours that can be broken up (e.g., multiple day events where participants can attend one of two days), provide a description and breakdown of all possible contact hours that can be awarded (e.g., 7.0 contact hours for day one, 7.0 contact hours for day two, or 14.0 contact hours for both days).
* Penn State Ross and Carol Nese College of Nursing (Approved Provider Unit; APU) does NOT award quarter credits (i.e., 1.25 or 1.75), only whole or half credits (i.e., 1.0 or 1.5).
* Rationale for the number of contact hours awarded must be logical and described.

Briefly describe the contact hour calculation method.

Example for 1.0 contact hour activity:

35-40 min. – Speaker Presentation

10 min. – Discussion

5-10 min. – Q&A

5 min. – Evaluation (Post-Test)

Activity duration (include units: minutes, hours): Activity Duration

Number of contact hours awarded (to nearest \_.0 or \_.5) Per RN

1. List the criteria for awarding contact hours. (Check ALL that apply.)
* What must the learner do or achieve to receive the contact hours? The criteria should relate to the learning outcomes and be enforceable through the evaluation method(s)/tool(s). Criteria for awarding contact hours is different than the contact hour calculation.
* Identified criteria must match the disclosure statements provided to learners.
* TIP: Some options are mutually exclusive. For example, a learner cannot receive credit commensurate with participation if they are expected to attend the entire activity.

[ ]  Attendance for a specified period: Choose an option. If Other, please describe here.

[ ]  Attendance at one or more sessions of a conference or multi-session activity

[ ]  Completion and submission of evaluation form/survey

[ ]  Successful completion of post-test: Learner must score at least Choose an option.

If Other, please describe here.

[ ]  Credit awarded commensurate with participation

[ ]  Successful completion of a return demonstration on: Date.

[ ]  Other: Describe here.

1. Will you provide your own certificate of activity completion/attendance (this is NOT the contact hour certificate)?
* Penn State Ross and Carol Nese College of Nursing provides digital contact hour certificates to participants via email within one month of receiving all post-event materials.

[ ]  NO

[ ]  YES (If yes, see additional documents needed below.)

* Provide a sample certificate of activity completion/attendance with your application packet. This MUST NOT include contact hour awards. A sample certificate may include:
	+ Participant Name
	+ Activity Title
	+ Activity Date(s)
	+ Name and address of the provider of the educational activity
	+ Program Disclosure, Approval Statement (Refer to Informational Packet.)
1. Provide the names, credentials, and activity roles for all individuals on the planning team.
* Examples of planning committee activity roles:

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| --- | --- |
| Nurse Planner (Required.) | Content Expert (Required.) |
| Faculty / Instructor / Teacher / Speaker | Author / Writer / Editor |
| Staff | Content Reviewer |

* Both the Nurse Planner (NP) and Content Expert must be clearly identified. The planning committee MUST have at least two members (one NP and one content expert). The NP can function as both the NP and content expert, but there must be one additional person on the committee (e.g., Speaker).
	+ The NP is responsible for verifying the qualifications of the planners, speakers, authors, content reviewers, etc.
	+ A content reviewer may be part of your planning process but MUST be outside of the planning committee. The content reviewer reviews the quality of activity content prior to the activity (e.g., best available evidence used, scientific validity). The content reviewer may also review the activity content for bias or any other concerns.

**Planning Committee** (Two individuals minimum with NP and content expert required.)

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| --- | --- | --- |
| Name |  Credentials | Activity Role(s) |
|  |  | Nurse Planner |
|  |  | Content Expert |
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**STANDARDS FOR INTEGRITY AND INDEPENDENCE**

Pause and review the five [Standards for Integrity and Independence in Accredited Continuing Education](https://accme.org/rules/standards/) and associated [Toolkit](https://accme.org/resource/standards-for-integrity-and-independence-accredited-continuing-education-toolkit/), which can be downloaded as a fillable PDF or editable Word Document. Pay close attention to [Standard 3: Identify, Mitigate, and Disclose Relevant Financial Relationships](https://accme.org/rule/identify-mitigate-and-disclose-relevant-financial-relationships/).

1. Is the activity non-clinical in nature (e.g., leadership, precepting, or communication skills training)?

[ ]  YES (If yes, read the statement below. Record your initials confirming the statement is true.

Then skip Q14 – Q15, moving directly to Q16.)

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| Type initials here. | The program is non-clinical and therefore, the identification, mitigation, and disclosure of relevant financial relationships was not completed. |

[ ]  NO (If no, the activity IS clinical in nature. Answer Q14 – Q15, continuing on to Q16 afterwards.)

**IDENTIFICATION OF RELEVANT FINANCIAL RELATIONSHIPS (RFRs) WITH INELIGIBLE COMPANIES** for all individuals in a position to control content as described in the linked Toolkit (NPs, planning committee members, presenters, faculty, authors, and/or content reviewers). (Refer to pages 2-6 of the linked Toolkit.)

1. Provide evidence that RFR data has been identified and analyzed for all individuals in a position to control content.
* Evidence formats may include a table, spreadsheet, email, or attached document. One copy of the evidence document/script should be included with the activity. You MUST keep all collected verification of RFRs on file.

[ ]  I confirm that the appropriate documents providing evidence for RFRs are included in my application packet.

1. Provide evidence for the mitigation of RFR(s) for all individuals in a position to control content.
* If a RFR is identified, describe the steps taken to mitigate the risk of undue influence in planning and/or providing the activity.
* Mitigation steps for:

|  |  |
| --- | --- |
| **Planners** | **Faculty and Others** |
| *Divest* the financial relationship | *Divest* the financial relationship |
| *Recusal* from controlling aspects of planning and content with which there is a financial relationship | Attest that clinical recommendations are *evidence-based* and *free of commercial bias* (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines) |
| *Peer review* of planning decisions by persons without relevant financial relationships | *Peer review* of content by persons without relevant financial relationships |
| Use *other methods* (please describe) | Use *other methods* (please describe) |

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| --- | --- | --- | --- | --- | --- |
| **Name,****Credentials** | **Was a RFR with an ineligible company identified?** | **Name of ineligible company and nature of relationship** | **Is the relationship relevant to the content?** | **Steps taken to mitigate RFR** | **Date implemented** |
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Q15. Evidence of mitigation of RFR(s):

**COMMERCIAL SUPPORT AGREEMENT** for activities that choose to accept commercial support (defined as financial or in-kind support for ineligible companies). The activity planning committee is responsible for ensuring that the education remains independent of the ineligible company and that the support does NOT result in commercial bias or commercial influence in the education. The support does NOT establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education. (Refer to [Standard 4: Manage Commercial Support Appropriately](https://accme.org/rule/manage-commercial-support-appropriately/).)

1. Has the planning committee of the educational activity accepted activity commercial support?

[ ]  NO (If no, continue to Q17.)

[ ]  YES (If yes, attach a supplemental Commercial Support Agreement document per Standard 4. The

document should also address:

* Appropriate management of commercial support, if applicable.
* Maintenance of the separation of promotion from education, if applicable.
* Promotion of investments in health care and NOT proprietary interests of a commercial interest.)

**JOINT PROVIDERSHIP** for activities that are jointly provided, where two or more groups collaborate to develop an educational activity. The individual activity applicant is responsible for ensuring adherence to the American Nurses Credentialing Center’s educational design criteria outlined in herein.

* The individual activity applicant (typically the organization taking lead on completing and submitting this application) should be clearly stated.
* It should be clear that the APU (Penn State Ross and Carol Nese College of Nursing) is providing the contact hours.
	+ If both/more than one organization is an APU, one organization must take responsibility for providing the contact hours.
1. Has the planning committee collaborated with one or more groups to develop the educational activity?

[ ]  NO (If no, continue to Evidence of Required Disclosure to Learners.)

[ ]  YES (If yes, complete the following.)

 Name of individual activity applicant: Name and organization.

 Name(s) of collaborating groups: Name(s) and organization(s).

**EVIDENCE OF REQUIRED DISCLOSURES TO LEARNERS** MUST be included in the application file as a supplementary document, be provided to learners prior to the start of the educational activity, and appear in all promotional materials. This can include relevant slides, screenshots, scripts, or other evidence showing what the learners will receive. Disclosures are to include the following (Refer to above sections and the Informational Packet – Program Disclosure Statements for specific verbiage and details):

1. Sponsors/Grants (if applicable)
2. Approval Statement
3. Criteria for awarding contact hours
4. Identification of RFRs with ineligible companies (for clinical activities ONLY)
5. Commercial Support Agreement
6. Joint Providership (if applicable)
7. Expiration Date (for enduring activities ONLY)

[ ]  I confirm that the appropriate documents providing evidence of required disclosures to learners are included in my application packet.

Date Planning Form completed and submitted to APU: Date.

Planning Form completed by: Name(s).

**FOR APU (Penn State Ross and Carol Nese College of Nursing) USE ONLY:**

Planning Form reviewed by APU:

 Initial review: Name. on Date.

 Final NP review: Name. on Date.