*Rev. 9/1/16 CAT*

Instructions for completion: Supply requested information directly on the form(s) provided.

Areas in **blue** require a response from the applicant.  Text Boxes will auto expand when you type in them; check off boxes will fill in when you double click on them.

Title of Activity: Medical Management of Obesity

Date Form Completed and by whom: Carole McClary, ANP, CDE **8/13/2019**

Activity Type:

Provider-directed, provider-paced: Live (in person or webinar)

* Date of live activity: 9/18/2019

Provider-directed, learner-paced: Enduring material

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

Blended activity

* Start date of enduring material (includes pre-work): **Click here to enter a date.**
* Expiration/end date of enduring material (includes pre-work): **Click here to enter a date.**
* Date of live portion of activity: **Click here to enter a date.**

The **Nurse Planner** must be a registered nurse who holds a current, unencumbered nursing license (or international equivalent) **AND** hold a baccalaureate degree or higher in nursing (or international equivalent).

Nurse Planner information **for this activity.**

Name and credentials: Carole McClary, ANP-BC, CDE

Phone: 585-703-8555

Email Address: [carole.mcclary@rochesterregional.org](mailto:carole.mcclary@rochesterregional.org)

*Rev. 9/1/16 CAT*

1. **Description of the professional practice gap (e.g. change in practice, problem in practice, opportunity for improvement). Describe the current state and desired state below with a synopsis of this on the planning table.**



**Place identified gap on the Educational Planning Table/Grid**

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

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

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

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

Evaluation data from previous education activities

Trends in literature, law and health care

Direct observation

Other—Describe:

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



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

**Yes** Gap in Knowledge (knows)

**Yes** Gap in skills (knows how)

**Yes** Gap in Practice (shows/does)

Other: Describe

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

**Yes** All RNs

**Yes** Advanced Practice RNs

**Yes** RNs in specialty areas (Identify specialty) **Endocrinology**

**Yes** LPNs

**Yes** Inter-professional (Describe) **RD, PharmD, PA**

1. ***What is the expected outcome as a result of participation in this activity? Place this learning outcome on the* Educational Planning Table/Grid  *(It does not have to be written here)***

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

**e.g. Based on the learning outcome, what means will you use to determine if it was or was not met?**

**A survey, direct observation, medical record, review, quality data analysis, etc.?**



1. **Content of activity: describe the content with supporting references or resources on the Educational Planning Table/Grid**

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

Information available from the following organization/web site (organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health):

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

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

Expert resource (individual, organization, educational institution, book, article, web site etc. a minimum of two expert resources is necessary or other choices must also be indicated)

Textbook reference:

Other: **Clinical practice experience from content expert**

1. **Learner engagement strategies:** Might include integrating opportunities for dialogue or question/answer, including time for self-check or reflection, analyzing case studies, providing opportunities for problem-based learning etc. Put this on **Educational Planning Table/Grid**
2. **Criteria for Awarding Contact Hours**

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

(Check all that apply)

Attendance for entire program

Credit awarded commensurate with participation

Attendance at 1 or more sessions

Completion/submission of evaluation form

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

Successful completion of a return demonstration

Other - Describe:

1. **Description of evaluation method: Evidence that change in knowledge, skills and/or practices of target audience was assessed:**

***Note: this evaluation section is focused on the impact of the program; it should assess if there was or was not any change in professional development or practice and/or patient outcomes based on the learner’s participation in the learning experience. The method can be an evaluation tool, a survey taken at a later date, a submission of a case study etc.it should be individualized to the program during the planning phase.***

April 2016

* The Nurse Planner and Planning Committee determine the method that will be used to evaluate the educational activity.
* The evaluation components and method of evaluation should be relative to the desired learning outcomes of the educational activity.
* Evaluation may be formative and integrated within the educational activity.
* Evaluation is also summative at the conclusion of the educational activity.
* Evaluation methods include assessment of change in knowledge, skills, and/or practice of the target audience.
* Change in knowledge, skills, and/or practice may or may not occur based on a variety of factors, but evaluation should assess for such change.
* Evaluation may also include collecting data that reflect barriers to leaner change.

|  |  |
| --- | --- |
| *Evaluation may occur in the short term or long term or both.*  Below are some examples of possible methods of evaluation | |
| **Short- term evaluation options:**  Self-reported intent to change practice  Active participation in learning activity  Post-test  Return demonstration  Case study analysis  Role-play  Other (describe) | **Long-term evaluation options:**  Self-reported change in practice  Change in quality outcome measure  Return on Investment (ROI)  Observation of performance  Other (describe) |

***Even though outcomes may vary the following questions must be asked of the participants and included in the program summary.***

1. ***“What impact do you predict participation in this educational experience will have on your professional development, practice and/or patient outcomes:***

***If none: why not?***

1. ***Was there evidence of bias? Yes*     *No*     ”**

***You may continue to evaluate the program itself e.g. venues, speakers etc., but that is a quality control function of the provider unit’s processes.***

**Description of evaluation method:**



Copy of the Evaluation Tool is attached

**REQUIRED** **ATTACHMENTS**

**To complete the documentation for this activity, please also include the following in your files:**

|  |  |
| --- | --- |
| **Attachment 1** | Names and credentials of all individuals in a position to control content (must identify the individuals who fill the roles of Nurse Planner and content expert(s)).  (See example on previous page.)  **Due:** Upon Submission |
| **Attachment 2** | Conflict of interest documentation from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable  (see attachment)  **Due:** Preferred upon submission but no later than 2 days prior to educational offering |
| **Attachment 3** | Educational Planning Table/Grid (see attachment)  **Due:** Upon Submission |
| **Attachment 4** | Documentation of completion and/or certificate.  **Due:** **Within 1 week** post completion of educational offering |
| **Attachment 5** | Commercial Support Agreement with signature and date (if applicable)  **Due:** Upon Submission |
| **Attachment 6** | Documentation/evidence of required information disclosed to learners prior to the start of the educational experience:   1. Approval statement of provider awarding contact hours 2. Criteria for awarding contact hours 3. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers) and resolution if applicable 4. Commercial support (if applicable) 5. Expiration date (enduring materials only) 6. Joint providership (if applicable)   (Materials associated with the activity (marketing materials, advertising, agendas, and certificates of completion) must clearly indicate the Provider awarding contact hours and responsible for adherence to ANCC criteria)  **Due:** Upon Submission |
| **Attachment 7** | A copy of the Evaluation Tool  **Due:** Upon Submission |
| **Attachment 8** | Summative Evaluation  A summative evaluation to reflect the type of evaluation chosen for this particular activity. The summative evaluation must also include number of RN attendees, and how it is expected to impact professional development, clinical practice and/or patient outcomes; and if there was any commercial support or evidence of bias. This is done retrospectively.  **Due:** **Within 1 week** post completion of educational offering |

**Attachment 1**

**Individuals in a Position to Control Content**

Complete the table below for each person in a position to control content of the educational activity and include name, credentials, educational degree(s), and role on the planning committee, and expertise that substantiates their role**. This includes the planning committee AND any faculty, authors or content reviewers.** The planning committee requires a minimum of two planners. This includes a nurse planner and a content expert. If the individual is both the nurse planner and the content expert an additional planner is needed. There is only One Nurse Planner. Other planners, even if they are nurses should be designated “other planner”. The Nurse Planner is knowledgeable of the CNE process and is responsible for adherence to the ANCC criteria. One planner needs to show evidence of appropriate subject matter expertise for the educational activity being offered (Content Expert). **The individuals who fill the roles of Nurse Planner and Content Expert must be identified.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of individual and credentials for the planning committee, faculty, authors and content reviewers.** | **Individual’s role in activity\*** | **Has possible Conflict of interest\*\* been identified by NP? (Yes/No)** | **Name of commercial interest** | **Nature of relationship** |
| *Carole McClary* | *Nurse planner/Form completion* | *No* |  |  |
| *Rachel Conley* | *Content expert* | *No* |  |  |
| *Thomas Campbell* | *Content expert* | *No* |  |  |
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**Attachment 2**

Conflict of interest documentation from all individuals in a position to control content (e.g. planners, presenters, faculty, authors, and/or content reviewers) and resolution if applicable

(See attachment)

**\* Nurse planner and content expert must have biographical data that supports their role included on the COI**

**\*\*Conflict of interest (COI) declarations for all individuals in a position to control content must be reviewed by nurse planner and kept on file.**

**\*\*\* Due:** **Preferred upon submission but no later than 2 days prior to educational offering**

**Attachment 4**

**Provide process for documenting completion of attendance and completion of evaluation tools**

All copies of rosters and evaluation tools are to be turned in to the Primary Nurse Planner within 1 week post completion of educational offering. Below is a sample certificate of completion

1. **Description of process for documenting attendance and completion of evaluation tools**

Online registration prior to program, signature on arrival and documented return of post-meeting survey



**1630 Portland Avenue**

**Rochester, New York 14621**

**PRESENTS THIS CERTIFICATE OF SUCCESSFUL COMPLETION TO:**

Name of Participant

Is awarded 2 Contact Hours for:

***Plant-Based Diets & Diabetes***

***AND***

***Medical Management of Obesity***

Title of Activity

On:

**\_\_\_\_\_\_9/18/2019\_\_\_\_\_**

Date

**Rochester Regional Health Nursing Institute is an approved provider of continuing nursing education by American Nurses Association Massachusetts, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.**

**It has been assigned approval code** ANA-MA-PRV-

**Attachment 6**

Documentation/evidence of required information disclosed to learners prior to the start of the educational experience

**The following content must appear in all PowerPoint slides and be read to the audience prior to initiation of the educational content**

1. Approval statement of provider awarding contact hours

“Rochester Regional Health Nursing Institute is an approved provider of continuing nursing education by ANA Massachusetts, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. Completion of this program will award (add number of credits) continuing nursing education credits.”

1. Criteria for awarding contact hours

“As an attendee, to receive the continuing education credits, you must comply with the following: (1) Sign in on the sign-in roster (2) Remain for the entire presentation

(3) Complete and submit the presentation evaluation form

\*\*Add any additional requirements such as pass the final exam, participate in the roll play, etc.\*\*

1. Presence or absence of conflicts of interest for all individuals in a position to control content (e.g. the Planning Committee, presenters, faculty, authors, and content reviewers) and resolution if applicable

“The speakers and the members of the planning committee have declared no conflicts of interest.”

1. Commercial support (if applicable)

“This activity has no commercial support or sponsorship.”

**OR**

“Commercial support/sponsorship is provided by the following:”

Add the name of the company/organization

Add the type of support/sponsorship received (example: provided the luncheon or refreshments)

1. Expiration date (enduring materials only)
2. Joint providership (if applicable)

“This educational activity is not co-provided”

**OR**

“This educational activity is co-provided with:

* + Name the co-providers

**\*\*\*Rochester Regional Health Nursing Institute will not be listed here as we are the primary provider, never the co-provider\*\*\***

**Attachment 7**

**Copy of Evaluation Tool**

**Attachment 8**

**Summative Evaluation**

A summative evaluation to reflect the type of evaluation chosen for this particular activity. The summative evaluation must also include number of RN attendees, and how it is expected to impact professional development, clinical practice and/or patient outcomes; and if there was any commercial support or evidence of bias. This is done retrospectively and should be turned in **within 1 week post completion** of educational offering to the Primary Nurse Planner.