

## Applying for Contact Hours

**Cynthia M. Friis MEd BSN RN-BC**

SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES, INC.

The Society of Gastroenterology Nurses and Associates, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation.

Disclosure: Relationships with commercial interest organizations whose products are related to program content include: **NONE**

### Objectives

1. Discuss the SGNA Approver Unit.
2. Review updates to the Approver Unit process and application for nursing contact hours.

### SGNA's Commitment to Competency

- Maintain Approver and Provider unit accreditation through the ANCC (credentialing arm of the ANA)
- Require SGNA Regions to provide 6 contact hours annually to maintain charter
- Designate headquarters staff specifically to Approver and Provider units

### American Nurse's Credentialing Center - ANCC

- ANCC's Commission on Accreditation (COA) develops the standards and requirements for nursing contact hour programs.
- Accredited Approver units are obligated to follow ANCC criteria.
- SGNA is an accredited Approver (and Provider) of nursing contact hours through the ANCC-COA.

*Approver unit received full 4 year reaccreditation in 2015!*

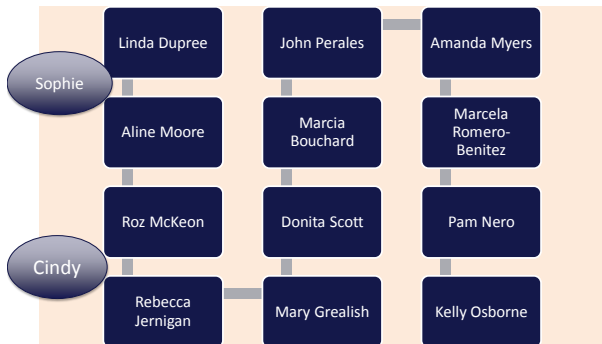
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### Continuing Education Peer Review Group - CEPRG

- Volunteers who serve as nurse peer reviewers of applications submitted to the Approver Unit (specifically content)
- For each program application, three CEPRG members are assigned to review

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### CEPRG 2015-2016



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## Objectives

1. Discuss the SGNA Approver unit
2. Review updates to the Approver Unit process and application for nursing contact hours.

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## More recent ANCC Criteria Changes

Highlights of changes include:

- Conflict of interest and Conflict resolution
- Joint Providership
- Sponsorship
- Focus on learner outcomes
- Post activity report requirements

**More changes to come in 2016!**

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## Who? What? When?

### WHO can apply?

SGNA regional societies

### WHAT do I need to apply?

Access to the SGNA online application

### WHEN do I need to apply?

Application must be received **at least 42 days prior** to the start of your program.

Spring/Fall conference times are very busy.

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## Overall Review of Approver Unit Application



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### Demographic data

Activity Title \_\_\_\_\_

What is the Purpose or Goal of the Activity? \_\_\_\_\_

What is the start date of the activity? \_\_\_\_\_

**Tell us about the contact person:**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Address City Zip \_\_\_\_\_

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### Demographic Data continued

Name of SGNA Region applying: \_\_\_\_\_

**Activity type** (check one):

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

Provider directed, learner paced: Enduring material

➔ Start date of enduring material: \_\_\_\_\_

Expiration date of enduring material: \_\_\_\_\_

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### Target Audience/Needs Assessment

**How was the need for this activity assessed?** (Check all that apply)

Surveying or requesting input from stakeholders, target audience, learners, managers or subject matter experts

Reviewing evaluation summaries of previous educational activities

Reviewing performance improvement activities to identify opportunity for improvement

Reviewing trends in literature, law, and healthcare

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### Target Audience/Needs Assessment continued

**Findings from the needs assessment indicated** (Check all that apply)

Gap in knowledge

Gap in skills

Gap in practice

➔ **The gaps in knowledge, skills or practice are related to**  
\_\_\_\_\_ (text field)

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### Target Audience/Needs Assessment continued

Is the content of this program evidence-based or based on the best available evidence?

- Yes (examples include but are not limited to evidence-based practice, literature/peer reviewed journals, clinical guidelines, best practices, and content experts/expert opinions)
- No. If no, explain why not: \_\_\_\_\_

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### Participant information

How will you verify attendance at the activity?

- \*Sign-in sheets
- Computer login
- Other, please describe: \_\_\_\_\_

➔ \*Any sign-in method must include name and a unique identifier (e.g., email address)

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### Participant information continued

What will successful completion of this educational activity be based on?

- Attendance at the entire event or session
- Partial credit based on partial attendance at the event or session

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### Biographical/COI Data: Planners and Presenters

TITLE OF EDUCATIONAL ACTIVITY: \_\_\_\_\_

DATE OF EDUCATIONAL ACTIVITY: \_\_\_\_\_

Identify role in this activity by checking the appropriate role below.

- Faculty/Presenter/Author
- ➔  Nurse Planner
- Planning Committee Member
- Other – Describe: \_\_\_\_\_

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## Biographical/COI Data

### SECTION 1: Demographic Data

Name with degrees & credentials: \_\_\_\_\_

➔ If RN, Nursing Degree(s):  AD  Diploma  BSN  Masters  Doctorate

Preferred Address		City, State Zip	
Preferred Phone		Email Address	
Present Position (title)		Employer	
Employer City		Employer State	

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## Biographical/COI Data

### SECTION 2: EXPERTISE - Planning Committee

Identify the area of expertise specific to the educational activity listed above. If a planning committee member, select area of expertise specific to the educational activity listed above:

- Nurse Planner (responsible for ensuring adherence to ANCC Accreditation criteria)
- Content Expert
- Other \_\_\_\_\_

➔ Describe expertise and years of training specific to the educational activity listed above. **NOTE:** If the description of expertise does not provide adequate information, the SGNA Approver Unit may request additional documentation.

\_\_\_\_\_

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## Biographical/COI Data

### SECTION 3: EXPERTISE - Presenter/Faculty/Author/Content Reviewer

Identify the area of expertise specific to the educational activity listed above.

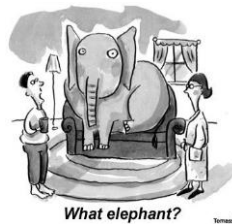
Describe expertise and years of training specific to the educational activity listed above. **NOTE:** If the description of expertise does not provide adequate information, the SGNA Approver Unit may request additional documentation.

\_\_\_\_\_

\_\_\_\_\_

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## Conflict of interest



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## Biographical/COI Data

### SECTION 4: CONFLICT OF INTEREST

Each individual who is in a position to control the content of a continuing education activity must disclose all relevant relationships with any entity in a position to benefit financially from the success of this CE activity.

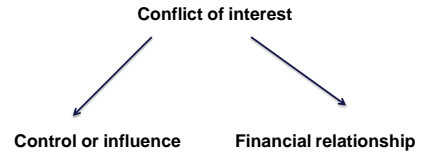
Is there an actual, potential or perceived conflict of interest for yourself or spouse/ partner related to this CNE activity?

\*Yes  No

Check all that apply	Category	Description (company)
<input checked="" type="checkbox"/>	Salary	
<input type="checkbox"/>	Royalty	
<input type="checkbox"/>	Stock	
<input type="checkbox"/>	Speakers Bureau	
<input type="checkbox"/>	Consultant	
<input type="checkbox"/>	Other	

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## Conflict of Interest



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## Conflict of Interest

The ANCC Content Integrity Standards state the following in terms of conflict of interest:

- Employees of commercial interest organizations **are not permitted** to serve as planners, speakers, presenters, authors and/or content reviewers if the content of the educational activity is related to the products or services of the commercial interest organization.
- Employees of commercial interest organizations **are permitted** to serve as planners, speakers, presenters, authors and/or content reviewers if the content of the educational activity is NOT related to the products of the commercial interest organization.
- Individuals who have non-employee relationships with commercial interest organizations **are permitted** to serve as planners, speakers, presenters, authors and/or content reviewers as long as the Provider has implemented a mechanism to identify, resolve and disclose the relationship as outlined in these standards.

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## Conflict of Interest

*Jane Doe is a regional sales representative for a company which manufactures automated endoscope reprocessors. The content of her abstract speaks to infection prevention in the endoscopy setting and reprocessing.*

**Acceptable or Unacceptable under ANCC criteria?**

**UNACCEPTABLE**

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### Conflict of Interest

*Dosie Doe is the endoscopy unit Nurse Manager at a teaching hospital. He is on the speaker's bureau for a company which manufactures endoscopes. His session content provides updates on ERCP. This conflict will be disclosed to participants at the start of the session. His session content will be monitored for any product promotion by program planners.*

**Acceptable or Unacceptable** under ANCC criteria?

**ACCEPTABLE**

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### Conflict of Interest

What is the role of the Nurse Planner?

- Responsible for evaluating the presence or absence of conflicts of interest.
- Responsible for resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity.

**\*\*If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.**

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### Check point.....cleansing breath....



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### Biographical/COI Data

#### SECTION 5: CONFLICT RESOLUTION

Procedures that the Nurse Planner used to resolve conflict of interest or potential bias (if applicable for this activity).

**NOTE: This section is to be completed by the Nurse Planner. Check all that apply, select at least one.**

- Not applicable, no conflict of interest exists for this CNE activity.
- Remove individual with conflict of interest from participating in all parts of the CNE activity.
- Revise the role of the individual with conflict of interest so the financial relationship is no longer relevant.
- Not awarding contact hours for a portion or all of the CNE activity.
- Content for the CNE activity evaluated for bias and activity will be monitored to evaluate for commercial bias.
- Other - Describe: \_\_\_\_\_

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## Biographical/COI Data

### SECTION 6: STATEMENT OF UNDERSTANDING

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above. The individual completing the form is the planner/presenter whose name is listed at the top of the form.

Electronic Signature (Required)      Date: \_\_\_\_\_

➔ Print Name and Credentials: \_\_\_\_\_

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## Biographical/COI Data

### Nurse Planner attestation box

### STATEMENT OF UNDERSTANDING

An "X" in the box below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Electronic Signature (Required)      Date \_\_\_\_\_

➔ Print Name & Credentials \_\_\_\_\_

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## Activity Documentation Grid

Activity Objectives	Content	Time Frames	Presenters	Teaching Strategies
<ul style="list-style-type: none"> <li>&gt; Defined learner outcomes</li> <li>&gt; Written in measurable terms</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Each objective must have related and appropriate content</li> <li>&gt; Content to appear in list format</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Time allotted is appropriate for content</li> <li>&gt; 1 contact hour = 60 minutes</li> <li>&gt; Fractions rounded down</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Each objective must have a presenter indicated</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Teaching methods listed and appropriate</li> </ul>

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## Activity Documentation Grid

Activity Objectives	Content	Time Frames	Presenter	Teaching Strategies
<ol style="list-style-type: none"> <li>1. Describe how to obtain an application for contact hours from the SGNA.</li> </ol>	<ol style="list-style-type: none"> <li>1. Online application</li> </ol>	<ol style="list-style-type: none"> <li>5 minutes</li> </ol>	<ol style="list-style-type: none"> <li>C. Friis</li> </ol>	<ol style="list-style-type: none"> <li>Lecture, slides</li> </ol>
<ol style="list-style-type: none"> <li>2. Name the resources available during the application process.</li> </ol>	<ol style="list-style-type: none"> <li>1. Live support feature</li> <li>2. Nurse Planner</li> <li>3. Notes from this course</li> </ol>	<ol style="list-style-type: none"> <li>10 mins</li> </ol>	<ol style="list-style-type: none"> <li>C. Friis</li> </ol>	<ol style="list-style-type: none"> <li>Lecture, slides</li> </ol>

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## Quality Outcomes

Outcomes → Value and benefit to nursing professional development.

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## Quality Outcomes

Outcome categories related to Nursing Professional Development include:

- Improvement in nursing practice
- Improvement in patient outcomes
- Improvement in nursing care delivery
- Professional practice behaviors
- Leadership skills
- Critical thinking skills
- Nurse competency

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## Compliance and Disclosure

### Commercial Support and Sponsorship:

Is there Commercial Support or Sponsorship for this activity?

Yes (NOTE: If there is Commercial Support or Sponsorship, DOWNLOAD the applicable agreement Form).

No

### Disclosure

→ Will disclosure will be made to all program participants prior to the CNE activity?

Yes

No

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## Compliance and Disclosure continued

### Marketing materials

The SGNA Approver Unit must review your marketing materials. The following materials should be included on your marketing materials: Title of program, Presenter(s)' name and credentials, Date, Location, Provider of CNE event, Contact Person's name and contact information and Contact hours (# of contact hours pending). SGNA Approver Unit accreditation statement.

- NOTE: If there is Commercial support or Sponsorship, the following statement must appear on the marketing materials:

"There is commercial support or Sponsorship for the program provided by [Name of commercial interest or sponsor] provided in the form of \_\_\_\_\_."

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## Compliance and Disclosure continued

### Previous Denials

Has the applicant ever been **denied** approval by or had approval suspended or revoked for an individual activity by the SGNA Approver unit or by another ANCC Accredited Approver?

No

Yes. If yes, please provide the following information:

Date:

Action:  Denial  Suspension  Revocation

Brief description: \_\_\_\_\_

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## Compliance and Disclosure continued

**Joint-providing is when an applicant provides the educational activity with another organization. The joint-providing organization may not be a commercial interest or sponsor.** (Refer to Guidelines for additional information).

No, I am not joint-providing this program/

\*Yes, I am joint-providing this program.

\*If you are joint-providing, you will be contacted by the SGNA Approver unit for additional information.

Name of joint-providing organization(s) \_\_\_\_\_

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## Evaluation Form and Certificate of Completion

Evaluation Form Simply click to down-load, then follow the instructions

Certificate of Completion Simply click to down-load, then follow the instructions.

**The evaluation form will be used to:**

Provide feedback to presenters

Plan for future programs

Other: \_\_\_\_\_

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## Outcomes Evaluation

Level 4:  
Results

• To what degree targeted outcomes occur, as a result of the learning event(s) and subsequent reinforcement

Level 3:  
Behavior

• To what degree participants apply what they learned during training when they are back on the job

Level 2:  
Learning

• To what degree participants acquire the intended knowledge, skills, and attitudes based on their participation in the learning event

Level 1:  
Reaction

• To what degree participants react favorably to the learning event

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## Record Keeping and Storage System

I agree to maintain the following documents for six (6) years. These forms may be accessed only by authorized individuals and available to the SGNA Approver unit upon request. The Post Activity Packet will be submitted to SGNA.

A. Complete application packet, including Biographical Data/Conflict of Interest Forms, Activity Documentation Form, Commercial support or Sponsorship form, Evaluation Form, Certificate of attendance, copy of marketing material (e.g., brochure, flyer) and final approval letter with the number of contact hours awarded .

A. Post Activity Packet, including:

- Roster of attendees with unique identifier
- Final certificate of completion awarded to participants
- Summary of evaluations
- Post activity checklist (See CE Approver Unit Landing Page)
- Plan for outcome measure survey (See CE Approver Unit Landing Page)

- Yes  
 No

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## Post Activity Report

Post Activity Checklist and materials due at SGNA Headquarters

30 calendar days following program.



Quarterly if Learner paced

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## Frequently Asked Questions

1. Are "nursing contact hours" and "CEU's" the same thing?
2. Our presenter is employed by a commercial interest organization. She is a clinical educator and well respected in the field. Since she is not in sales, can she present for contact hours?
3. How does conflict of interest need to be disclosed?
4. Is there any way to still allow an employee of a commercial interest organization present for contact hours?
5. I presented a concurrent session at the Annual Course this year and would like to present it to my region. Do I need to submit a new application?
6. Does SGNA automatically send the application to ABCGN for GI specific approval?

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## Questions??

**i'm confused.**  
*no wait...*  
*maybe i'm not.*

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Thank you!



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