

WSNA CEARP HIGHLIGHTS

HAPPY NEW YEAR

January, 2011

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The Washington State Nurses Association is an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

SUCCESSFUL TURNOUT TO THE PROVIDER UPDATE

October 29, 2010

We were fortunate to have Pam Dickerson, PhD, RN-BC as our key note speaker for our 2nd annual update. There were 33 provider units (PUs) represented by 62 participants as well as nurses interested in becoming a provider unit. The day was filled with lively discussion and questions re the ANCC and WSNA CEARP criteria. The opportunity to network with each other was most valuable.

SOME INTERESTING INFORMATION SHARED AT UPDATE...DID YOU KNOW THAT...

- Average expectancy for health care knowledge only lasts from 18 to 36 months?
- Functions of CE for all health professions are: to maintain current practice and translate knowledge into practice? (*from 2010 Institute of Medicine (IOM) Report*)
- Five core competencies:
 - provide patient-centered care
 - work in interdisciplinary teams
 - employ evidence-based practice
 - apply quality improvement strategies
 - use health informatics (link data bases to CE)?(IOM, 2003: *Health Professions Education: A Bridge to Quality*)
- Focus on Inter-professional education to foster culture of team-focused care to improve health care quality and patient safety?
- There is a new product for accreditation for inter-professional CE?
- Challenge for nursing today: Are we going to focus on technical performance or

address critical thinking to *prevent* problems, to protect patients, to promote health? Our job is more than tasks.

- 58% of employed nurses work in hospitals?
- The RN license is not an indicator of quality?
- A sponsor is a non-commercial entity?
- A sponsor cannot be on the planning committee?

RECOMMENDATIONS TO CEARP

A number of suggestions, which will be considered by the CEARP Committee at its next meeting in February, were offered at the Provider Update by participants to improve communications, clarity and consistency of guidelines/forms including the following:



- **Add the PU website to your desktop as “my favorite” as way to be more directly linked to most current forms/guidelines.**
- **Add a FAQs section to the website.**
- **Consider a BLOG for CEARP.**
- **Note on Website page when changes made.**
- **Limit changes to once annually.**
- **Glossary needs to be more consistent with Appendices.**
- **Simplify navigation of PU guidelines on web site.**

Feel free to contact WSNA CEARP with any additional suggestions.

NATIONAL REPORTS SPARK ATTENTION ON INADEQUACIES OF CURRENT CE FOR HEALTH PROFESSIONS

Several recent national reports with implications for the future of CE were reviewed, including from the Institute of Medicine (IOM), Congress, Carnegie Report, Nat'l Council of State Boards of Nursing focus on competency and the ANA



Scope & Standards of Practice for Nursing Professional Development.

A consistent theme from all the reports point to the disarray of CE in the health professions; too much emphasis on lectures and too little emphasis on enhancing competency & daily practice performance. Too much lecture and counting of hours and not enough attention to practice improvement were identified as major concerns. Contact hours are based on time, not on learning outcomes.

The *Macy Report* concluded that the fundamental purposes for continuing health professional education are:

- Improve quality of patient care
- Assure continued competency of clinicians and effectiveness and safety of patient care
- Provide accountability to the public.



Macy Report Recommendations

1. Shift from presentation formats to emphasis on practice-based learning
2. Create national inter-professional CE institute of advance science of CE
3. Financing for CE should come from non-commercial sources, and
4. Develop new approach to who can provide and accredit CE.

What do these Reports Mean for Providers of CNE?

All the reports point to the need for all of us to take a closer look at:

- how we engage learners
- how we use technology
- how we strive to link education and practice
- how we ensure the integrity of CNE if commercial support/sponsorship is obtained.



UPCOMING CHANGES IN THE ANCC ACCREDITATION PROGRAM

- Substantial changes in both internal processes and expectations of accredited/ approved organizations expected in 2011.
- Focal points:
 - Operate the program in a sustainable business model, focusing on quality accountability.
 - Reduce redundancy
 - Focus on accountability of accrediting body, accredited approvers and approved providers
- Proactively address contemporary issues within the healthcare professions CE arena.
- New ANCC Manual will be published early 2011. Three major criteria will be emphasized in evaluating CNE activities:
 - Structural capacity
 - Educational Design
 - Evaluation.

Accreditation criteria changes will impact how your provider unit functions—additional templates, tools and resources will probably be available. Implementation deadline is scheduled for end of 2011. More information will be provided to CEARP applicants as it becomes available.

“Frequently Asked Questions”

Another resource for answers regarding the accreditation process is the ANCC website:
<http://www.nursecredentialing.org/accred/FAQs.html>

WA STATE NURSING CARE QUALITY ASSURANCE COMMISSION ADOPTS CONTINUING COMPETENCY RULES

Final rules will go into effect on January 1, 2011. Registered Nurses and Licensed Practical Nurses will be required to begin maintaining documentation/verification of compliance illustrating *at least 531 hours of active practice* and *45 hours of continuing education (CE) every three years*. This three-year period begins with the nurse’s 2011 birthday date. Audits for compliance will begin in 2014. Licensure renewals will continue on an annual basis, however, nurses will be expected to sign an attestation every three years to reflect they are compliant with the requirements for both practice and CE hours. More information is available on the WSNA website: www.wsna.org.



Due to high demand, WSNA will be conducting more free workshops to brief nurses about the new requirements for re-licensure in early Spring. Notices of these future workshops will be posted on the WSNA website.

CEARP COMMITTEE BUSY WITH UPDATING/CLARIFYING CONCERNS RE APPLICATION GUIDELINES/FORMS

Your voices have been heard! As a result of the input we have received regarding the CEARP application Guidelines/forms and through our own inter-rater processes, the Committee has been focusing on ways to further clarify application instructions. You can expect editorial changes to the Faculty Directed and Independent Study application forms on the WSNA website early 2011. Some of the



changes will also address anticipated ANCC improvements to the application process. Based on all the national reports re CE, you can bet there will be an increasing emphasis on measuring the outcomes of CNE and how it relates to improving the quality of care and patient safety.



UPCOMING CEARP CHANGES....

Attempt to clarify and remove the redundancy in the following for both Faculty Directed and Independent Study applications:

- **Key Element (KE) 1: Assessment of Learner Needs.** Better documentation is needed to show how the sub items: needs assessment, target audience, source of supporting evidence and development of objectives flow from each other.
- **KE 5: Evaluation.** Sub items B 1 & 2 will be integrated to address methods and category of evaluation.
- **KE 6: Official Wording on Advertising Materials** will be clarified.
- **KE 8-A:** Question re commercial support and sponsorship will be separated to reduce the confusion and better differentiate between these two entities.
- **KE 10-D:** Sample disclosure form will be updated to correlate with the application form.

IMPORTANT REMINDERS FOR ALL APPLICANTS

EFFECTIVE June 1, 2011: NO contact hours will be awarded for renewal of ACLS, PALS and other ‘advanced’ renewals.

For the **BLS, ACLS, PALS, etc. Instructor** courses, *contact hours can only be awarded for the teaching modality content* of the classroom-based BLS Instructor course. Note that this



does not include the content portion of the course.

BLS is no longer an augmentation to the nurse’s basic knowledge. Therefore, it does not meet the definition of CNE. Universities now require the student to be certified in BLS before ever entering the academic program. BLS is not an augmentation of knowledge; it is a basic preparation for training.

REMINDERS FOR PROVIDER UNITS (PUs)

- **PU Faculty Directed & Independent Study Documentation Forms**, located on the CEARP website, are required to be completed by the PUs Lead Nurse Planner in the planning of all their CNE activities.
- **Independent Study Addendum** for PUs interested in converting a faculty directed activity into an independent study activity is located in the PU Documentation Guidelines for Independent Study. Only approved PUs may convert a faculty directed activity they have completed into an independent study activity.
- **Provider Unit Evaluation Plan** provides an ongoing process for *internal assessment* of the PU’s achievement of internal goals for meeting ANCC/WSNA CEARP criteria (e.g.: sufficient staff, operating policies for the APIE, technology, resources, other).

Describe:

- How goals for improvement have been addressed with set timelines;
- What changes and progress have been made toward meeting these goals;
- What new goals for improvement have been identified?

A sample chart for documenting this plan is located in Appendix F of the CEARP Guidelines.

NOTE: Provider Units can only provide activities, not approve. Operational requirements further

state that Provider Units can only *provide* activities in which at least one of the Unit's lead nurse planners assumes an active role in the entire process from planning through evaluation.



THREE ESSENTIAL ROLES REQUIRED IN PROVIDER UNITS

I. Designated Nurse Planner (DNP)

Every Provider Unit (PU) must have the services of at least one DNP who has overall responsibility to assure the PU adheres to all ANCC Accreditation Program and WSNA CEARP criteria in the provision of CNE. The DNP must be an RN with either a baccalaureate or graduate degree in nursing. The DNP must have education or experience in the field of education or adult learning.

The Essence of the DNP is:

1) to ensure that a qualified nurse *lead nurse planner* is involved in the entire process of delivery—from needs assessment through planning, implementation, evaluation and follow up—for every CNE activity offered by the PU; and,

2) to guarantee that ANCC Accreditation Program criteria guide the development and implementation of every CNE activity offered by the PU. (Sample position description in Appendix G of the Guidelines)

II. Lead Nurse Planner (LNP)

The LNP has the same minimum educational requirements as the DNP and the necessity to maintain expertise in educational design and adult learning theories, receive orientation to, and maintain responsibility for implementing ANCC Accreditation Program and WSNA

CEARP criteria in their performance of a Nurse Planner role. For every CNE activity, there *must be a LNP* involved in the entire CNE delivery process—from needs assessment through planning, implementation, evaluation and follow up.

Note: A DNP may function as the LNP in planning CNE activities.

Larger PUs often need multiple LNPs, each of whom may be functioning under a unique arrangement within the PU. The DNP is responsible for ensuring that all LNPs are performing in a manner consistent with the policies, procedures, position descriptions and expectations of the accredited PU and with the ANCC and WSNA CEARP criteria.

Note: WSNA CEARP must maintain an up-to-date list of all DNPs with accurate contact information for all approved PUs. Updates need to be forwarded to WSNA CEARP within a month of any changes.

III. Nurse Reviewer (NR): only required for Provider Unit activities and may be one of a pool of lead nurse planners, as long as they are not involved in the planning. The NR must have minimum of a baccalaureate or higher degree in nursing; is familiar with the ANCC criteria; completes and signs a criteria form designed to indicate whether or not required criteria are met prior to the educational event; notifies appropriate persons if discrepancies need to be addressed; keeps review role separate from planning and implementing role.

NOTE: Nurse Reviewers are not required for free standing faculty directed or independent study applications; only required for PUs.

**REMEMBER TO CITE YOUR
APPLICATION NUMBER WHEN
CONTACTING WSNA CEARP**

When communicating with CEARP re your application, please cite your application number so that we can easily respond to you in a timely fashion. We get many inquiries, and approve many applications, so do not always remember what application you are discussing.

KIRKPATRICK'S FOUR LEVELS OF EVALUATION FOR CNE

(This topic is a continuation and adapted from the July, 2010 HIGHLIGHTS, located on the WSNA website.)

Donald Kirkpatrick, PhD, author, consultant published a series of four articles called "Techniques for Evaluating Training Programs." The articles described the four levels of evaluation that he had formulated based on his work for his PhD dissertation. This work was published in his book: *Evaluating Training Programs: The Four Levels*, which is now in its 2nd Edition, 1998. The four levels were described in the July HIGHLIGHTS.

Kirkpatrick's goal was to clarify what evaluation meant. His model defines evaluation as meaning "*measuring changes in behavior that occur as a result of the training*". The model is composed of four levels of evaluation:

- Did they like it? (REACTION)
- Did they learn it? (LEARNING)
- Did they use it? (BEHAVIOR)
- Did it impact the bottom line? (RESULTS)

Kirkpatrick's 4-level Evaluation Model provides a useful framework for developing your evaluation plan for educational effectiveness.

Level 1: Reaction



This most common evaluation level asks learners to rate their satisfaction. Determine what you want to find out. Design a form that will quantify the reactions. Encourage written comments and suggestions.

Benefits: a proxy for customer satisfaction; a way to gauge a perceived return on learning investment.

Level 2: Learning

This is a "test" to determine if learning transfer occurred. Measuring learning means determining one or more of the following:

- What knowledge was learned?
- What skills were developed or improved?
- What attitudes were changed?

Evaluate knowledge, skills and/or attitudes before and after the program; use a test to measure any changes; use results to take corrective actions.

Benefits: learner must demonstrate the learning transfer; provides presenters/planners with more conclusive evidence of teaching effectiveness.

Level 3: Behavior

This level evaluates the "job" impact of the learning activity:

- What happens when learners leave the classroom and return to their jobs?
- How much transfer of knowledge, skill and attitudes occurs?
- What change in job behavior occurred because people attended the learning activity?

Allow time for behavior change to occur; evaluate both before and after activity, if practical; survey or interview learners, supervisors, subordinates and others who observe the behavior; repeat the evaluation at appropriate times.

Benefits: an indication of the "time to job impact"; an indication of the types of job impacts occurring (quality, time, productivity, costs).

Level 4: Results

Kirkpatrick says that this level is “the most important step and perhaps the most difficult of all. Level Four attempts to look at the business results that accrued because of the learning activity. Allow time for results to be achieved; measure before and after the activity, if practical; repeat the measurement at appropriate times; consider costs vs. benefits.

Benefits: determine bottom line impact of the learning activity; tie business objectives and goals to activity.

Each of these steps provides increasingly valuable information from which to draw, as you answer the question: “Was this CNE effective? Did it make a difference in the quality of care and improve patient safety?” Data that you gather will be useful in doing a Needs Assessment for follow-up or subsequent CNE.

DIFFERENCE BETWEEN CNE AND STAFF DEVELOPMENT

Approved Provider Units are authorized to confer contact hour credits for educational activities designed to augment the knowledge, skill and attitudes of nurses and, therefore, enrich the nurses’ contributions to quality health care. The knowledge, skills or attitudes gained from CNE activities can be applied regardless of the employer of the activity participant.



Staff development activities are typically designed to enhance performance in participants’ current job roles and are based on a specific facility’s policies and procedures, equipment and resources. However, in those cases when staff development learning activities convey new content knowledge that would be transferable to other job settings, they can be eligible to offer CNE contact hours.

We are seeing an increase in the number of applications addressing the role of nurse preceptors/mentors. This is a growing area of need in supporting new graduates to their roles in the health care setting. It is important to be sure to differentiate between what is hospital policy vs. new information for nurses in these roles. Such activities can be provided recognizing that no contact hours may be offered for hospital policy considerations in preparing nurses for these roles.

*If you are having any difficulty in completing the application form, (e.g.: checking on the gray boxes next to each of the questions, contact **Kathryn Macleod** @ kmacleod@wsna.org for assistance.*

NOTE: Bio Data Forms have been revised to further clarify information required from planners, faculty, content experts and feedback personnel. The CEARP Committee has revised the bio data forms and now requires a separate form for Faculty Directed and Independent Study activities. These will be posted on the WSNA website in the near future.

BIO DATA FORMS NEED TO BE MORE COMPLETE

Credentials, educational background and experience in the CNE process are critical to affirm that the *designated nurse planner*, other planners and reviewers (in provider units only) are qualified and meet the required criteria.

Note: *Please define (or spell out) those less common credentials to clarify what they mean.*

Bio data forms for presenters, content experts, feedback personnel and nurse reviewers (only required for PU activities) must clearly inform us about their qualifications including their experience, education, certification and other information which validates their expertise in

whatever role they are responsible for in the activity.

Merely stating one's position, title or credentials does not validate or provide evidence that the person is qualified to either plan, present, and/or review that particular activity.

Bio Data Forms Require Complete Disclosure about any conflicts of interest.

Note: If there is conflict of interest by planners, reviewers, presenters, then it is important to note such conflict, both in the signed bio data forms and the advertising materials.

Note: A new bio data form must be completed with each new activity. It is not necessary for repeated activities.



USE OF COMMERCIAL SUPPORT

“Commercial support” includes financial or in-kind contributions given by a commercial interest with full knowledge and approval of the CNE provider. The CNE provider is responsible for how these funds are to be allocated.

Note: There are very specific *Standards for Disclosure & Commercial Support* regarding this issue described in Appendix J of the Guidelines.

Appropriate use of commercial support requires a written agreement documenting the terms of the support with signatures of all involved parties including the CNE provider, educational partner or co-provider (if applicable) as well as the commercial support entity.

Sample written agreement can be found in Appendix J-1a of the Guidelines.

The CNE provider must have written policies for direct payment of honoraria or reimbursement expenses; documentation detailing receipt and expenditure of commercial support; management of commercial promotion; control of content and format without commercial bias.

Note: The CNE activity may receive commercial support as long as it is unrestricted.

This means that the financial support must be transmitted directly to the CNE activity without any stipulation on how the support is to be allocated.

There must be a signed agreement indicating there has been no commercial involvement in the planning and content of the CNE

activity.

Note: A written agreement is not required of exhibitors who have had no role in the planning or presentation of the educational activity, and are located in a separate room.

- **The purpose of CNE should be the outcomes statement.**
- **Base objectives on the outcomes you want the learner to achieve.**
- **QUESTION to ask yourself: What one thing am I doing differently after the last CNE program I attended?**

REQUIRED WORDING FOR ADVERTISING MATERIALS & CERTIFICATES OF SUCCESSFUL COMPLETION

Promotional material includes any method of announcing an educational event. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, email or web site. This material must be submitted with the application.



Promotional materials for approved Faculty Directed and Independent Study activities must include the following statement if contact hours are being listed: ***“This continuing nursing education activity is approved by the Washington State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”*** This same wording is to be used on the Certificate of Completion.

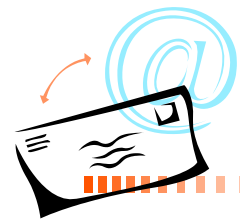
To publicize the learning activity prior to CEARP approval, the following language is required to indicate that the activity has not yet been approved: ***“Contact hours for this continuing nursing education activity have been submitted to WSNA, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. Please contact (name of applicant representative) at (sponsoring organization) for more information about contact hours.”***

To publicize the learning activity offered by an approved Provider Unit, the following language is required: ***“(Provider name) is an approved provider of continuing nursing education by the Washington State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.”*** (Same wording required for certificates of completion.)

Note: When there are multiple approvers (for other disciplines) listed on the promotional materials and on the certificate, *it is required that the ANCC required language remains on a separate line(s) from all other approvers. It is to stand alone with a blank space above and below the statement.*



Note: The Certificate of Completion must have the physical address of the approved CNE provider on it.



YOU MUST NOTIFY WSNA WHEN...

As a condition of your approval, all applicants are required to notify WSNA by written correspondence or email when the following changes occur:

- 1) PU has a new Designated Nurse Planner. All new Designated Nurse Planners in approved PUs must submit a completed PU Staff Bio Data Form and signed Attestation Form agreeing to meet all required criteria. These should be sent with the notice (by email is ok) to WSNA.
- 2) Your organizational structure changes. (Your approval is for the organization listed as the applicant on your application and is **not transferable**).
- 3) Changes to an approved faculty directed or independent study activity. As these activities are approved for two years, it is *critical* to report any changes in the elements of the activity such as the names of presenters, objectives/content outline or length of the activity. If these changes are significant, a new application will be required.
- 4) A decision to discontinue the Provider Unit, Faculty Directed or Independent Study activity is made.
- 5) Whenever there is a telephone, e-mail, name or address change.

ADVERTISING YOUR EDUCATIONAL ACTIVITIES WITH WSNA

If you would like more than a listing of your workshop on the WSNA CNE calendar or website, or you did not submit your application to WSNA for approval, you can request the rates for paid advertising in *The Washington Nurse* by contacting Duncan Taylor at WSNA, (206) 575-7979, ext. 3003 or www.wsna.org/pubrel/washington.nurse.asp

Provider Units - Be sure to notify WSNA of your planned courses and conferences. WSNA has no way of knowing anticipated activities unless you include WSNA on your mailing list. Be sure to put the WSNA CEARP staff on your mailing list or send periodic e-mail announcements to hfaber@wsna.org and kmacleod@wsna.org. We need to know the title of your course, the date, the city, contact hours awarded, fee for RNs, a contact person and phone number or web site address. This information will also be placed on the WSNA website at no extra charge.



*See WSNA's Website for a list
of Approved Providers*

www.wsna.org

CEARP REVIEWERS NEEDED!

The CEARP Committee is always recruiting for interested RNs to be considered for appointment to the CEARP Committee.

Functions of this Committee are to review and approve continuing nursing education activities covering a range of topics from a variety of applicants including hospitals, community colleges, universities and commercial entities.



Criteria for appointment include: previous experience in successfully planning continuing nursing education offerings (i.e., writing behavioral objectives, developing evaluations, designing content) for adult learners; member of WSNA; time to review about two applications a month; able to attend three Continuing Education Approval & Recognition Program Committee (CEARP) meetings, and participate in two 1.5-hour teleconferences each year. WSNA membership is required and a master's degree in nursing preferred.

Volunteer yourself and a friend. This experience provides a valuable needed service to nurses in Washington State. Your careful evaluation of applications will help assure that educational activities meet the standards set by ANCC for continuing nursing education.

P.S. Approved CEARP applicants are especially welcome to apply, given your experience in completing our applications and meeting the required criteria.

**Contact Hilke Faber
206-575-7979, ext. 3005 to learn more or
email hfaber@wsna.org.**

CEARP WANTS TO HEAR FROM YOU!

We continue to hear through the grapevine that people are frustrated about our application forms, however, we never hear specifics. It would be more helpful to hear directly about these concerns with constructive suggestions on how we can make this process more user friendly.

NEW: We now are enclosing a “customer satisfaction survey” with every official approval notice inviting approved applicants to complete and return to WSNA CEARP in the enclosed self addressed envelope. **WE REALLY WANT TO HEAR FROM YOU!!**

Any suggestions on how to streamline the application process is always welcome. Our goal is to develop forms and instructions that are easy to understand. We need you to help us find all the omissions and redundancies to make the forms consistent with each other and with the instructions. *Thank You!*

(206) 575-7979, ext. 3005 or hfaber@wsna.org