DEVELOPMENT OF AN INTRA-FACILITY CONTINUING EDUCATION PLANNING TOOL

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Lori Anne Chovanak

January 2012

DEDICATION

This paper is dedicated to my two children, Rachel and Kasey Chovanak who have made my “mom” job easy as I navigated graduate school this past two and a half years.

I love you!

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ABSTRACT

Continuing nursing education is now required for registered nurse licensure in Montana. The implementation of new state rules in Subchapter 21; 24.159.2101-24.159.2106 requiring mandatory education was a change that has created uncertainty in some licensed professional nurses. The purpose of this paper is to describe the process the author used to plan and develop an Intra-facility Continuing Education Planning Tool (ICEPT) to assist a broad range of health care professionals, in a rural hospital to increase access to continuing education programs, that provided contact hours. .

CHAPTER 1

IMPLEMENTATION OF AN INTRA-FACILITY CONTINUING EDUCATION PLANNING TOOL

Introduction

The purpose of this paper is to describe the process the author used to plan and develop an Intra-facility Continuing Education Planning Tool (ICEPT) (Appendix A) to assist a broad range of health care professionals, in a rural hospital to increase access to continuing education programs that provide contact hours. The pilot hospital that served as a model for this paper has been an Approved Provider of continuing nursing education by the Montana Nurses Association since 1985. Approved Provider status allows an organization to plan and present unlimited continuing nursing education activities for contact hour credit.

Continuing education has been in the forefront of discussion recently in Montana for leading organizations in the nursing profession. Recent issues of *The Pulse*, the Montana Nurses Association's quarterly publication, and *Montana Nurse,* the official publication of the Montana State Board of Nursing, have headlined the recent changes to continuing education requirements for registered nurses in Montana. The focus on continuing education is also a discussion among nationwide organizations such as the Institute of Medicine (IOM), are promoting the formation of a national continuing education institute which will promote lifelong learning, focused on the point of care (http://www.iom.edu/~/media/Files/Report%20Files/2009/Redesigning-Continuing-

Education-in-the-Health-Professions/RedesigningCEreportbrief.pdf retrieved 12-5-11). The Robert Wood Johnson Foundation and American Association of Retired Persons (AARP) have supported the creation of action coalitions which are the driving force of the Future of Nursing: Campaign for Action. The focus of the campaign promotes a research based educational movement to inform the public and policy-makers about issues in the nursing work force and the link between an educated nursing work force and quality care (http://thefutureofnursing.org/content/regional-action-coalitions retrieved 12-5-11). This campaign promotes a health care system where all Americans have access to high-quality care, with nurses contributing to the full extent of their capabilities. The campaign is coordinated through the Center to Champion Nursing in America (CCNA), an initiative of AARP, the AARP Foundation and the Robert Wood Johnson Foundation (RWJF) with significant engagement of nurses and other health care providers, consumer advocates, policy-makers and business, academic and philanthropic leaders.

Action Coalitions are built to effect long-term sustainable change at the local, state and regional levels. Coalition members have banded together to implement the recommendations contained in the landmark Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health. Action Coalitions activities will capture best practices, determine research needs, track lessons learned and identify replicable models (http://thefutureofnursing.org/content/regional-action-coalitions retrieved 12-5-11). The American Nurses Association (ANA) is the leading accrediting agency of continuing nursing education through the American Nurses Credentialing Center (ANCC). Through these and other organizations there has been an overall movement

within health care to improve patient safety and clinical outcomes through education. The increased emphasis on patient safety and clinical outcomes has advanced to the level where federal rules are in place and reimbursement for services are directly tied to patient care, and avoidance of preventable harmful events (https://www.cms.gov/cfcsandcops/ retrieved 12-5-11). Centers for Medicare and Medicaid Services (CMS) have developed Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) which facilities must adhere to in order to maintain participation in all outlined programs. CMS provides these standards as fundamental for improving quality and protecting the safety of individuals. Addressing these mandates requires highly competent and confident professional nurses who appreciate this connection of reimbursement and quality care.

Nelson, Batalden, Godfrey (2007) report that all professionals within a healthcare system need to have common purpose by integrating roles within a clinical microsystem. The authors state,

> The idea seems to me beautifully simple. If our work, at its core, it to heal and to help people in distress, then we can get great benefit and guidance for our actions by seeing the work and then figuring out how we can best help that (pg. xxi).

Description of Problem

The implementation of new Montana rules in Subchapter 21; 24.159.2101-24.159.2106 requiring mandatory continuing education was a change that created uncertainty in some licensed professional nurses. The Montana Board of Nursing received calls regarding the implementation of the requirement for mandatory continuing education (Gustafson, 2011). Some nurses also contacted the education department of a

local community hospital to inquire about how the organization could assist them in obtaining continuing education credits (H. O'Hara, personal communication, February 17, 2011). While nurses have a professional responsibility for obtaining continuing nursing education; hospital administrators have indicated a desire to assist the nurses as they are able. They see continuing education as valuable to the nurses and to the hospital.

The purpose of the author's project was to develop an Intra-facility Continuing Education Planning Tool (ICEPT) that could be used by a broad range of health care professionals, to increase access to continuing education programs provided within one rural hospital. The anticipated outcomes following implementation of the ICEPT are that registered nurses in this rural state will experience greater access to continuing nursing education while playing an active role in sharing their knowledge and expertise.

Background

Professional nurses employed by the pilot hospital attended educational offerings in house and also traveled to educational events within the state or participated in national meetings that offered continuing education. Many nurses in the hospital are nationally certificated in their area of expertise. National certification also mandates a minimum number of hours of continuing education (contact hours) to maintain certification. Nationally certified professional nurses do not anticipate a challenge in meeting the new licensure rules. The requirement for continuing education primarily affects professional nurses who do not have national certification. While the attitudes of professional nurses regarding the continuing education mandate vary, the author noted during informal

discussions that most professional nurses agree, that continued education contributes to improved clinical practice and that their individual practice benefits from up-to-date information.

The pilot hospital serving as a model for this project has been an Approved Provider of continuing nursing education by the Montana Nurses Association since 1985. Approved Provider status allows an organization to plan and present an unlimited number of continuing nursing education contact hours. When an organization has Approved Provider status, there is one less barrier to providing continuing education programs within the facility. A definition of the term Approved Providers follows: An Approved Provider is defined as, "an institution, organization or agency that submits to an in-depth analysis to determine the capacity of the entity to provide quality continuing education activities for nurses" (Application Manual: Accreditation Program, 2009). The process for becoming an Approved Provider requires several months of preparation. Once approved, the institution, organization, or agency may provide as many educational offering as desired while maintaining record of each activity. The approval is granted for a three year time frame and then re-application must be completed accompanied by a fee assessed by the approver (Application Manual: Accreditation Program, 2009, pg. 2).

Needs Assessment

The Board of Nursing mandates twenty-four contact hours of education every two years for professional nurse licensure renewal. Consequently, nurses have identified a need for increased access to continuing education. The hospital administrators are

interested in facilitating in-house access to professional continuing education programs. Increasing the education programs provided by the hospital will have budgetary considerations. The author explored avenues with minimal budgetary impact, which could achieve the goal of increased access to continuing educational programs.

An informal analysis of the current continuing education practices within the pilot hospital was conducted. Recent trends in publications from professional organizations and journal articles were reviewed; discussions and interviews with hospital administrators were scheduled and conducted. In order to gather information about the professional nurses' attitude and opinions the author also met with the nursing staff.

Planning Analysis

To fully analyze the educational needs and issues, staff from the pilot hospital Education Department provided general information regarding current documentation for tracking continuing education of nurses. The Education Department of the hospital tracks individual nurse continuing education hours as a service; therefore it is the responsibility of each nurse to maintain an accurate record of external continuing education and to ensure the Education Department receives the information. The education program employee reported that the hospital rarely received information and certificates from employees regarding educational experiences external to the hospital. The documentation that is received tends to be submitted by a specific group of nurses working within a few hospital departments (Y. Beasley, personal communication, March 17, 2011).

Specific employee data was not examined and only general data collection practices were discussed, therefore the Montana State University Institutional Review Board (IRB) indicated the project received exempt status. Existing data about continuing education collected by the hospital included computer records of the number of annual continuing education hours each registered nurse employee reported to the hospital. These data also included educational credits the registered nurse received from outside sources. Individual nurses with certification in a specialty area have traditionally maintained more accurate records of their educational activities due to mandated requirements by the certifying bodies for certificate renewal. It is anticipated that all registered nurses, including those who do not have specialty certification, will be more diligent in their record keeping with the new licensure requirements. Several hospitals in this rural state are members of collective bargaining units. During the early stages of problem analysis the author reviewed language concerning continuing education within statewide nursing collective bargaining unit contracts with hospitals. The review of contracts among facilities focused on support and assistance for registered nurses in pursuing continuing educational opportunities. Information from the review revealed a wide variation in contract language. Contract agreements ranged from being very generous concerning continuing education to agreements that did not address education. The labor staff at Montana Nurses Association is considering educational proposals with local bargaining units who are members of the Montana Nurses Association. The labor staff recognizes the benefit of this language for the nurses and the facilities that employ them (A. Hauschild, personal communication, April 13, 2011).

Nurses in the pilot hospital have proposed contract language that infuses opportunities for continuing education that benefit the nursing staff and the hospital. Information regarding the number of contact hours provided by the facility and the professional nurses' experience of using the ICEPT has been suggested as areas of focus for evaluation following implementation of the ICEPT within the pilot hospital. The pilot hospital has agreed to share the information with other Approved Providers and hospitals throughout Montana.

Outlying Influential Precursors

Once the author identified priorities for planning implementation, the author investigated the consequences, contributors and over all causes that surrounded the priority problem of increasing access to continuing education opportunities. Due to the ease of understanding and information organization structure, the Family Health Outcomes Model (2011) was selected by the author to provide direction for the problem analysis of institutional precursors that potentially influence outcomes. The Family Health Outcomes Model identifies tertiary, secondary and direct precursors. Each of these precursors were considered by the hospital administrators, when planning to increase access to continuing education at the pilot hospital.

Tertiary precursors are referenced in the model as environmental or social factors which impact health status (Family Health Outcomes Project, 2011). The hospital administrators identified the tertiary precursors as errors in healthcare delivery and a need for greater global awareness of issues in healthcare education, IOM and AACN

recommendations, and increasing requirements and standards by the hospitals' accrediting organization requiring education throughout the hospital.

Secondary precursors are those that impact the outcome but do not have a clearly defined relationship to the problem and are socioeconomic or psychological in nature (Family Health Outcomes Project, 2011). Hospital Administrators identified time available for continuing education, implementation of evidence based practices, nurse competence issues in practice, and the consideration of multidisciplinary collaboration in educational opportunities as secondary precursors.

Direct precursors are defined in the Family Health Outcome Project as individual determinants that have a direct cause-and-effect relationship to the outcome (http://fhop.ucsf.edu/fhop/htm/prods/pg_cover.htm retrieved March 2011). Direct precursors included the continuing education requirement for licensure and or certifications; hospital accreditation, and ability of the nursing staff to move from one area of the hospital to another area and the nurses desire for professional development. Tertiary, secondary and direct precursors defined by the model were identified for consideration by administration for improving the access to continuing education at the hospital.

Value of the Intra-facility Continuing Education Tool

The ICEPT was designed as a guide to simplify and clarify the process that is required for meeting the complicated criteria established for Approved Providers and the ANCC. Terminology and required criteria are very intricate and difficult to understand

for individuals who are not regularly exposed to the requirements. The criteria can, therefore, be intimidating and prevent health care professionals from comfortably pursuing the development of educational activities and consequently sharing knowledge as Content Experts. In order to assist the reader, the following terms have been defined; Content Expert, Lead Nurse Planner, Contact Hour, Provider Unit, and Planning Committee.

Content Experts are defined as "An individual with documented qualifications that demonstrate education, knowledge, and experience in a particular subject matter" (Application Manual: Accreditation Program, 2009, pp. 71).

Contact Hours, are defined by ANCC as sixty minutes of organized learning either didactic or clinical in nature (Application Manual: Accreditation Program 2009 pg. 71). The educational content of each activity provided is awarded the contact hours by the provider unit to all health care professionals or nurses who participate in the learning experience.

A Provider Unit is defined as a single focused organization or a distinct, separately identified unit within a complex organization that is administratively and operationally responsible for coordinating all aspects of the continuing nursing education activities provided by the approved organization (Application Manual: Accreditation Program, 2009, pg. 113). Within the Provider Unit is the key person called the Lead Nurse Planner. The Lead Nurse Planner is responsible for maintaining compliance with ANCC requirements (Application Manual: Accreditation Program, 2009 ,pg. 122).

A Planning Committee is required for each educational activity offered by the Provider Unit. The Planning Committee consists of one Nurse Planner and at least one other planner. The committee must have representation of a Content Expert, a member of the target audience, and one member responsible for adhering to ANCC criteria (Application Manual: Accreditation Program 2009 pg. 32).

The ICEPT will ensure that the Education Department and Lead Nurse Planner have accurate information to document continuing education activities to meet the ANCC requirements to maintain hospital Approved Provider status. The components of the ICEPT provide a format in basic terms that allows Content Experts to develop an educational activity without the need to be intimately familiar with the intricate requirements of the continuing education process. The ICEPT may reduce a major barrier for health care professionals who desire to develop educational learning activities.

Finally, of value is that the ANCC 2009 Provider Manual indicates, “faculty [Content Expert] may be awarded contact hours for the parts of the program presented by others and in which they participate as learners. A faculty person who presents an activity for the first time may receive contact hours for that presentation” (pg. 7). The reference to faculty in this definition is synonymous with Content Expert. These presenters, therefore, also receive contact hours for their initial presentation to count towards their own licensure requirements.

CHAPTER 2

LITERATURE REVIEW

The idea of continuing education for continued professional competency is not new. In 1948, Dr. Lucille Brown submitted a report to the National Nursing Council of a study that examined a reorientation of professional nursing education in order to accommodate the societal healthcare needs of her time. Brown's report was prepared at a time when the appreciation of nursing as a profession was limited. The overall message of the report was that nurses were instrumental in applying scientific knowledge into practice and meeting the needs of patients and communities (Allen et al., 1948).

Leadership being a key characteristic in her report, Brown outlined prevention, knowledge application, education of each other and other allied healthcare workers, and local, state and national influence as integral in professional nursing practice. The definition of professional nurse was directly related to the education of an individual.

The Allen et al. (1948) review reports that Esther Lucille Brown's idea that continuing education contributes to increased competence, increased self-confidence, and greater job satisfaction. These ideas are still an important focus today as leaders in the profession continue to impress the value of education on their professional practice and competency for quality safe health care. Evidence supports that to be a professional today entails a commitment to lifelong learning and pursuing continued education to enhance practice and improve patient outcomes (Allen et al., 2008).

The diversity of nursing practice provides a unique challenge to evaluation of competency in practice. Evaluation of clinical nursing skills is easily monitored; however, the evaluation of competency in application of scientific knowledge is more complex (Allen et al., 2008). The achievement of desired outcomes and application of critical thinking in complex patient situations must be considered when evaluating competence in nursing practice. Nursing licensure can no longer be the sole focus of educational competency as the entry into practice has proven to be overwhelming.

Professional Competency

Allen et al. (2008) recognized components of a competency evaluation should include a nurse self-evaluation and portfolio development, as well as, knowledge of skills as related to individual practice. With this in mind, continuing education must be considered carefully by the professional nurse in order to gain knowledge that contributes to competence at the experience level of the individual. The authors suggested educational activities be designed to a higher level of learning such as analyzing and creating to adequately contribute to practice application of the new knowledge.

Responsibility of competency lies with more than the professional nurse who must recognize individual practice limits. Employers, professional associations, boards of nursing, and credentialing entities must share in this critical task. The consequence of inadequate competency is largely undetermined although the current literature supports that narrowing the gap between education and practice leads to improved patient outcomes, accountability, and clinical judgment in professional practice (Tilley, 2008).

The shared responsibility concept as well as describing the involvement of employers in competence development is an essential element leading to quality care. To develop competence the professional must have the desire to learn, an environment that promotes and supports learning, professional motivation to pursue a higher level of practice and opportunities which promote learning which may or may not be planned (Tabari-Khomeriran et al., 2007). These authors indicated that professional competency needs to be deliberate and gradual. Nurses need to take an active role in their individual competency and also must be supported by those who employ them.

Penz et al. (2007) conducted research regarding barriers to continuing education among rural nurses. The data suggests that barriers to participation in continuing education are not only pertinent to nurses at the hospital, but also address the larger macrosystem of licensed professional nurses in rural areas. Of interest, Penz et al. (2007) reported that a nursing degree is outdated 10 years into an individual's career. Technology and advancements happen so quickly that without continuing education and lifelong learning, a nurse's practice is outdated, the risk of error's increases, and patient outcomes are impacted. The perceived barriers for participating in continuing education were directly related to a nurse's educational level (Penz et al., 2007).

Penz et al. suggested that the younger and the older nurses have less perception of barriers than nurses who were 30-59 years old. Younger nurses may not feel a need for continuing education having recently exited a nursing program; older nurses did not see barriers to continuing education because they were not interested in continuing education being at the end of their career. Of note, limitations to this specific study were mentioned

regarding the sample group, the time frame of data collection, and the wording of an open ended question.

Current Trends in Continuing Education

The ANCC is now requiring evidence to demonstrate that attendees of educational activities have changed their practice based on new knowledge or skills obtained (DeSilets & Dickerson, 2009). This trend is supported by the ANA. Nursing professional development is defined as “lifelong learning in which nurses engage to develop and maintain competence, enhance professional nursing practice, and support achievement of career goals” (Scope and Standards of Practice for Nursing Professional Development American Nurses Association, 2010, pg. 1).

The Allen et al. (1948) review indicated that the importance of continuing education for nursing professionals has been recognized for decades. This review of the more recent literature also supports the importance of life-long learning as a professional responsibility.

CHAPTER 3

DEVELOPMENT OF THE INTER-FACILITY CONTINUING EDUCATION PLANNING TOOL

The ICEPT provides a simple and concise guideline for Content Experts to plan, implement and evaluate continuing education activities within an appropriate format that meets the Approved Provider criteria for continuing nursing education. The pilot hospital administrators agreed to provide each Content Expert two hours of paid time outside of regular scheduled work shifts to prepare the continuing education program and to complete the required documents, so that the presentation would meet the criteria for continuing education contact hours. The ICEPT provides a step by step process so that the Content Expert will be able to meet the criteria for a providing a continuing education program that provides contact hours to participants, without becoming overwhelmed with the paperwork required for documentation. Supporting Resources (Appendix B) from professional organizations that encourage continuing education have been outlined for the pilot hospital Education Department to reference prior to implementation of the ICEPT. These resources note that continuing education is vital to professional practice and safe health care delivery. The resources are available on-line, at no charge and include current information regarding the future of the nursing profession and educational influences on practice which are driving a transformation of the nursing profession.

The anticipated result of ICEPT implementation includes increased access to continuing education programs that meet the criteria for continuing education hours to

nurses who are employed in small rural hospitals. It is anticipated that there will be minimal impact to the hospital budget.

Another anticipated result is that health care workers who participate in continuing education programs will have current information that they can apply to the clinical situation with the overall goal of improving quality of care. The Institute of Medicine (2001) defines quality as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (pg.4).

The target population for this project will include all licensed registered nurses employed by the pilot hospital. The hospital as a microsystem represents a greater macrosystem of all licensed nurses in Montana. Nelson et al. (2007) noted that the characteristics of a microsystem include: 1) a place where professional clinical competency is developed, 2) a place where changes can be tested and improvements occur, 3) a place of employee motivation or dissatisfaction, 4) a place that joins with other microsystems to create a continuum of care, 5) a place where clinical policy and care is delivered, 6) a place where a level of safety and value are applied in care, and finally, 7) a place where the level of patient satisfaction occurs (Nelson et al., 2007). Each of these characteristics, to varying degrees, can be applied to the registered nurses in the pilot hospital.

The ICEPT supports several options for educational presentations to facilitate an appropriate delivery method and presentation design. Educational presentations are based on topic content, learner preference, and target audience. Program delivery options

include face to face presentation, individual activity development in hard copy, computer accessed activities, video/CD ROM recording, and finally organizing a journal clubs for contact hour.

Outcomes Management

The outcome of any implemented change may prove a desired result or may indicate further change needed to address the particular problem. Outcomes management involves the understanding of the outcomes being measured and their effect on patient care, having the appropriate resources to ensure ability to provide interventions that are evidence based, and having the knowledge of how to implement the evidence in practice interventions (Monaghan & Swihart, 2010). The key elements of outcomes management are to ensure that the hospital resources and the ability of professional nurses to implement the ICEPT within the practice environment. The Director of the Education Department working in concert with the Director of Nursing will share responsibility for outcomes management. The anticipated outcomes for this project are that the professional nurse will a) apply information from the continuing education program to clinical practice and b) experience greater access to continuing nursing education programs that provide contact hours. Each of the two outcomes is noted within the ICEPT.

Timeline and Cost Impact

The ICEPT will be introduced to the hospital administrators and pilot tested on a date agreed upon with the author. Following introduction to the hospital administrators a

plan for dissemination to the health care providers will be developed in collaboration with hospital administrators. The hospital administrators have been consulted throughout the development of the ICEPT. Individuals who have been involved in the planning process are motivated to implement and support the ICEPT. The estimated target date for implementation is winter 2012. The first continuing education program will be presented by a professional staff nurse who meets criteria as a Content Expert in the area of evidence based practice. The Content Expert and the author of the ICEPT will work closely with the Planning Committee to pilot the ICEPT for clarity and ease of use. Documentation of contact hours for attendees will appear on the certificate of completion. The Program Evaluation Form will be completed by all program attendees. Evaluation of the ease of use of the ICEPT will be completed by the Content Expert and members of the Planning Committee.

The anticipated cost of implementation is nominal. Costs will be incurred related to the stipend paid to the Content Expert of two hours to plan, research, design and compile the required continuing education documents. There is a potential that implementation of the ICEPT may provide a cost savings, due to increased in-house continuing education opportunities and reduced workload of education department personnel. Potential immediate economic impacts include the in house provision of a continuing education program that awards continuing education hours, thereby reducing travel and time off expenses of the professional nurses.

Potential Challenges to Implementation

Several challenges to the implementation of the ICEPT within the pilot hospital have been identified: 1) It is possible for the hospital to experience a priority need that may require implementation of ICEPT to be delayed; 2) Unanticipated budgetary concerns may need to be addressed prior to implementation; and 3) Content Experts, inexperienced in sharing knowledge with peers or colleagues via formal delivery, may see the task of developing an educational activity as daunting and time consuming.

Some areas of the hospital have minimal staff and these areas may not value the benefit of multiple peers developing multiple educational offerings. The design and characteristics of each of the hospital departments will need to be considered when piloting the ICEPT. Flexibility during the implementation phase is important to consider so the adoption of ICEPT will best meet the unique characteristics of the departments.

CHAPTER 4

PLANNED EVALUATION

Stanhope and Lancaster (2008) described two types of evaluation which contribute to successful implementation of a plan. Formative evaluation is ongoing during the implementation process and summative evaluation measures the success and outcomes after implementation (pg. 496). Formative evaluation will be conducted throughout the pilot implementation and will occur through the monitoring of results from both the learner evaluation and planner evaluation portion of the ICEPT. The Lead Nurse Planner will monitor these evaluations.

It is anticipated that the pilot will be completed within one year. Following implementation of the pilot project for the ICEPT a comprehensive summative evaluation including participant staff, content experts, attendees, and hospital administrators will be conducted. This will occur through collation of all evaluations collected during the pilot implementation by the education program staff members. The education department staff will evaluate the amount of educational activities offered during the pilot year and compare the numbers with years prior to ICEPT implementation to assess for increased volume of educational activities offered in the hospital. Evaluation of all collected information regarding the use of the ICEPT and learner satisfaction will be analyzed by Education Department staff for continued quality improvement.

Patricia Yoder-Wise (2008) stated, “Many of us know a lot about something, and that something could be valuable to someone else” (pg. 387). Taking advantage of what

we know, sharing with others and allowing that knowledge to influence the quality of care has potential for great impact within the profession of nursing. Although there is great debate among professionals of the overall impact of continuing education on continued competency, there can be no question that continuing education definitely contributes to professional competency. To support this idea, Nelson et al. (2007) explained that continuing education must be designed to provide learning experiences that enhance the nurse's confidence, competence, and ability to enhance patient care through improved clinical outcomes, improved patient safety, and care provided with the core value of "healing and helping the sick" (pg. xxi).

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APPENDICES

APPENDIX A

INTRA-FACILITY CONTINUING EDUCATION TOOL

Intra-facility Continuing Education Planning Tool

This tool is designed to assists professional nurses in planning, implementing and evaluating continuing education programs that receive continuing education credit. The tool consists of five parts: 1) General Information 2) Certificate of Participation 3) Participant Evaluation Form 4) Program Planner Evaluation Form and 5) Acceptable Verbs

Thank you for willingness to provide your professional expertise to the employees of the hospital. Your work will contribute to increased access to continuing education for health care professions in this hospital. As health care professionals we each know a lot about something and that something could be valuable to someone else. Share it!!!

1. Get started
   - Use these forms to guide your planning of the educational activity. Complete each area. All of the items are required by our Accredited Approver so that we can provide contact hours to participants.
   - Contact the Education Department with questions or if you need assistance. We want you to have fun, to learn this process and to feel successful in accomplishing your goal to provide a continuing education program that will award continuing education hours.

2. Get a friend on board
   - Choose a Nurse Planner to be involved in the planning with you. The Nurse Planner must be someone on the list of Nurse Planners which can be provided through the Education Department. The Nurse Planner can co-present with you or simply provide input to the design of the educational activity.

Names of those involved with educational activity design:

---

3. Purpose of Activity:
   - Write the purpose statement for your educational activity. (What are you teaching the learners)

The purpose of this educational activity is
to:

---

4. Materials and support

The Education Department and/or your hospital department will assist you in securing needed materials. Please provide a list of anticipated material needs e.g. a classroom with a white board, an overhead projector, a laptop computer etc. All requests will be considered:

---

5. Fill out objectives and content chart:

- Write two objectives for each hour of education. Do not exceed four objectives in one hour of education. The Nurse Planner will help with this.
    - Tip for objectives- Use verbs from the list provided to assist in writing the objective. Be short, concise and only use one verb for each objective
- Write a brief content outline for each objective.
    - Tip for content- Be specific and don't restate the objective
- Decide how you will to deliver the educational activity
    - Face to Face, computer accessed, hard copy, video/CD, one on one hands on instruction, poster, journal club, etc.

6. Design the presentation
    - Design your educational activity. You must include two statements of disclosure which can be either on a handout or a slide. Use the samples below or customize your own to statement that includes the following components, no bias, and no conflict of interest, does not endorse a product.

Example: This continuing nursing education is being offered without the influence of bias. No conflicts of interest have been identified and no off-label products will be discussed. Presentations by the hospital do not imply endorsement of any product, individual, or therapeutic practice
Example: To receive contact-hour credit you must sign in, attend at least 80% of the presentation and complete an evaluation form

Developing a Power Point is, simple and fun! Don't be afraid to ask for help! Will you require access to the Power Point program for educational design?	Yes	No

7. Include Evidence!
    - Refer to the latest research and best practice for your educational activity. Provide this within your presentation. Each hour of instruction requires three from professional journals.
8. Complete biographical data form
    - Each person involved in the planning process must complete a biographical data form

9. Who can you contact to assist you through this process?
    - Lori Chovanak
    - Heather O'Hara

Congratulations!

We value your commitment to continuing education and lifelong learning in our organization!

(Sample)

Certificate of Participation

(Title of Educational Activity)

Name of Participant

Name of Hospital
0000 Address
City, State
Zip

Contact hours awarded:_____

St. Peters hospital is an approved provider of continuing nursing education by Montana Nurses association, an accredited approver by the American Nurses Credentialing Center's COA

Learner Evaluation Form

Title of educational activity/Date

This evaluation will be completed by the attendees

Date, topic and name of presenter(s)	**Evaluation Criteria**	**Check Rating (1 = inferior 5 = superior)**				
		1	**2**	**3**	**4**	**5**
Date **Topic** Presenter(1)	Was the speaker knowledgeable, organized and effective?					
	To what degree did the presenter achieve the objectives?					
	Was the education fair, balanced and without bias?					
	Comments:					
Date **Topic** Presenter(2)	Was the speaker knowledgeable, organized and effective?					
	To what degree did the presenter achieve the objectives?					
	Was the education fair, balanced and without bias?					
	Comments:					
Practice Outcomes	As a result of attending this continuing education program do you believe this educational session will change your practice? If so how will your practice change? If not, why not.					
	Comments:					

Comments:_____

_____

(Name of Hospital) is an approved provider of continuing nursing education by the Montana Nurses Association, an accredited approver of the American Nurses Credentialing Center's Commission on Accreditation.

Intra Facility Continuing Education Planning Evaluation Form

To be completed by the Content Expert and the Program Planner after the Continuing Education Program has been delivered

	Evaluation					
	Check Rating (1 =inferior 5 = superior)	**1**	**2**	**3**	**4**	**5**
	The ICEPT was helpful in guiding the process of planning the continuing education activity					
	I will plan future continuing education activities through the use of the ICEPT.					
	The ICEPT assisted me in gaining confidence to share my nursing expertise.					
	Using the ICEPT and presenting an educational activity positively contributed to my confidence in sharing information as a professional nurse.					

Comments:_____

I would suggest the following changes to the ICEPT:_____

_____

The strengths of the ICEPT are:_____

_____

Verbs for objectives

It is important that the terminology used in the learner objectives is consistent with the level of the content. The Content Expert and the Program Planner must identify the depth and outcome of the objective prior to writing the objective. There are six levels of objectives, application, comprehension, knowledge, analysis synthesis and evaluation. The lowest level of objective is knowledge and the highest level objective is synthesis. The objectives must be written so that they are measurable. The following list of objectives provides words for each level of objective.

Application:

Apply
Calculate
Complete
Demonstrate
Dramatize
Employ
Examine
Illustrate
Interpret
Interpolate
Locate
Operate
Order
Predict
Practice
Relate
Report
Restate
Review
Schedule
Sketch
Solve
Translate
Use
Utilize

Comprehension:

Associate
Classify
Compare
Compute
Contrast
Describe
Differentiate
Discuss
Distinguish
Explain
Estimate
Examine
Express
Interpret
Interpolate
Locate
Predict
Report
Restate
Review
Translate

Knowledge:

Cite
Count
Define
Draw
Identify
Indicate
List
Name
Point
Read
Recite
Recognize
Relate
Repeat
Select
State
Tabulate
Tell
Trace
Write

Analysis:

Analyze
Appraise
Contrast
Criticize
Debate
Detect
Diagram
Differentiate
Distinguish
Experiment
Infer
Inspect
Inventory
Question
Separate
Summarize

Synthesis:

Arrange
Assemble
Collect
Compose
Construct
Create
Design
Detect
Formulate
Generalize
Integrate
Manage
Organize
Plan
Prepare
Produce
Propose

Evaluation:

Appraise
Assess
Choose
Critique
Determine
Estimate
Evaluate
Judge
Measure
Rank
Rate
Recommend
Revise
Score
Select
Test

Verbs to Avoid

Appreciate
Implement
Believe
Know how to
Enjoy
Have an understanding of
Be aware of
Learn how to
Grasp the significance of
Understand
Be able to know
Increase
Communicate
Motivate

APPENDIX B

SUPPORTING RESOURCES

Supporting Resources

1. American Nurses Association's National Database of Nurse Quality Indicators: www.nursingquality.org
2. Montana State Board of Nursing, bsd.dli.mt.gov/license/bsd_boards/nur_board
3. Macy Foundation: www.josiahmacyfoundation.org/
4. Robert Wood Johnson Foundation: www.rwjf.org
5. Institute of Medicine: www.iom.edu
6. American Academy of College of Nursing: www.aacn.org
7. National Council of State Boards of Nursing: www.ncsbn.org
8. American Nurses Credentialing Center: www.nursecredentialing.org