Nursing Continuing Education Activity Application

Key Policy Requirements:
1. A UCH approved nurse planner MUST be a lead in any CNE activity.
2. All programs MUST go through this approval process BEFORE conference takes place. Per ANCC retroactive approval is prohibited.

Directions:
1. Complete each question in all sections by using your TAB key or your mouse to move around and type. To ‘check’ a box, simply TAB to the box and press your space bar or move your mouse pointer to the box and perform a single-left click action. Repeat either of these actions to ‘uncheck’ the box if you need to do so.
2. If you need to copy and paste parts of the Evaluation or Content Design form, please “unprotect” document to do this. Go to Tools and click “unprotect” – there is no password.
3. To save, use the Save As function, give the file the name of your CE activity and save prior to completing the application. This will auto populate the CE Activity Name in the footer of each page.
4. The step-by-step explanation for the application process will be found in the attached information. All information must be completed in this format to be considered for review.
5. Please submit a COMPLETED application and ALL attachments no later than 30 days prior to the requested activity begin date. Only electronic submissions will be reviewed. Please submit your application or questions to University of Colorado Hospital’s Professional Resources’ Educational Programs Coordinator via email (UCH-ANCC-Application@uch.edu)
6. Incomplete applications will be returned to the requestor.
7. Any request for UCH to award contact hours for an education activity planned by others without UCH involvement will not be considered. Inquiries will be referred to the Colorado Nurses Association for approval process information.

Application Fees:
- $0.00 application fee – UCH planned and provided activities (Participants of UCH provided activities will be charged ($5/contact hour for UCH employees & $10/contact hour for external participants)
- $1.00 per certificate distributed – Activities planned and co-provided with a professional nursing organization such as MDONS or AACN.
- $75.00 application review fee – Activities planned and co-provided with the University of Colorado Denver Affiliate.
- $150.00 application review fee – Activities planned and co-provided with other healthcare related organizations.

***NOTE to UCH Nurse Planner – Director of Professional Resources, who is the CNE Nurse Administrator, MUST be involved in the planning if $150 fee is applicable***

1. Demographic Data:

Organization: UCH

Title of CNE Activity: Minnesota Tube Nursing Care Bundle: An intervention to enhance nursing comfort and patient safety

Date of Event: May 15, 2013

Contact Hours: 1

Type of Activity:
- Live Presentation (i.e. lecture, conference, teleconference, etc.)
- Packaged Program (i.e. online modules, electronic, journal articles, etc.)
- Learner Directed Activity (arranged with nurse planner for one learner)
2. Human Resources
A. Contact person: This person is the individual that Colorado Nurses Association will communicate with regarding the application.

Name & Credentials: JoAnn DelMonte, RN-BC, MSN
Organization: University of Colorado Hospital
Address: 12401 E. 17th Ave
Daytime Phone Number including extension: 720-848-6694 Fax Number: 720-848-7377
Email address: JoAnn.DelMonte@uch.edu

B. Planning Committee: Must include a designated Lead Nurse Planner and a minimum of one other planner:
- One (1) RN with a baccalaureate degree in nursing or a higher degree in nursing and education or experience in the field of education or adult learning. The lead Nurse Planner has responsibility for adherence to CNA/ANCC accreditation criteria.
- At least one other planning committee member. Each member of the planning committee must represent at least one of the following areas: relevant content expertise, the target audience, or adherence to CNA/ANCC accreditation criteria. For each person listed on the Planning Committee, please list name, degrees & credentials here. Attach a bio form with the additional required information including expertise/experience and conflict of interest.

Designated Lead Nurse Planner: Pol Senecal, MSN, RN, CCRN
Other Planning Committee Members: Kathleen MQ Combs, BSN, RN, CCRN

Which person(s) listed above has the relevant content expertise? Kathleen MQ Combs
Which person (s) represents the target audience? Kathleen MQ Combs
☑ Bio forms including education/expertise and conflict of interest/conflict resolution for each planning committee member are attached. (See sample at end of application).

3. Educational Activity Background Data
A. Target Audience and Needs Assessment
1. Identify the target audience expected to attend: ☑ RN ☐ Other: Identify “Other” Personnel; e.g., RT, PT, Pharmacy, etc. ____________________________________________________________________________

Note: it is required that RN be checked since you are applying for nursing continuing education approval.

2. Check best description of type(s) of needs assessment used: (Check all that apply)
☐ Written Needs Assessment
☐ Learners/Management Requested Event
☐ Quality Studies/Performance Improvement Activities
☐ Trends in Literature, Law & Health Care
☐ Other: Describe: ______

3. Findings from needs assessment: Patient Safety Net and zoomerang survey results indicated gaps in knowledge and need for improved skill set.

4. Areas of needs assessment the activity will address:
☑ Gaps in Knowledge
☑ Skills
☐ Gaps in Practice
☐ Other
B. **Purpose of educational activity.** This activity is designed for professional nurses (and other healthcare providers, if appropriate for inclusion): This activity is designed for professional nurses to review the RNs role in the placement and management of the Minnesota tube.

C. **Co-Provider Status:** If not co-providing, initial #1; if yes, answer #2 and #3.
   1. This activity will not be co-provided. Initial: KMQC
   2. Co-Providership of this activity has been arranged with: (List organization name)
      
      3. As the approved provider, University of Colorado Hospital will maintain responsibility for determination of objectives and content, selection of content specialists and faculty, awarding of contact hours, record keeping, evaluation and management of any sponsorship or commercial support. I have included a written agreement with the co-provider(s) which outlines the above and is signed by both parties.

D. **Sponsorship and Commercial Support:** If no, initial #1. If yes, complete items 2-2d below.
   1. This activity has no commercial support. Initial: KMQC
   2. Sponsorship or Commercial support has been provided by the following: (List name of organization(s) providing commercial support.)
      
      a. Commercially supplied funds that are given in the form of an educational grant or in-kind assistance are acknowledged (please provide a copy)
         
         - [ ] Brochures
         - [ ] Printed Material
      
      b. Content integrity has been/will be maintained by: (Check all that apply)
         
         - [ ] Our commercial support policy/procedure has been discussed with those providing commercial support.
         - [ ] Our commercial support policy/procedure has been shared in writing with those providing commercial support.
         - [ ] Faculty has been informed of our policy/procedure re: commercial support.
         - [ ] The session will be monitored & violators of policy will not be asked to present again.
         - [ ] Other: Describe: ______
      
      c. The following precautions have been taken to prevent bias in the educational content.
         
         - [ ] Our position on commercial support and bias has been discussed with each presenter.
         - [ ] Each presenter has signed a statement that says s/he will present information fairly and without bias.
         - [ ] The session will be monitored & violators of policy will not be asked to present again.
         - [ ] Other: Describe: ______
      
      d. Signed sponsorship/commercial support agreement attached.

E. **Record Keeping:**
   - [ ] All correspondence: complete copy of documentation form, all attachments, records of attendance, summative evaluations, and contact hours will be maintained in a retrievable file which is accessible to only authorized personnel for six years according to policy.
   - [ ] Records will be filed and stored at Professional Resources.
4. Educational Design Data

A. **Faculty/presenters/authors** – in addition to listing names below & on p. 5 per objective/content area, attach the completed bio form for each presenter/author.

1. Presenter/author Name(s), degrees and credentials:
   
   ______
   ______
   ______

2. □ Bio form with expertise, conflict of interest, conflict resolution & off-label use declaration for each presenter/author has been attached.

3. Needed qualifications of selected faculty were ensured by:
   □ Review of CV or biographical data information
   □ Interview or review of publications
   □ Other ______

B. **Education Design Form (Appendix D):** use the CNE Educational Design Form as shown in the attached example under the section titled FORMS, to provide this information. Number and collate the pages appropriately.

   **You must submit the complete outline, regardless of length of time of program. Under each section of the design form, please complete the columns as follows:**

   1. **Objectives:** Indicate what the learner will be able to do at the conclusion of the activity. An average of 1-2 objectives per hour is realistic. Please number each objective consecutively. **Objectives must be written in behavioral terms, such as ‘review,’ or ‘discuss’. Please refer to the form included in this section that outlines what are the proper behavioral objective language.**

   Note: Course overview, introductions, and course evaluation time can be included in your contact hours calculation if you provide an objective for this course time.

   2. **Content:** List the content for each objective. It must be more than a restatement of the objective and must flow from the objective. Numbering should be consistent with the related objective.

   3. **Time Frame:** List number of minutes for each objective (unless this is a packaged program or independent study). Include breaks.

   4. **Teaching-Learning Strategies:** List the delivery methods, strategies, learner feedback mechanisms, materials and resources to be used by faculty/author to cover each objective.

   5. **Faculty:** List the faculty who will be teaching each segment. You do not need to list the credentials since faculty has been identified with credentials and bio forms in previous section.

   ******************************************************************************************

C. **Evaluation:**

1. Check or describe the methods of evaluation to be used: (Check all that apply)
   □ Evaluation Form
   □ Pre and/or Post-test
   □ Return Demonstration
   □ Structured Interview
   □ Direct Observation of skill performance
   □ Other: Describe: ______
2. Attach a copy of the evaluation(s) tool to be used for this event. The evaluation tool should include all of the objectives on the Education Design Form, and evaluation of each faculty member. (see sample at the end of this section)

3. The category of evaluation to be used for this activity: (Check all that apply)
   - ☑ Learner satisfaction
   - ☑ Knowledge enhancement
   - ☑ Skill and attitude change
   - ☑ Change in practice/performance
   - ☐ Relationship of the practice change to quality of service

4. Check the best description or describe how evaluation data will be used:
   - ☑ Refine future presentations of this course.
   - ☐ Create new programs.
   - ☐ Discontinue the activity.
   - ☐ Decide whether or not to change this faculty or facility.
   - ☐ Other: Describe: _____

5. Learner Feedback: Check the best description or describe how learners will be provided feedback.
   - ☑ Question and answers during activity.
   - ☐ Return results of testing
   - ☑ Provide certificate
   - ☐ Follow-up communication
   - ☐ Other: Describe: _____

D. Verifying Participation and Successful Completion:

1. ☑ Attendance/participation will be verified at the event through sign in sheets/registration form.
   - ☐ Other: Describe: _____

2. Criteria for successful completion include: (Check all that apply)
   - ☑ Attendance at entire event
   - ☐ Attendance at least 80% of event
   - ☑ Completion/submission of evaluation form
   - ☐ Achieving passing score on post-test
   - ☐ Other: Describe: _____

3. Rationale for judging successful completion: Best practices in continuing nursing education require at a minimum full participation in the event and completion/submission of an evaluation form.

E. Documentation of completion:

Attach a copy of the completed certificate to be awarded to learners.
This certificate will include the name of the learner, number of contact hours awarded, name and address of the provider of the educational activity, title, expiration date, and date of the activity. Included the official approval statement:

**University of Colorado Hospital is an approved provider of continuing nursing education by the Colorado Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.**
F. Disclosures to Educational Activity Participants:

1. Learners will be informed of criteria for successful completion by:
   - [x] Information on advertising material
   - [ ] Verbal statement at beginning of activity
   - [ ] Written information on handouts
   - [ ] Other: Describe: ______

2. Learners will be informed of conflicts of interest or lack thereof for planners and presenters by:
   (NOTE: Not applicable is not an acceptable response)
   - [ ] Announcement at beginning of session
     This option must be documented in writing that it occurred by a representative of the provider who attended the event. Name of the person who will do this: ______
   - [x] Information provided on advertising.
   - [ ] Information provided on handouts.
   - [ ] Signs placed inside or outside of presentation room.
   - [ ] Other: Describe: ______

3. Learners are informed of sponsorship/commercial support by:
   - [ ] Announcement at beginning of session
     - [ ] Itemize the content of the disclosed information ______
     This option must be documented in writing that it occurred by a representative of the provider who attended the event. Name of the person who will do this: ______
   - [x] Information provided on advertising.
   - [ ] Information provided in handouts.
   - [ ] Signs placed inside or outside of presentation room.
   - [ ] Other: Describe: ______

4. Learners are informed of non-endorsement of products if commercial support received:
   - [x] No commercial support being received for this event.
   - [ ] Information provided on advertising.
   - [ ] Information provided in handouts.
   - [ ] Verbal statement made at the beginning of the session.
   - [ ] Other: Describe: ______

5. Learners are made aware of any relevant financial relationships
   - [x] No financial relationships exist
   - [ ] Name of individual(s), nature of relationship with commercial interest

6. Learners are informed of discussion of off-label use by faculty by:
   - [x] Faculty has attested that they will not discuss off-label usage of products. (No statement needs to be made)
   - [ ] Faculty will state at the beginning of their session that there will be discussion of off-label use of products.
   - [ ] Information will be provided in the handouts.
   - [ ] Other: Describe: ______

7. [x] Expiration Date for Awarding Contact hours for endurable and educational documents. This must appear on all marketing and educational material. Final Date contact hours will be awarded by the date listed on the on line evaluation survey sent to participants immediately after course completion.
   - [x] One Hour program: Date of Event: May 2013
   - [ ] Program greater than one hour: 2 weeks from date of program since Zoomerang online evaluation and Certificate will be sent: Date: ______
G. Contact Hour Calculation:
1. If live presentation, attach an agenda or schedule for the entire event. Clearly state time spent on welcome, introductions, pre/post tests, breaks and evaluation. The time frames on the schedule and the objective/content outline pages must match and must support the number of contact hours requested. Calculation is based 60 minutes equals one contact hour. Example: 360 Minutes / 60 = 6.0 CNE contact hours

3. If packaged program, describe how contact hours were calculated.

3. If independent study type activity, describe how contact hours were calculated.

H. Advertising Material:
Attach a copy of the advertising material including relevant pages of the web site (if applicable).
Type of advertising:
- Flyer/brochure
- Memo/Letter
- Meeting Notice
- E-mail
- Web site
- Other: Describe: ____

If a mock-up is included with the documentation form, the final copy must be placed in the file as soon as it is completed.

If advertising is via the web site, include the address. Include the URL (web site address) for the approved provider statement and advertising material.
The URL is: www.uch.edu/classes-events

*Note: Content of advertising material must match content as described in the educational activity application.
Title: Minnesota Tube Nursing Care Bundle: An intervention to enhance nursing comfort and patient safety

Date: May 15, 2013  
Location: UCH – room  

Instructions: Please complete the following statement by circling the one number that describes your rating. The rating scale ranges from 1 to 4, where 1 = poor; 2 = fair; 3 = good; and 4 = excellent.

Purpose/Goal of this activity (should be the same as pg. 3, part B of the application): This activity is designed for professional nurses to review the RNs role in the placement and management of the Minnesota tube.

<table>
<thead>
<tr>
<th>1. To what extent did the objectives relate to the overall purpose?</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. To what extent have you achieved the overall objectives of this course?</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>a. explain the purpose, indications and contraindications of the esophageal tube as it pertains to a literature review</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. distinguish the difference between a Minnesota tube and a Sengstaken-Blakemore tube</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. articulate the RN role in the placement and management of the esophageal tube</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
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</table>

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<tr>
<th>3. Evaluate Kathleen Combs on the following criteria.</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
<td>a. Expertise of subject matter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Appropriate use of teaching strategies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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<tr>
<th>4. The overall program was?</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
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</table>

Comments:
## COURSE DESCRIPTION FORM

**EDUCATIONAL SESSION TITLE:** Minnesota Tube Nursing Care Bundle: An intervention to enhance nursing comfort and patient safety

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>CONTENT (Topics)</th>
<th>TIME FRAME</th>
<th>FACULTY</th>
<th>TEACHING METHOD(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>List (1, 2, 3, etc.) objectives in competency or behavioral terms. Objectives should be measurable. AT THE END OF THIS SESSION, PARTICIPANTS SHOULD BE ABLE TO:</td>
<td>List (1, 2, 3, etc.) each topic area to be covered and provide a detailed outline of the content to be presented.</td>
<td>Clock referenced, including BREAKS and LUNCH (i.e., 0900-0915).</td>
<td>List the faculty person or presenter for each topic.</td>
<td>Describe the teaching methods used by each faculty person.</td>
</tr>
</tbody>
</table>
| 1. explain the purpose, indications and contraindications of the esophageal tube as it pertains to a literature review. | a. Discuss Christensen and Greenwald articles  
b. Used to control bleeding of gastric and esophageal bleeds when endoscopy and/or medications have not worked or are not available  
c. Contraindicated in patients with unidentified source of bleeding, hiatal hernia, inadequately prepared staff | 1pm  
1:20pm | Kathleen Combs | Computer Facilitated Presentation |
| 2. distinguish the difference between a Minnesota tube and a Sengstaken-Blakemore tube. | a. Present the key differences between the tubes  
b. Discuss nursing application for the differences between MN tube and SG tube | 1:20pm  
1:40pm | Kathleen Combs | Computer Facilitated Presentation |
3. Articulate the RN role in the placement and management of the esophageal tube.

| a. Assessment of patient and equipment | 1:40pm |
| b. Knowledge of necessary steps to place esophageal tube | |
| c. Maintenance and discontinuation of esophageal tube | 2:00pm |

Kathleen Combs

Computer Facilitated Presentation

Hands on demonstration and practice


SOME POSSIBLE VERBS FOR USE IN DEVELOPING BEHAVIORAL OBJECTIVES

A leaner objective describes the behavior of the learner at the completion of a Continuing Education Activity. The objective must be measurable and demonstrate that learning has taken place, i.e.

1. List 3 reasons for the need for personal malpractice insurance.
2. Identify 2 effective listening techniques.
3. State the 4 priorities for care in the management of a patient major trauma.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Comprehension</th>
<th>Application</th>
<th>Analysis</th>
<th>Synthesis</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td>define</td>
<td>translate</td>
<td>interpret</td>
<td>distinguish</td>
<td>compose</td>
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<td>tell</td>
<td>shop</td>
<td>diagram</td>
<td>set up</td>
<td>measure</td>
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Behavior Words that Are Not Measurable

- know
- understand
- appreciate
- become aware of
- grasp the significance of

- learn
- increase
- enjoy
- recognize

- communicate
- implement
- believe
- motivate