

**NORTH CAROLINA NURSES ASSOCIATION
CONTINUING EDUCATION APPROVER UNIT**

Update – May 2016

GLOSSARY

Best available evidence: Choosing evidence based on an evidence hierarchy, with higher levels of the hierarchy consistent with a stronger evidence base (Polit and Beck, 2008).

Bias: Tendency or inclination to cause partiality, favoritism, or influence.

Commercial bias: Favoritism or influence shown toward a product or company in relation to an educational offering.

Commercial interest: Any entity producing, marketing, reselling, or distributing health care goods or services consumed by or used on patients or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes health care goods or services consumed by or used on patients. Or an entity that advocates for use of the products or services of commercial interest organizations. Exceptions are made for nonprofit or government organizations and non-health-care-related companies.

Commercial support: Financial or in-kind contributions given by a commercial interest that are used to pay for all or part of the costs of a CNE activity. Providers of commercial support may not be providers or joint providers of an educational activity.

Conflict of interest: An affiliation or relationship of a financial nature with a commercial interest organization that might affect a person's ability to objectively participate in the planning, implementation, or review of a learning activity.

Contact hour: A unit of measurement that describes sixty minutes of an organized learning activity. One contact hour = sixty minutes.

Content: Subject matter of an educational activity that is based on the best available evidence and reflects the desired learning outcomes.

Content expert: An individual with documented qualifications demonstrating education and/or experience in a particular subject matter.

Enduring materials: A non-live CNE activity that lasts over time. Examples of enduring materials include programmed texts, audiotapes, videotapes, monographs, computer-assisted learning materials, and other electronic media that are used alone or with printed or written materials. Enduring materials can also be delivered via the Internet. The learning experience by the nurse can take place at any time and in any place rather than only at one time or in one place.

Evidence-based practice: Applying the best available research results (evidence) when making decisions about health care. Health care professionals who perform evidence-based practice use research evidence along with clinical expertise and patient preferences. Systematic reviews (summaries of health care research results) provide information that aids in the process of evidence-based practice (<http://effectivehealthcare.ahrq.gov/index.cfm/glossary-of-terms>).

Gap analysis: The method of identifying the difference between current knowledge, skills, and/or practices and the desired best practices.

In-kind support: Nonmonetary support (e.g., marketing assistance, meeting room, event registration assistance) provided by the giver to the taker. (In the accreditation community, the “taker” is the provider of CNE.)

Interprofessional continuing education: Education that occurs when members from two or more professions learn with, from, and about each other to enable effective collaboration and improve health outcomes (www.jointaccreditation.org).

Joint providership: Planning, developing, and implementing an educational activity by two or more organizations or agencies.

Jointly provided activities: Educational activities planned, developed, and implemented collaboratively by two or more organizations or agencies.

Lead nurse planner: A registered nurse who holds a current, unencumbered nursing license (or international equivalent) and a graduate degree, with either the baccalaureate or graduate degree in nursing (or international equivalent), who has the authority within a Provider Unit to ensure adherence to the ANCC Accreditation Program criteria in the provision of CNE.

Leadership: The provision of direction and guidance to individuals involved in the process of assessing, planning, implementing, and evaluating CNE activities in adherence to the ANCC accreditation criteria.

Learner-directed, learner-paced activity: An educational activity in which the learner takes the initiative in identifying his or her learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes. The learner also determines the pace at which he or she engages in the learning activity. Learner directed activities may be developed with or without the help of others, but they are undertaken on an individual basis.

Marketing materials: Method of announcing an educational activity. This may include a brochure, flyer, bulletin board announcement, newsletter, memo, email, intranet posting, electronic message, or website.

Needs assessment: The process by which a discrepancy between what is desired and what exists is identified.

Nurse planner: A registered nurse who holds a current, unencumbered nursing license and a baccalaureate degree or higher in nursing (or international equivalent) who is actively involved in all aspects of planning, implementation, and evaluation of each CNE activity. The Nurse Planner is responsible for ensuring that appropriate educational design principles are used and that processes are consistent with the requirements of the ANCC Primary Accreditation Program.

Nursing professional development: A specialized nursing practice that facilitates the professional development and growth of nurses and other health care personnel along the continuum from novice to expert.

Provider-directed, learner-paced activity: An educational activity in which the provider controls the content of the learning activity, including the learning outcomes based on a needs assessment, and chooses the content of the learning activity, the method by which it is presented, and the evaluation methods. Learners determine the pace at which they engage in the activity (examples include print article, self-learning module/independent study).

Outcome: The impact of structure and process on the organization as a provider and the value/benefit to nursing professional development.

Outcome measurement: The process of observing, describing, and quantifying the predefined indicator(s) of performance after an intervention designed to impact the indicator.

Planning committee: At least two individuals responsible for planning each educational activity; one individual must be a Nurse Planner, and one individual must have appropriate subject matter expertise (content expert).

Provider-directed, provider-paced activity: An educational activity in which the provider controls all aspects of the learning activity. The provider determines the learning outcomes based on a needs assessment, and chooses the content of the learning activity, the method by which it is presented, and evaluation methods (examples include live activities, live webinars).

Relevant relationship: A relationship with a commercial interest is considered relevant if the products or services of the commercial interest are related to the content of the educational activity. The individual's spouse/partner's financial relationship with any commercial interest is also considered a relevant relationship.

Resources: Available human, material, and financial assets used to support and promote an environment focused on quality CNE and outcome measures.

Target audience: The specific registered nurse learners or health care team members the educational activity is intended to impact.

Teaching strategies: Instructional methods and techniques that are in accord with principles of adult learning.

Updated - May 2016