

What is Continuing Nursing Education or CNE?

As defined by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation, continuing nursing education “builds upon the educational and experiential bases of the Registered Nurse for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public.”

The purpose of continuing education is to ensure that nurses stay abreast of current industry practices, enhance their professional competence, learn about new technology and treatment regimens, and update their clinical skills. According to the Texas Board of Nursing (BON), continuing nursing education (CNE) included “programs beyond basic nursing preparation which are designed to promote and enrich knowledge, improve skills and develop attitudes for the enhancement of nursing practice, thus improving health care to the public.”

Registered nurses (RN) in the State of Texas are required to acquire **20 contact hours** (not CEUs) every two years for re-licensure. The acquisition of the contact hours must coincide with the nurse's license renewal. Contact hours are based on the 60-minute hour.

Licensed Vocational Nurses (LVNs) and RNs are held to the same CNE requirements – 20 contact hours every two years as part of the re-licensure process. CNE activities that award contact hours through TNA are designed with the RN as the target audience. LVNs may attend CNE activities designed for the RN and, if they meet the requirements for successful completion, should be awarded the same certificate of successful completion that an RN would receive for successful completion. LVNs do need to be a little more discerning about the CNE activities that they attend.

The content addressed in the CNE activity should be or needs to be applicable to their practice and within their scope of practice.

For Nurses licensed by the state of Texas, the Texas Board of Nursing (BON) drives/determines what is and is not considered continuing nursing education. In Texas, ANCC sets the evidence-based educational design principles for the development, implementation, and evaluation of continuing nursing education that are accepted internationally. The Texas BON sets the definition of and criteria for what is – and is not – considered continuing nursing education for the purposes of re-licensure.

What is Not CNE?

According to Board Rule [216.6](#), the following activities do not meet continuing education requirements for licensure renewal:

- Basic Life Support (BLS);
- Cardiopulmonary resuscitation (CPR);
- In service programs sponsored by the employing agency to provide specific information about the work setting and orientation or other programs which address the institution's philosophy, policies and procedures, on-the-job training, and equipment demonstration;
- Nursing refresher courses designed to update knowledge of current nursing theory and clinical practice, which consist of a didactic and clinical component, to ensure entry level competencies into nursing practice;
- Orientation programs designed to introduce employees to the philosophy, goals, policies, procedures, role expectations, and physical facilities of a specific work place;
- Courses which focus upon self-improvement, changes in attitude, self-therapy, and self-awareness that do not delineate the impact on nursing practice or improved patient outcomes;

- Economic courses for financial gain (e.g., investments, retirement, preparing resumes, and techniques for job interview);
- Courses which focus on personal appearance in nursing;
- Liberal art courses in music, art, philosophy, and others when unrelated to patient/client care;
- Courses designed for lay people;
- Self-directed study/educational activities wherein the learner takes the initiative and the responsibility for assessing, planning, implementing, and evaluating the activity including, but not limited to, academic courses that are audited, that are not directly relevant to a licensee's area of nursing practice, or that are prerequisite courses such as mathematics, physiology, biology, government, or other similar courses; and
- Continuing Medical Education (CME), unless completed by an APRN in the APRN's role and population focus area of licensure (with the exception of the Nursing Jurisprudence and Nursing Ethics CNE requirement—APRNs must complete CNE, not CME, to fulfill that requirement).

• Must the Presenter/Author Be a Registered Nurse?

- A presenter/author is a person with content expertise in the topic to be presented by virtue of education, experience, expertise, professional achievement, credentials, honors, awards, publications, etc. The presenter/author should be comfortable with both the teaching methodologies and the learner engagement strategies they are using and should have some level of familiarity with the target audience.

The presenter/author is not required to be a Registered Nurse. However, presentations or portions of a presentation that address the role of a nurse, nursing practice or specific nursing implications or interventions related to the presented content/topic do require a nurse (RN) presenter/author. Many qualified presenters can teach nurses, but only a nurse can teach nursing.

What is a Learning Outcome?

Over the past several years, we have seen an evolution in the healthcare industry from a focus on measuring quantity to measuring quality. Is what we are doing making a difference? We are seeing this trend in continuing nursing education (CNE) also. With the amount of time and money that go into developing, implementing, and evaluating a CNE activity and then attending CNE activity – are we making a difference? Is professional continuing education improving professional practice and patient/client outcomes? As continuing professional education, in all sectors – nursing, medicine, and pharmacy – transitions to a focused emphasis on outcomes, it becomes imperative for the CNE activity Nurse Planner to be able to identify and measure outcomes and to be able to reflect those outcomes in a learning outcome statement.

There is no formula for writing a learning outcome statement. Writing a learning outcome statement requires an ability to analyze a problem in practice or an opportunity for improvement and then critically thinking the process through, from the current state of nursing practice to the desired state of nursing practice. Developing a learning outcome statement is part of CNE activity development process.

A learning outcome statement should:

- Reflect what the learner – the target audience Registered Nurse – will be able to do as a result of participating in the CNE activity.
- Describe behaviors that are observable and measurable.
- Address the professional practice gap – the gap in knowledge, skill, and/or practice.

The learning outcome statement helps to keep the CNE activity on track to narrow or close the professional practice gap(s) it is addressing. The learning outcome in the statement may be assessed either in the short or long term. And, depending on the complexity of your professional practice gap(s), there may be more than one learning outcome statement for the CNE activity.

As you critically think the process through to the learning outcome statement, consider the following:

- What is the professional practice gap?
- Why does the professional practice gap exist?
- How can education address the professional practice gap?
- Who is the target audience?
- What is the desired outcome?

Example:

- *What is the professional practice gap?* CNE activities are not being developed with a focus on how CNE can impact nursing practice and/or patient/client outcomes.
- *Why does the professional practice gap exist?* Over the years, the focus of CNE has been more on meeting regulatory or institutional requirements than on how to improve nursing practice and patient/client care. CNE activity development has been more about filling out forms than critically thinking the process through to a measurable, difference-making outcome.
- *How can education address the professional practice gap?* The American Nurses Credentialing Center (ANCC) with its 2015 criteria, has refocused the intent of CNE activity development and implementation from filling out a form to an analytical process with measurable, observable outcomes.
- *Who is the target audience?* The target audience would be Nurse Planners involved in the development, implementation, and evaluation of CNE activities.
- *What is the desired outcome?* Nurse Planners – be they part of an Approved Provider Unit or developing individual activities – will know the 2015 ANCC/TNA criteria related to the development, implementation, and evaluation of a CNE activity.
- *Based on the above, what is the learning outcome statement?* Nurse Planners will actively participate in the activity discussion and will indicate an intent to change practice on the post-activity evaluation tool.

A learning outcome statement is the product of a well thought out and purposeful process designed to set the foundation of an educational activity that will measurably improve nursing practice.

Conflict of Interest (COI): What is it? What are the processes for assessing, resolving and disclosing COI?

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an education activity and has a financial relationship with a commercial interest, the products or services of which are pertinent to the content of the education activity.

A commercial interest, as defined by the American Nurses Credentialing Center (ANCC) is an

entity producing, marketing, reselling, or distributing healthcare 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 healthcare goods or services consumed by or used on patients.

All individuals who have the ability to control or influence the content of an education activity must disclose all **relevant relationships** with any commercial interest, including but not limited to members of the planning committee, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the education activity.

What are relevant relationships?

Relevant relationships, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the education activity.

- Relationships with any commercial interest of the individual's spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.
- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

****Employees of a commercial interest:** An individual who is employed by a commercial interest – i.e: receives a W-2 from a commercial interest entity – may not serve on the CNE activity planning committee or be a presenter at a CNE activity.

Actual or Potential of Conflict of Interest Must be Evaluated...

All individuals who have the ability to control or influence the content of an education activity must be evaluated for potential or actual conflict of interest (see definition and description of conflict of interest above).

Who is supposed to do this evaluation?

The nurse planner must evaluate all individuals in a position to control or influence the content of an educational activity for potential or actual conflict of interest. See section H of the Individual Activity Application form (for individual activity applicants) or on the Activity Documentation Tool (for APUs).

What methods can I use to conduct the actual COI evaluation?

Completing and including a COI form in the Individual Activity Application package (for individual activity applicants) or in the Activity Documentation Tool package (for APUs) is no longer required. However, all individuals who have the ability to control or influence the content of an education activity must be evaluated for potential or actual conflict of interest and document on section H as mentioned above. The following are some of the methods the nurse planner can use to conduct COI evaluation for each individual in position to control or influence content of an educational activity:

- Direct conversation with the individual either face to face or via phone

- Simple e-mail communications
- A simple COI survey whereby a link can be sent to all individuals involved in the activity to complete. The nurse planner will then review the collected information and may follow up with individual each as applicable. This method may be appropriate for those planning very large CNE activities which are likely to have several speakers/presenters; at time more than

What I am supposed to document on Section H referenced above?

This section is self-explanatory. Follow the instructions provided and answer questions 1-3 on this section. If the answer is **NO to any of the three questions listed on this section (section H)**, there is no COI, no disclosure to participants is required.

However, if the answer to **ALL THREE QUESTIONS on this section (section H) is YES**, the nurse planner will provide additional information by completing the textbook on this section (section H). The following are some of the examples of information the Nurse Planner should include:

- Name of the person with COI,
- Type of COI identified,
- How the COI was resolved

Remember all identified COIs need to be disclosed to participants.

FAQ's adapted from Texas Nurses Association website:

<https://www.texasnurses.org/general/custom.asp?page=CNE#one>