



Accredited Approver Unit ANA Massachusetts Tip Sheet

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Demographic Information

- a. **Nurse Planner contact information for this activity:**
 - Be sure to include license / degree along with email address
- b. **License Number**
- c. **Title of Activity**
- d. **Date Tool Completed**

Activity Type

- a. Select whether the program will be:
 - Provider-directed, provider-paced: Live (in person course, conference or webinar) *This includes live virtual programs.*
 - Date of live activity:
 - Location of activity:
 - Provider-directed, learner-paced: Enduring material web-based (i.e., online courses, e-books) article other (describe)
 - Start date of enduring material:
 - Expiration/end date of enduring material:
 - Blended activity (activities that involve a “live” component in combination with a provider-directed, learner-paced component)
 - Date(s) of prework and/or post-activity work:
 - Date of live portion of activity:

TIP: When a live program is being moved to enduring program, the Nurse Planner will need to write a note documenting the changes in program and keep this in the file. This note should include 1) Changes to learner engagement strategies, 2) Evaluation, 3) Description about change in contact hours, and 4) New disclosure which includes expiration date.

1. The Professional Practice Gap (PPG) (e.g., change in practice, problem in practice, opportunity for improvement)

- a. Provide a brief description of the problem or opportunity for improvement this activity is designed to address for your learners.
 - What is the problem or opportunity that needs to be addressed by this activity?
 - This can be a one sentence response that includes what the specific problem or opportunity is. *NOTE:* This still needs to fully describe the problem.

TIP: Although not required to include the target audience in the PPG statement, it is important to consider the target audience when investigating the problem or opportunity and determining the gap. This helps ensure the gap is specific to the problem or opportunity the education is targeting.

TIP: When developing the PPG consider the Current State, your Desired State and the difference between the two (Gap).

EXAMPLE:

Current State: Nurses are expected to implement interventions into their practice to prevent pressure injuries, but only receive basic knowledge in nursing school. In addition, new research has identified best practices in the prevention of pressure injuries.

Desired State: Nurses will have the knowledge and skill and be able to implement these best practices to prevent pressure injuries.

Gap: Nurses lack the knowledge and skill needed to implement evidence-based pressure injury prevention into their practice.

2. Evidence to Validate the Professional Practice Gap (Check all methods/types of data that apply)

- a. Provide a summary that includes the Nurse Planner (NP)/planning committee's analysis of the data not just the data sources.
- How is the evidence (e.g., data, trends in literature) informing you that a professional practice gap exists for the target audience? What data supports the need for this educational activity or intervention?
 - The evidence statement should include the NP/planning committee's analysis of the data, not just the data sources.
 - Stating that there is a "need" or a "request" for the activity is not an adequate response.

Examples of types of evidence to support the PPG can be used to validate the need for the activity:

- Survey data from stakeholders, target audience members, subject matter experts or similar
- Input from stakeholders such as learners, managers, or subject matter experts
- Evidence from quality studies and/or performance improvement activities to identify opportunities for improvement
- Evaluation data from previous education activities
- Trends in literature
- Direct observation

EXAMPLE:

There has been an 30% increase in pressure injuries in MedSurg and Critical care at Nightingale Hospital. Direct observation by Nursing Leadership along with the Wound Care Nurse have reported that nurses are not consistently implementing evidence-based pressure injury prevention practices as noted in trends in literature. In addition, nurses requested more information on this topic as noted in the December, 2021 needs assessment survey.

3. Educational Need that Underlies the Professional Practice Gap (e.g., Knowledge, Skill and/or Practices):

- a. Note: the underlying educational need should align with the PPG. This can be a simple one-word response such as knowledge, skill, or practice, but should be supported by the PPG, and the evidence to support the PPG and desired learning outcomes.

TIP: Reflecting on these questions will guide the NP/planning committee to choose the applicable underlying need(s):

- Why do learners need this education?
 - € Is the PPG related to what they do not know (**knowledge**)?
 - € Is the PPG related to what they do not know how to do (**skill**)?
 - € Is the PPG related to what they do not know how apply or implement into practice (**practice**)?

TIP: Keep in mind that not all programs will address all three (knowledge, skills and/or practice) and that the educational strategies will need to address what is selected here, e.g., skill may be addressed through return demonstration, while practice can be addressed through case study discussion and/or self-report of intent to change practice. Knowledge can be assessed via posttest and/or self-report of knowledge gain.

4. Identify or Describe the Target Audience (must include the registered nurse):

- a. Think about who needs this education. Analyzing the PPG and the evidence to support the PPG should help to determine the target audience.
- b. **Reminder:** The target audience must include registered nurses but may include other members of the health care team.

5. Desired Learning Outcome(s):

- a. The learning outcome statement needs to be written in measurable terms and should include the outcome and the metric by which the outcome is measured.
- b. The learning outcome must tie to the professional practice gap and the underlying educational need. If the underlying need is knowledge, the outcome should be related to measuring a change in the learner's knowledge, etc.
- c. **The measurable learning outcome is NOT a list of objectives.**

TIP: Reflecting on these questions will guide the NP/planning committee to choose the applicable learning outcome(s):

- What is the measurable goal or outcome that this activity sets out to achieve?
- What should the learner(s) know, show, and/or be able to do at the end of the activity? (underlying educational need)
- What will be measured when the learner completes the activity?
- Using a SMART goal format (specific, measurable, attainable, relevant and timely) can be a practical way to articulate the learning outcome.

EXAMPLE 1:

More than 80% of participants will be able to articulate the strategies for pressure injury prevention and accurately demonstrate incorporation of evidence-based practices during simulation.

EXAMPLE 2:

At the conclusion of this program participants will be able to articulate 3 strategies for pressure injury prevention and accurately demonstrate incorporation of evidence-based practices during simulation"

6. Description of Evaluation Method:

- a. Explain how you will collect evidence to show change in knowledge, skills and/or practices of target audience at the end of the activity.

TIP: The evaluation method chosen should align with the educational need(s) identified and the expected learning outcome(s) identified.

TIP: The chosen evaluation methods should be measuring the success or expected results related to the identified learning outcome(s) and where the underlying educational need exists.

TIP: An evaluation form is not required. The description of the evaluation method should discuss how the evaluation data is obtained and analyzed and should clearly describe the data being collected. For example, do not simply state that an evaluation form will be completed, go into detail on what types of questions are being asked on the evaluation form.

Examples of Evaluation

Examples of Short-term evaluation options:

- Self-report of learner(s) change in knowledge or skill
- Active participation in learning activity
- Post-test (knowledge)
- Return demonstration (e.g., skill when simulated, practice when observed in practice)
- Case study analysis
- Role-play

Examples of Long-term evaluation options:

- Self-reported change in practice post activity over a period of time
- Change in quality outcome measure (e.g., recruitment and retention data, patient safety data)
- Return on Investment (ROI)
- Observation of performance (at a predetermined point in time after post activity)

EXAMPLE:

Evidence to show change in knowledge and practice in pressure injury preventions will include a written evaluation form in which participants will be asked to rate their knowledge gain on a Likert scale and report predicted change in practices. Knowledge will also be evaluated via posttest which will require a passing score of 80% with two attempts allowed. Skill will be evaluated by successful return demonstration of pressure injury prevention interventions during simulation as observed via the facilitator. Finally, changes in long-term practice will be assessed by the planning committee via the review of pressure injury rates at the 3-month mark to evaluate for reduction in pressure injuries.

7a. Description of the Evidence-Based Content including the supporting references or resources. Table below can be expanded to reflect program.

- ✓ **REMEMBER:** This criterion has **three parts:**
 1. The Description of the Evidence-Based Content
 2. Supporting References
 3. Contact Hour Calculation

EXAMPLE:

Evidenced based content	Presenter / Author	Time frame (minutes)
<i>Physiology of pressure injuries</i>	<i>Nancy Nurse BSN, RN, CWCN</i>	<i>10 minutes</i>
<i>Assessment of pressure injuries</i>	<i>Nancy Nurse BSN, RN, CWCN</i>	<i>10 minutes</i>
<i>Evidence based interventions</i> <ol style="list-style-type: none"> a. <i>Protection</i> b. <i>Surface area</i> c. <i>Off Loading</i> d. <i>Dressings</i> 	<i>Nancy Nurse BSN, RN, CWCN</i> <i>Anthony Fauci MD</i>	<i>45 minutes</i>
<i>Post test & Evaluation</i>		<i>10 minutes</i>

- Be sure to include a brief outline of the evidence based content, the author/presenter, and timeframe.
- **NOTE:** The learner engagement strategies should be developed by the nurse planner and planning committee in collaboration with the speaker. This is not the same as teaching methods.

7b. Supporting References

- The supporting resources should include the best available evidence that appropriately supports the outcome of the educational activity.
 - Best practice is for references and resources that have been developed and/or published within the last 5-7 years.
 - Please indicate that these have been reviewed by the nurse planner for validity to ensure they reflect best practice.

TIP: It is not required that references be provided in APA format, however references should include adequate detail to ensure the information referenced can be located (i.e., page number, standard number).

Tip: The nurse planner does not have to read each referenced article, but should review the source and determine is it a valid source, peer reviewed and relevant for providing reliable information.

Examples of Supporting evidence-based references or resources:

- Information available from organization/web site (organization/web site must use current available evidence within past 5 - 7 years as resource for readers; may be published or unpublished content; examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health)
- Information available through peer-reviewed journal/resource (reference(s) should be within past 5 – 7 years)

- Clinical guidelines (example - www.guidelines.gov)
- Expert resource (individual, organization, educational institution) (book, article, web site)
- Textbook reference

8. What are the learner engagement strategies you will use i.e., how will the learner be actively engaged in the educational experience?

- How will the learner will be actively engaged in the educational experience?
- The learner engagement strategies should be developed by the nurse planner and planning committee in collaboration with the speaker.
- This is not the same as teaching methods.
- Power Point / Lecture is not sufficient.

TIP: As discussed previously educational strategies will need to address the type of PPG (knowledge, skills and/or practice), e.g., skill may be addressed through return demonstration, while practice can be addressed through case study discussion and/or self-report of intent to change practice.

TIP: Case study discussion, Simulation, Small group activities, Question & Answer with discussion, Self-reflection, Pair and share, Post Test, etc...

EXAMPLE:

Participants will break into small groups and demonstrate pressure injury prevention during simulation on a manikin. They will also engage in case study discussions, electronic gaming, and self-reflection.

9. Contact Hour Calculation

- a. Number of contact hours to be awarded and identification/description of how contact hours were calculated (include agenda if activity is longer than 3 hours).
- b. Sixty (60) minutes of learning time = 1 contact hour.

EXAMPLE:

75 minutes divided by 60 minutes = 1.25 contact hours

- c. The number of contact hours for an activity needs to be logical and defensible.
- d. Documentation should include the number of contact hours and the calculation method.
- e. Enduring materials should include summary of the rationale for number of contact hour(s), such as pilot study.

EXAMPLE:

4 nurses, including 2 experienced and 1 novice nurse, completed all components of the e-learning including test and evaluation. This averaged out to 60 minutes. Thus, 1 contact hour can be provided.

- f. The rationale for the number of contact hours awarded must be present in the activity file.
- g. Provider must keep a record of the number of contact hours earned by each participant (this does not need to be provided in the activity file documentation and can be kept as a spreadsheet).
- h. **Reminder:** Rounding contact hours:

- If rounding the contact hours, the provider *may* round up or down to the nearest 1/4 (0.25) hour

EXAMPLE:

If the calculation is 1.19 contact hours, it may be rounded up to 1.25 contact hours

10. Criteria for Awarding Contact Hours:

- Determine what the learner must do or achieve in order to receive contact hours for the activity.
 - Clearly outline what is expected.
 - The criteria for awarding contact hours should relate to the learning outcome(s) and be enforceable for the activity.
 - Keep in mind that some options are mutually exclusive – for example, a learner cannot be expected to attend the entire activity, and also receive credit commensurate with participation.
- **NOTE:** Criteria identified here must match disclosure provided to learners.
 - **NOTE:** Do not confuse criteria for awarding contact hours with calculation of contact hours. These criteria are not the same.

Examples of Awarding Contact Hours

- Attendance for a specified period of time (e.g., 100% of activity, or miss no more than 10 minutes of activity)
- Credit awarded commensurate with participation
- Attendance at 1 or more sessions of a conference or multi-session activity
- Completion/submission of evaluation form
- Successful completion of a post-test (e.g., attendee must score _____% or higher)
- Successful completion of a return demonstration
- Other – List or Describe: _____

11. Documentation of Completion and/or Certificate of Completion:

- Attach a sample certificate or documentation of completion transcript with the activity file.
- A sample certificate must include:
 - Title and date of educational activity
 - Name and address of the provider of the educational activity (a web address is acceptable)
 - Number of contact hours awarded
 - Activity approval statement as issued by the Accredited Approver
 - Space for participant name

EXAMPLE:

<p>Certificate of Attendance and Successful Completion Nightingale Hospital 10 Hospital Drive Boston, MA 12345 Awards</p> <hr/> <p>Name of Participant 1.25 Contact Hours Pressure Injury Prevention: What You Can Do January 31, 2022</p> <p><small><i>Nightingale Hospital is approved as a provider of nursing continuing professional development by the American Nurses Association Massachusetts, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.</i></small></p>

12. Names and Credentials of All Individuals on the Planning Team:

- a. When providing a list of individuals, clearly identify who is the Nurse Planner and who is the Content Expert. (**NOTE**-There can only be 1 Nurse Planner. If there are additional nurses on the planning committee, they can be listed as *Other Planners*)
- b. Provide credentials along with the names of the individuals.
- c. **NOTE:** A planning committee must consist of a minimum of two individuals

Planning Team Members

- Nurse Planner Name and Credentials
- Content Expert Name
- Names and Credentials (if applicable) for all other planning team members

STANDARDS FOR INTEGRITY AND INDEPENDENCE IN ACCREDITED CONTINUING EDUCATION (10 - 12)

PLEASE SEE TIP SHEET FOR GUIDANCE Appendix A.- Below are a few key points. Refer to and review the *Standards for Integrity and Independence Approved Provider Toolkit* provided to you by the Accredited Approver.

A Few Definitions:

- **Eligible Organizations-** Mission and function are: 1) Providing clinical services directly to patients, 2) the education of healthcare professionals, or 3) serving as fiduciary to patients, the public or population health and other organizations that are not otherwise ineligible.
- **Ineligible Organizations-** Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
 - o Owners and employees of ineligible companies are considered to have unresolvable financial relationships and must be excluded from all aspects of educational activities

TIP: Consultants and Independent Contractors are not considered employees and are allowed to participate in the nursing continuing professional development activities. This relationship must be evaluated, disclosed, and may require mitigation.

a. Is the activity nonclinical in nature (e.g., preceptor development, or leadership)?

Yes No

- ✓ If yes, skip sections 13 - 14 and move to section 15
- ✓ If no, complete sections 13 - 14
 - Evidence of addressing can be shared in the provided template as an attachment.

13. The following chart reflects the review of financial relationship data that has been collected and analyzed for all individuals in a position to control content – this includes the planning team. (i.e., planners, presenters, faculty, authors, and/or content reviewers)

- The Nurse Planner is responsible for identifying for financial relationships for all in a position to control content.

a. Please list all individuals in a position to control content (including the planning team) who have been assessed to have **no financial relationships** with Ineligible companies for the past 24 months.

EXAMPLE:

Name w/credentials	Employer (s)	Role in activity
<i>Florence Nightingale</i>	<i>Nightingale Hospital</i>	<i>Nurse Planner</i>
<i>Nancy Nurse BSN, RN, CWCN</i>	<i>Nightingale Hospital</i>	<i>Content Expert & Presenter</i>

Nurse planner cannot evaluate their own financial relationships: their financial relationships must be evaluated by another individual with knowledge of the identification and mitigation process. Name of person who reviewed the NP for a financial relationship EXAMPLE: *Nancy Nurse BSN, RN, CWCN*

b. Please list all individuals in a position to control content (planners, presenters, faculty, authors, and/or content reviewers) who have been identified **as having financial relationships** with ineligible companies

Name of Person	Name of Company	Role with Company	Has the Relationship Ended
<i>Anthony Fauci MD</i>	<i>ABC Pharmaceuticals</i>	<i>Consultant</i>	<i>No</i>

14. Evidence of Mitigation of Relevant Financial Relationships?

a. If a relevant financial relationship is identified, describe steps taken to **mitigate the risk of undue influence** in planning and/or providing the activity. PLEASE SEE APPENDIX A. FOR GUIDANCE FOR ADDITIONAL INFORMATION

Examples of Mitigation Strategies for Planners

- ✓ Divest the financial relationship
- ✓ Recusal from controlling aspects of planning and content which there is a financial relationship
- ✓ Peer review of planning decisions by persons without relevant financial relationships

Examples of Mitigation Strategies for Faculty and Others

- ✓ Divest the financial relationship
- ✓ Peer review of content by persons without relevant financial relationships
- ✓ Attest that clinical recommendations are evidence-based and free of commercial bias (e.g., peer-reviewed literature, adhering to evidence-based practice guidelines)

Name of Person	Role in Activity	Steps taken to mitigate relevant financial relationships	Date Implemented
<i>Anthony Fauci MD</i>	<i>Presenter</i>	<i>Review of slide set, signature of attestation to present without bias</i>	<i>January 15, 2022</i>

15. Commercial Support Agreement:

- a. Purpose: Activities that choose to accept commercial support (defined as financial or in-kind support from ineligible companies) are responsible for ensuring that the education remains independent of the ineligible company and that the support does not result in commercial bias or commercial influence in the education. The support does not establish a financial relationship between the ineligible company and planners, faculty, and others in control of content of the education.
- b. The agreement must address the following and be included in the activity file:
 1. Appropriate management of commercial support, if applicable.
 2. Maintenance of the separation of promotion from education, if applicable.
 3. Promotion of improvements in health care and NOT proprietary interests of a commercial interest.

REQUIRED DISCLOSURES TO LEARNERS (must be included in the activity file documentation)

- ✓ Evidence of what is required information that must be provided to learners prior to start of the educational activity.
- ✓ Include relevant slide(s), screen shot(s), script(s), or other evidence showing what the learners will receive.

16. Required Disclosures are to include the following:

1. Approval statement as issued by the accredited approver:
Name of your provider unit is approved as a provider of nursing continuing professional development by the American Nurses Association Massachusetts, an

accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

2. Criteria for awarding contact hours:
 - o Criteria for awarding contact hours should be consistent with the criteria documented in the planning process.
3. Presence or absence of relevant financial relationships for all individuals in a position to control content, including mitigation (if applicable):
 - o **Non-Clinical Program**
 - If the activity was non-clinical, **no disclosure** regarding lack of financial relationship should be provided.
 - o **Clinical Programs**
 - All clinical programs **must include** presence and/or absence of financial relationships in the disclosure.
 - If relevant financial relationships were identified the disclosure statement must include:
 1. The names of individuals with relevant financial relationships.
 2. The names of the ineligible companies with which they have a relationship (Identify ineligible companies by their names only, do not include logos or trade names.)
 3. The nature of the financial relationships.
 4. A statement that all relevant financial relationships have been mitigated. The mitigation steps do not need to be outlined.

EXAMPLE:

Dr. Anthony Fauci is on the speakers' bureau for ABC Pharmaceuticals. The relevant financial relationships have been mitigated. No relevant financial relationships were identified for any other individuals with the ability to control content of the activity.

- If no financial relationships were identified, the disclosure should inform the learners that no relevant financial relationships with ineligible companies were identified.

EXAMPLE:

Samantha Turner, Jessica Smith, and Eva Grace have no relevant financial relationship(s) with ineligible companies to disclose.

EXAMPLE:

None of the planners for this activity have relevant financial relationship(s) to disclose with ineligible companies.

EXAMPLE OF DISCLOSURE FOR NON-CLINICAL PROGRAM

DISCLOSURE PRECEPTOR PROGRAM

This program will provide 4 contact hours.

In Order to be Eligible for Contact Hours, the Participant Must

- 1. Attend the entire program**
- 2. Participate in small group activities and simulations**

3. Complete pre and post assessments
4. Complete the evaluation

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EXAMPLE OF DISCLOSURE FOR CLINICAL PROGRAM

DISCLOSURE FOR PRESSURE INJURY PREVENTION: WHAT YOU CAN DO

Dr. Anthony Fauci is on the speakers' bureau for ABC Pharmaceuticals. The relevant financial relationships have been mitigated. No relevant financial relationships were identified for any other individuals with the ability to control content of the activity.

This program will provide 1.25 contact hours.

In Order to be Eligible for Contact Hours, the Participant Must

1. Attend the entire program
2. Participate in small group activities and simulations
3. Pass the post test with a score of 80% (May repeat the test up to 2 times)
4. Complete the evaluation

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17. Additional Required Disclosures IF APPLICABLE

- a. Commercial Support from ineligible organization/companies (if applicable):
 - If the educational activity received commercial support, there must be a disclosure to learners of the names of the ineligible companies that gave the support and the nature of the support.
 - No logos, trade names, or product group messages for the organization can be provided in the disclosure.
- b. Expiration date for enduring activities or materials (if applicable).
- c. Joint providership (if applicable): If the activity is jointly provided, there should be a statement that demonstrates that two or more groups were involved in the planning and development of the activity.

18. Summative Evaluation:

- a. The summative evaluation contains four components:
 1. Type of Program Provided
 2. Total Number of Nurses (Registered Nurses). Please only include the total number of registered nurses.
 3. Summary of Data
 4. Analysis of What was Learned

- 1) **Course-** A course is a live educational activity where the learner participates in person.

- Regularly Scheduled Series- A regularly scheduled series (RSS) as a course that is planned as a series with multiple, ongoing sessions. **EXAMPLE: *Schwartz Rounds***
- Internet Live Course- An Internet live activity is an online course available via the internet at a certain time on a certain date and is only available in real-time.
- Journal Based CNE- A journal-based CNE activity includes the reading of an article (or adapted formats for special needs).
- Other-

2) Total Number of Nurses (Registered Nurses)

3) A summary of data

- a. Highlighting whether the activity was effective in closing or narrowing the gap and achieving the educational activity outcome.

4) An analysis of what was learned from the evaluation data and what can be applied to future activities.

NOTE:

- o The summative evaluation does NOT simply include the data collected from the evaluations.
- o There should be a clear ANALYSIS of the data from the NP and planning committee documented.
- o There is no prescribed method for providing the summative evaluation information.
- o Common delivery methods include a narrative format, SBAR format, SOAP note, or table with analysis information.

EXAMPLE:

22 RNs completed all required components of the Pressure Injury Prevention Course. The gap was addressed and the Learning Outcome was achieved with 100% of nurses of participants were able to articulate the strategies for pressure injury prevention. As observed by the facilitator, they were able to accurately demonstrate incorporation of evidence-based practices during simulation. The average post test score was 92%. Overall feedback was excellent and positive predicted changes in professional practice and patient outcomes. Participants described attainment of new knowledge and confidence relating to the following domains:

- *Pressure injury prevention and Treatment,*
- *Incontinence Management*
- *Dressings and Wound care.*
- *Improved assessment of skin*
- *Consideration of patient goals when deciding on treatments for wound*

The Planning Committee reviewed all evaluations and will continue to offer this class in this format to address the gap in knowledge, skill and practice for pressure injury prevention. Some comments included the request for handouts. The Nurse Planner spoke with the Content Expert and going forward, written materials will be provided to participants.

Appendix A. Standards for Integrity and Independence in Accredited Continuing Education