American Red Cross

CONTINUING EDUCATION EDUCATOR'S TOOLKIT

A guide to creating high-quality continuing education programs in accordance with accreditation standards

American Red Cross

August 2024

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Purpose

The purpose of this toolkit is to assist Continuing Education providers in developing high-quality continuing education activities that are aligned with the standards of Joint Accreditation, CAPCE, and Red Cross Training Services.

Mission of the Red Cross Office of Continuing Education

The Red Cross Office of Continuing Education provides life-saving knowledge and opportunities for critical skill, assessment, decision, communication, and team dynamics development designed to keep the healthcare team prepared in the event of an emergency or urgency, with the latest health and safety educational techniques, guidelines, and resources. The Red Cross Office of Continuing Education manages, designs, implements, and measures the impact of its continuing education (CE) activities focusing on improving healthcare team skills/strategy, with the ultimate goal to enhance performance of the healthcare team and patient outcomes. The Red Cross Office of Continuing Education CE Provider Unit collaborates with both external organizations and internal divisions to develop education based on the latest and best clinical and educational science.

Abbreviations

The following abbreviations may be used throughout this toolkit:

ACCME = American Association of Continuing Medical Education

Red Cross TS = American Red Cross Training Services

CAPCE = Commission on Accreditation for Pre-Hospital Continuing Education

CE = Continuing Education

IPCE = Interprofessional Continuing Education

JA = Joint Accreditation

Interprofessional Continuing Education

Interprofessional Continuing Education (IPCE) is a collaborative, team-based approach to continuing education.

According to Joint Accreditation, “Working together, health workers deliver more effective treatments, build mutually respectful workplaces, and collaborate to care – for each other and for patients.”

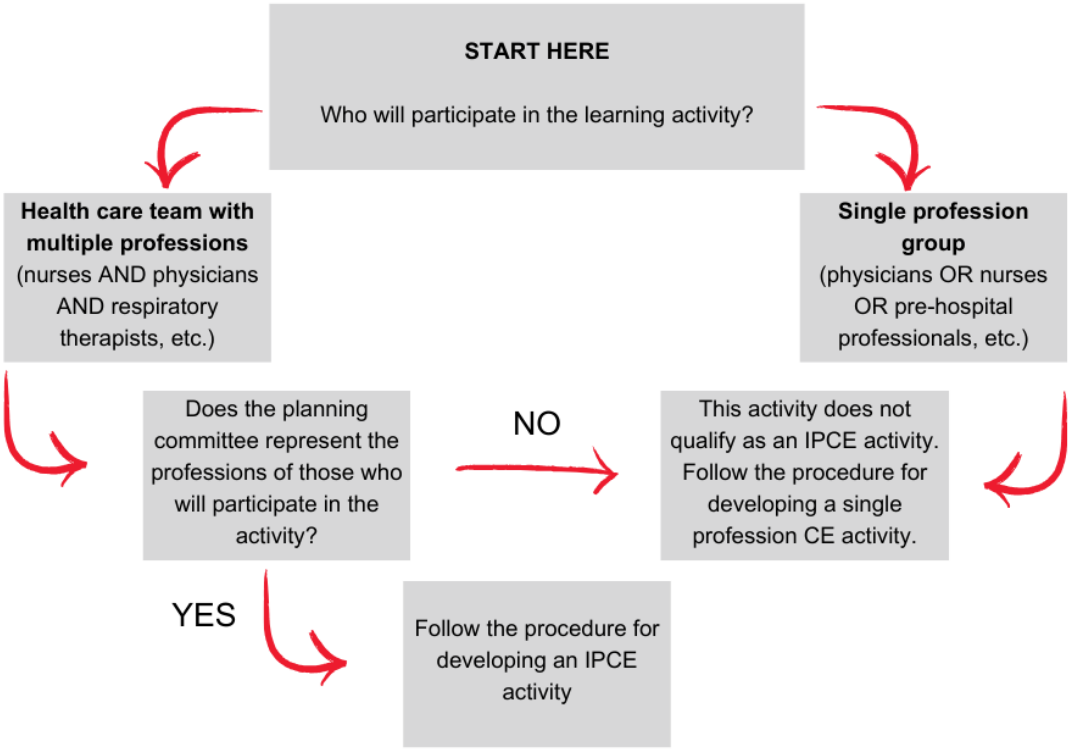
When creating IPCE activities, the planning committee should be composed of professionals from the disciples of the target audience. For example, if the education is targeting physicians and nurses, the planning committee should include physicians and nurses.

Red Cross Training Services can offer profession-specific credit or can offer IPCE credit to encompass the rest of the healthcare team.

For Joint Accreditation, at least 25% of the educational activities delivered by the organization during the past 18 months must be compromised of education designed by and for the healthcare team (IPCE activities)

Is My Activity Considered IPCE?

Utilize the flowchart to determine whether your activity can qualify for IPCE credit



Accreditation

In support of improving patient care, the Red Cross is jointly accredited (JA) by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

- The Red Cross can provide credit for nurses, physicians, physician assistants, pharmacists, dental professionals, athletic trainers, and any member of the interprofessional healthcare team.

The Red Cross is an accredited provider of continuing education by the Commission on Accreditation for Prehospital Continuing Education (CAPCE).

The Red Cross is responsible to make sure all accreditation standards are met.

Credit Calculation

The Red Cross adheres to a uniform quantitative system of measurement for continuing education credit based on a 60 minute-hour, measured in quarter hour increments, rounding to the nearest quarter hour or use of pilot test. The number of credit hours to be awarded for participation and successful completion is determined by the Red Cross in advance of offering the activity. The maximum credit amount awarded to participants is calculated to include only time in which the participants are being instructed and does not include non-educational activities such as: registration, breaks, and lunches.

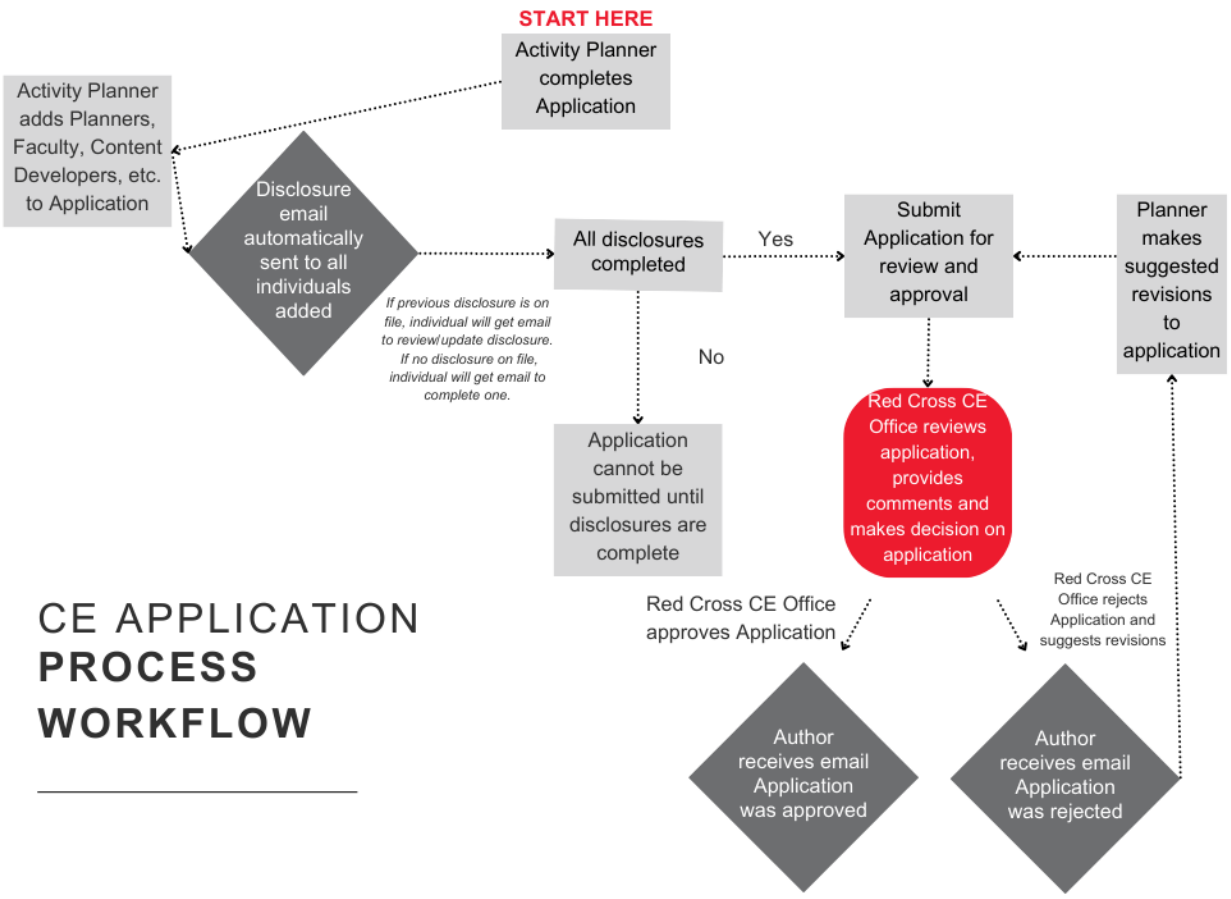
Pilot Studies

A pilot study is completed to establish an estimate of the amount of time a participant, who is part of the target audience, will take to complete the activity or course. A small sample of the target audience should be assembled (including individuals who range from novice to experts) to take the course. The total contact hours will be based on time to complete the following:

- Required readings (i.e. participant manuals) based on 200 words/minute
- Average seat time to complete the activity/course
- 1 minute per post-test question

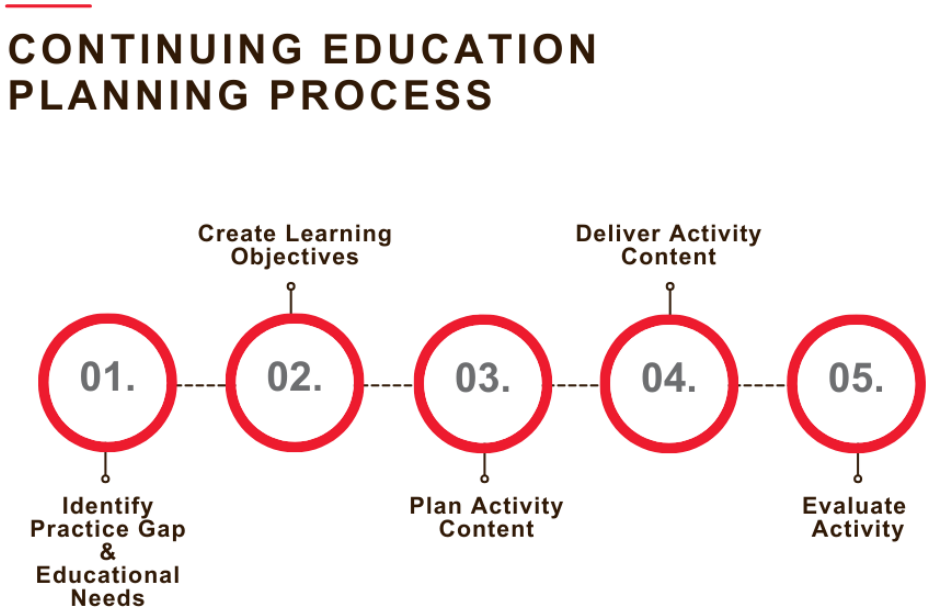
For CAPCE-specific considerations for determination of total contact hours assigned to the activity, reference Appendix C: CEH Assignment Guidance in the CAPCE Accreditation Manual on the CAPCE website.

Process Workflow



Planning Process

Planning continuing education activities is a thoughtful process that involves identifying practice gaps and learner needs, creating learning objectives, planning activity content, delivering the content, and evaluating the activity.



Planning Committee Membership

The members of the planning committee for an accredited CE activity must represent the professions of the target audience. For example, if the CE activity is designed for pharmacists, nurses, and social workers, the planning committee must have representatives from each of those professions. If seeking CAPCE credit for the activity, the planning committee must have an EMS professional involved.

Practice Gaps

Definition – a difference between current practice and best practice which reflects an opportunity for improvement.

Informs the planning committee on: “What is the problem(s) to be addressed through this IPCE activity?”

How to Identify – can be done formally or informally. The planners need to identify what the learners do know or do, compared to what they should know or do.

- Formal – reviewing current literature and comparing to current practice, surveys, case-based questions
- Informal – team member(s) identification of practice gaps

Tips for Writing Practice Gap Statements–

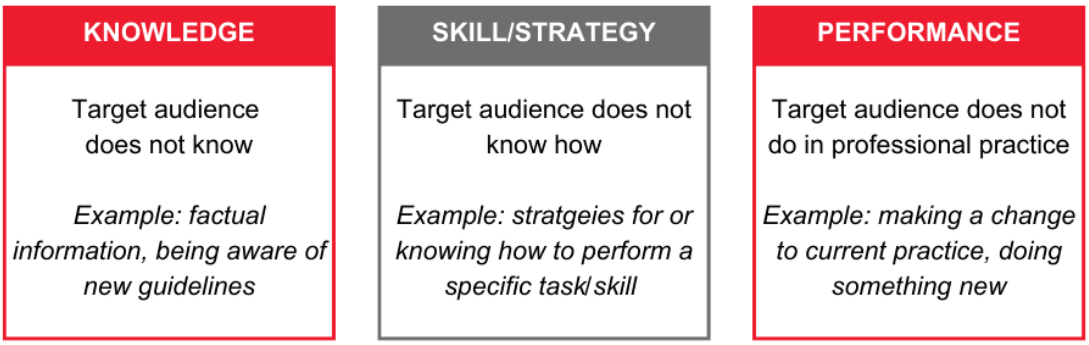
- Designate the target audience the CE activity is designed for (i.e. healthcare team, physicians, nurses, pharmacists, etc.)
- IPCE activities must be tailored toward practice gaps of the healthcare team
- Describe the problem that is being addressed by the CE activity
- Answer the question - What are the healthcare team members I am targeting NOT doing regarding the topic are that they should/could be doing based on the current standard of care?
- Have source that references evidence of practice gap (i.e. current research)

Needs Assessment

Educational Need Definition – "knowledge, skills/strategy, or performance that underlie the practice gaps of the healthcare team and/or the individual members' knowledge, skills/strategy, or performance as members of the healthcare team" (JAC4)

Answers the question, "Why does the problem (i.e. practice gap) exist?"

Educational Need Categories



How to Conduct a Needs Assessment –

- The best way to determine the learners' needs is to ask the learners what they believe their learning needs are (perceived needs), but they may have unperceived needs, which are needs that they do not know they have.
- Determining perceived needs-
    - Survey/questionnaire to target audience to determine what they would like to learn about
    - Focus groups with members of target audience to gain insight into their views/opinions of learning needs
    - Key informant(s) from the target audience who talk with their colleagues to gather information and then reports information to the CE planner
    - Interviews/meetings with members from the target audience
    - Previous CE evaluations and feedback to identify additional learning needs
- Determining unperceived needs-
    - Chart audit – examining EMR/EHR looking for patterns of care that are not in alignment with best practice
    - Review of literature by a group of experts – review data/recommendations and compare to current situation to examine needs for education

- Patient input – review data from patient satisfaction and experiences (completing interviews/surveys) and could also include patient(s) on CE planning committee
- Knowledge tests to gather data on learner needs
- Critical incident reports to identify patterns of care that are not following best practice
- Observations of practice to identify learner needs
- State, NREMT, or other regulatory requirements
- Trends in provision of care identified by the EMS Medical Director

Steps for conducting a learner needs assessment (LNA)

1. Identify the purpose for a LNA
2. Identify learner characteristics – what do they know, how do they learn best, readiness to learn
3. Select the tool and conduct investigation – review of literature, observation, survey, critical incident review, etc.
4. Analyze results – what themes/topics arose, what did the data show? How does the data reflect the needs of the organization

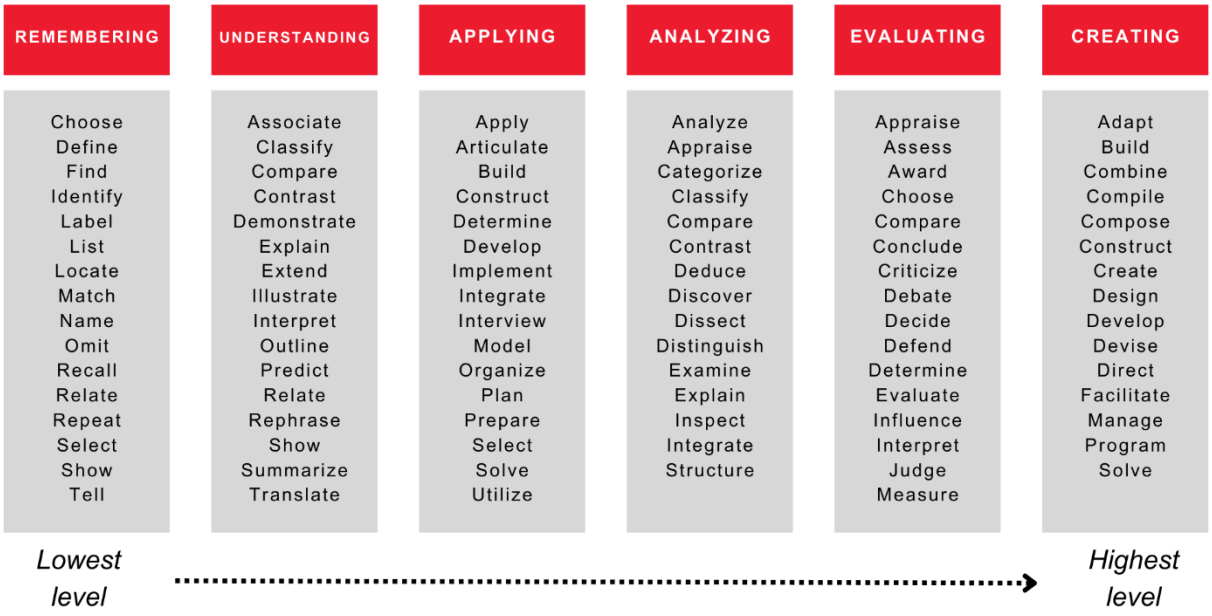
Learning Objectives

Learning objectives should be a clear and measurable statement of the knowledge, skills, and abilities the learner is expected to develop in response to the completion of the learning activity. Bloom's Taxonomy has learning domains which can help guide the educator to write high level learning objectives for the educational activity. The learning objectives should be written in behavioral terms with action verbs targeting a learning domain.

Learning Objectives for the Healthcare Team – at least 1 objective needs to address the healthcare team. Utilize the language "by the healthcare team", "for the healthcare team", or "with the healthcare team" within the objective.

Bloom's Taxonomy is hierarchical, which means to learn at a higher level, the learner must have attained the knowledge and skills at the lower levels (Huitt, 2011).

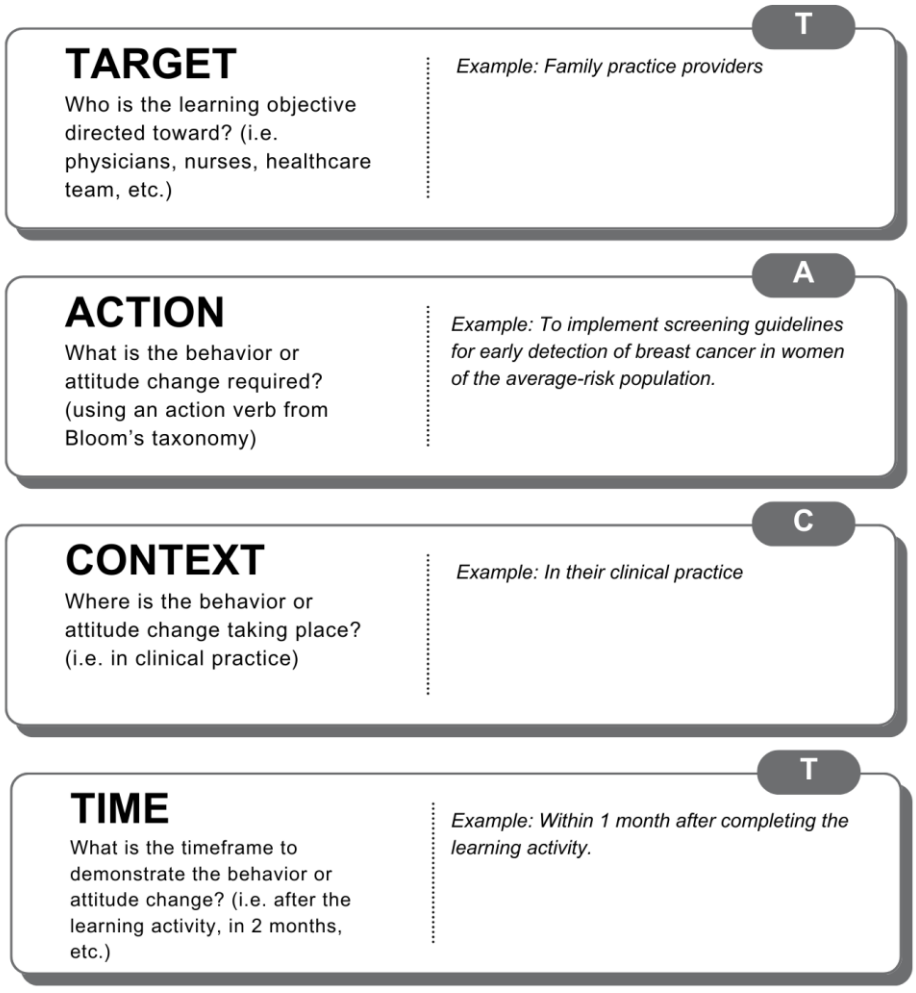
Bloom's Taxonomy Action Verbs



Creating objectives based on the level of learners – it is important to note that the level of objectives may depend on the learning level of the learners in the activity. For example, if this is an introductory activity to a topic, the objectives may be at a lower level. If this is an advanced activity where the learners have been exposed to the knowledge and skills previously, then higher-order learning objectives can be expected.

TACT Method for Creating Action-Based Learning Objectives

The TACT method can be used to create learning objectives to ensure they are actionable and measurable to articulate the expected behavior or attitude change.



Checklist for Effective Learning Objectives:

- ☑ There is 1 observable action verb and measurable action in each objective.
- ☑ The objective is learner-centered, not instructor-centered.
- ☑ The objective is supported by the activity content.
- ☑ The objective is related to the practice gap and learner needs.
- ☑ The objective reflects a timeframe for the change to take place.

Identification of Professional Practice Gaps, Educational Needs, & Learning Objectives

Current Practice	Better or Best Practice	Educational Need	Learning Objective
What are the helathcare team members I am targeting NOT doing regarding the topic area that they should/could be doing?	*What is the current standard of care for the topic area (as defined by specialty or other guidelines, or documentation that a new procedure is superior to an older procedure, etc.)? What should the healthcare team members you are targeting be doing?*	*Once you have identified practice gap(s), you must decide why this gap exists. Is it due to your target audience's lack of:* • *Knowledge (factual information, being aware of something new)* • *Skills/Strategy (strategies for or knowing how to perform a specific task)* • *Performance (making a change in their practice, actually doing something new)*	*The learning objectives should be designed to help achieve the activity goal. These objectives should be specific and measurable, relating directly to reducing the identified practice gap.*
Source:		☐ Knowledge ☐ Skill/Strategy ☐ Performance	
Source:		☐ Knowledge ☐ Skill/Strategy ☐ Performance	
Source:		☐ Knowledge ☐ Skill/Strategy ☐ Performance	

Competencies

A CME activity must be developed in the context of desirable physician attributes. The goal is for active recognition of “desirable physician attributes” in the planning process.

See below for a list of competencies from ABMS/ACGME, the Institute of Medicine, and the Interprofessional Education Collaborative.

ABMS/ACGME	
Patient Care or Procedural Skills	Provide care that is compassionate, appropriate, and effective treatment for health problems and to promote health.
Medical Knowledge	Demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and their application in patient care.
Interpersonal and Communication Skills	Demonstrate skills that result in effective information exchange and teaming with patients, their families, and professional associates (e.g. fostering a therapeutic relationship that is ethically sound, uses effective listening skills with non-verbal and verbal communication; working as both a team member and at times as a leader).
Professionalism	Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.
Systems-Based Practice	Demonstrate awareness of and responsibility to larger context and systems of healthcare. Be ale to call on system resources to provide optimal care (e.g. coordinating care across sites or serving as the primary case manager when care involves multiple specialties, processions, or sites).
Practice-based Learning and Improvement	Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.

Institute of Medicine	
Provide Patient-Centered Care	Identify, respect, and care about patients’ differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
Work in Interdisciplinary Teams	Cooperate, collaborate, communicate, and integrate care in teams to ensure that care is continuous and reliable.

Employ Evidence-Based Practice	Integrate best research with clinical expertise and patient values for optimum care and participate in learning and research activities to the extent feasible.
Apply Quality Improvement	Identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs; design and test interventions to change processes and systems of care, with the objective of improving quality.
Utilize Informatics	Communicate, manage knowledge, mitigate error, and support decision making using information technology.

Interprofessional Education Collaborative	
Values and Ethics	Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect
Roles and Responsibilities	Use the knowledge of one's own role and team members' expertise to address individual and population health outcomes
Communication	Communicate in a responsive, responsible, respectful, and compassionate manner with team members
Teams and Teamwork	Apply values and principles of the science of teamwork to adapt one's own role in a variety of team settings.

Learner Engagement Strategies

By utilizing active learning strategies, it engages the learners in a way that allows them to become active learners instead of passive recipients of knowledge. This allows the team to learn from, with and about each other (JAC 7).

Active Learning Activities

- Group discussion – participants have an opportunity to share their experiences and opinions surrounding a topic
- Think/pair/share – participants (1) think individually about a question or topic, (2) pair with another individual or small group to share, (3) share with the large or small group
- Case studies – these can be real-life or fictional patient scenarios presenting a clinical issue which allow for learners to participate in clinical decision-making
- Muddiest point – students can point out what they are most confused about, which allows the instructor to tailor the education to cover those topics
- Game-based learning – competitive, interactive learning technique where learners participate in games (i.e. trivia, jeopardy, Kahoot!, etc.)
- Audience response or interaction – utilizing surveys, interactive quizzes, question-and-answer
- Simulation – learners participate in a role play or simulation situation
- Reflection – learners reflect on a specific topic or a personal/professional experience that relates to the activity content
- Virtual reality activities – learners participate in an activity that immerses them into a virtual situation
- Hands-on workshops for technical skills – workshops to teach the healthcare team how to perform technical skills

Support Strategies

Support strategies can be used to help enhance and reinforce the learning that takes place during the CE activity. These can support the learner in the implementation of the knowledge, skills/strategy, and performance that was addressed in the learning activity.

Examples of support strategies may include:

- Skill sheets
- Healthcare guidelines from the Red Cross
- Code cards
- Replay videos
- Bibliography
- Paper handouts with key points

Barriers to Learning

Barriers to learning include things that can limit the ability of the learner to learn from the activity or implement the knowledge into their practice.

Provider Barriers

- Motivation
- Clinical Knowledge/Skill/Expertise
- Cultural Competence
- Fear/Legal Concerns
- Peer Influence

Team Barriers

- Communication
- Competence
- Consensus
- Roles and Responsibilities
- Shared Values and Trust
- Team Structure

Patient Barriers

- Communication/Language Barriers
- Patient Adherence
- Patient Characteristics

System/Organization Barriers

- Cost/Funding
- Culture of Safety
- Insurance Reimbursement
- Practice Process
- Referral Process
- Work Overload

Other Barriers

- Lack of Consensus on Professional Guidelines
- Lack of Opportunity
- Not Enough Time
- Multiple Geographic Locations

Content Delivery Formats/Activity Format

Joint Accreditation Content Delivery Formats

Live courses – courses held at a specified time by the CME provider (may be in-person or remote) (i.e. conferences, workshops, live webinars, lectures)

Regularly scheduled series (RSS) – a course series with multiple sessions that are offered on a scheduled basis (weekly, monthly, quarterly, etc.) (i.e. grand rounds, case conferences, tumor boards)

Enduring material – asynchronous content available online that does not have a specific time designated for participation (i.e. online courses, recorded presentations, podcast)

Journal CME/CE – learner reads one or more articles from a professional, peer-reviewed journal

Learning from Teaching – personal learning projects designed and implemented by the learner with facilitation from the accredited provider. It recognizes the learning that occurs as healthcare team members prepare to teach.

Test Item Writing – healthcare team members learn through their contribution to the development of examinations, or certain peer-reviewed self-assessment activities, by researching, drafting, and defending potential test items.

Committee Learning – a live activity that involves a learner's participation in a committee process addressing a subject that would meet the AACME definition of CME if it were taught or learned in another format.

Manuscript Review – activity in which a learner participates in the critical review of an assigned journal manuscript during the pre-publication review process of a journal.

Internet Searching and Learning (Internet Point of Care) – activity in which a healthcare team member engages in self-directed, online learning on topics relevant to their clinical practice form a database whose content has been vetted by an accredited CME provider.

Performance/Quality Improvement – activity structured as a three-stage process by which a healthcare team member or group of healthcare team members learn about specific performance measures, assess their practice using the selected performance measures, implement interventions to improve performance related to these measures over a useful interval of time, and then reassess their practice using the same performance measures.

Other/Blended Learning – Combining existing and/or new formats or using new approaches that do not fit into other activity types

CAPCE Activity Format

Live courses – courses taught in the classroom (F1 course numbers)

Distributive learning – online learning activities, self-paced/self-study (F3 course numbers)

Interactive or immersive program with user input guiding activity – interactive games or immersive virtual programs where the learner participates in patient scenarios that require user input to guide the activity (F4 course numbers)

Virtual instructor-led course – provide synchronous interaction between students and instructor (F5 course numbers)

CAPCE CEH Categories

CAPCE awards credit for each session or portion of the activity based on the course content. You must indicate on the application the category(ies) and the number of credit hours requested. CAPCE strongly suggests that current literature be reviewed and cited in all materials.

Emergency Medical Responder: topics which address the care of the patient in the first minutes of an emergency and before the arrival of BLS or ALS unit as described in the current DOT curriculum and current literature.

Basic: topics which address skill and knowledge objectives included in the patient care practice of basic prehospital care personnel as described in the current U.S. D.O.T. National Standard Curriculum for EMT Basic and current literature.

Advanced: topics which address skill and knowledge objectives included in the patient care practice of advanced EMT or EMT-Paramedic personnel and beyond the scope of basic prehospital care personnel as described in the current U.S. D.O.T. National Standard Curriculum for EMT-Intermediate and Paramedic and current literature.

Operational: topics which are relevant to the operational activities of EMS personnel, such as emergency vehicle operations, dispatch communications, rescue, etc. and non-patient care activities as described in the current U.S. D.O.T. National Standard curriculum for EMT-Basic, Intermediate and Paramedic and current literature.

Educator: topics oriented to the EMS educator (i.e. instructional methodologies and techniques, evaluation principles and techniques, etc.) and not directly related to the provision of emergency patient care.

Management: topics directed to the manager/supervisor, related to the administration of emergency medical services, and not directly related to the provision of emergency patient care (i.e. fiscal, personnel and vehicle management issues).

Integrity and Independence

Red Cross TS has adopted the *Standards for Integrity and Independence in Accredited Continuing Education* from ACCME. This document describes appropriate behavior of accredited providers in planning, designing, implementing, and evaluating activities. Red Cross TS is responsible for the validity of content, quality, and scientific integrity of all accredited CE activities, as well as management of all commercial support, prevention of commercial bias and marketing in accredited CE and ancillary activities offered in conjunction with accredited CE activities.

When developing activities, the CE provider should develop activities that comply with the Standards for Integrity and Independence in Accredited Continuing Education (JAC 12). This includes:

a. Ensuring content is valid
b. Preventing commercial bias and marketing in accredited continuing education
c. Identifying, mitigating, and disclosing relevant financial relationships
d. Managing commercial support appropriately (if applicable)
e. Managing ancillary activities offered in conjunction with accredited continuing education (if applicable)

Ensuring Content is Valid (Standard 1)

The Red Cross is responsible for ensuring continuing education courses directly provided, jointly provided, and co-sponsored contain valid content, which includes:

- All recommendations for patient care must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
- Although continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and presentations. It is the responsibility of the accredited provider to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
- Activities cannot be accredited if they advocate for unscientific approaches to diagnosis or therapy, or if their education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

Commercial Bias and Marketing (Standard 2)

Continuing education activities must protect their learners from commercial bias and marketing.

- All decisions related to the planning, faculty selection, delivery, and evaluation of the CE activity must be made without any influence or involvement from the owners and employees of ineligible companies.
- Accredited CE must be free of marketing or sales of products or services. Faculty must not actively promote or sell products or services that serve their professional or financial interests during the CE activity.
    - Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages (Standard 5).
- The contact information of learners must not be shared with ineligible companies or their agents without the explicit consent of the individual learner.

Financial Relationships (Standard 3)

ALL individuals who have influence over the content of the continuing education activity MUST disclose all financial relationships with ineligible companies within the past 24 months (whether the relationship has now ended or is currently active) to the Red Cross. The *Standards for Integrity and Independence in Accredited CE* require that the Red Cross disqualify individuals who refuse to provide this information from involvement in the planning, development, and implementation of accredited CE. See the *CE Activity Planning Application How-To Guide* for instructions on completing the disclosure.

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Owners and employees are individuals who have a legal duty to act in the company's best interests. Owners are defined as individuals who have an ownership interest in a company, except for stockholders of publicly traded companies, or holders of shares through a pension or mutual fund. Employees are defined as individuals hired to work for another person or business (the employer) for compensation and who are subject to the employer's direction as to the details of how to perform the job.

Individuals must disclose all financial relationships (any amount) that they have had within the past 24 months with ineligible companies. They should disclose all financial relationships regardless of the potential relevance of each relationship to the education. If their disclosure should change, it is required that the individual immediately provide the Red Cross with updated disclosure information.

Mitigation

The Red Cross utilizes a multi-modal approach to mitigate relevant financial relationships based on an individual's role:

- The owners and employees of ineligible companies are considered to have unresolvable financial relationships and are excluded from participating as planners or faculty. As such, they are not allowed to influence or control any aspect of the planning, delivery, or evaluation of accredited continuing education, except in limited circumstances.
- Employees of ineligible companies can participate as planners or faculty in these specific situations:
    - When the content of the activity is not related to the business lines or products of their employer/company.
    - When the content of the accredited activity is limited to basic science research, such as preclinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
    - When they are participating as technicians to teach the safe and proper use of medical devices, and do not recommend whether or when a device is used.
- In order to mitigate the relevant financial relationship(s) of an individual in control that did not create content (i.e. planner or manager), a peer-review of planning decisions is completed by a non-conflicted planner or manager.
- Red Cross Training Services fully validates every accredited CE presentation utilizing a content review. This validation addresses potential bias in the presentation, thus mitigating the relevant financial relationship(s) of faculty, content authors, or content developers by ensuring that the activity content is aligned with the interests of the public.

Managing Commercial Support (Standard 4)

This is only applicable if the accredited CE receives financial or in-kind support from ineligible companies.

Commercial support must be identified to the Red Cross at least 3 months prior to the CE activity

Accredited providers that accept commercial support (financial or in-kind support from ineligible companies) are responsible for ensuring the education remains independent of the ineligible company and that the support does not result in commercial bias or 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. See the Standards for Integrity and Independence in Accredited Continuing Education for details.

Managing Ancillary Activities (Standard 5)

This is only applicable if there is marketing by an ineligible company or non-accredited education associated with the accredited CE.

Accredited providers are responsible for ensuring that education is separate from marketing by ineligible companies (including advertising, sales, exhibits, and promotion) and from non-accredited education offered in conjunction with accredited CE.

- Arrangements to allow ineligible companies to market or exhibit in association with accredited education must not:
    - Influence any decisions related to planning, delivery, or evaluation of the education
    - Interfere with the presentation of the education
    - Be a condition of the provision of financial or in-kind support from ineligible companies for the education
- The accredited provider must ensure that learners can easily distinguish between accredited education and other activities.
    - Live CE activities – marketing, exhibits, and non-accredited education developed by or with influence from an ineligible company or with planners or faculty with unmitigated financial relationships must not occur in the educational space within 30 minutes before or after an accredited education activity. Activities that are part of the event but are not accredited for CE must be clearly labeled and communicated as such.
    - Print, online, or digital continuing education activities: Learners must not be presented with marketing while engaged in the accredited education activity. Learners must be able to engage with the accredited education without having to click through, watch, listen to, or be presented with product promotion or product-specific advertisement.
    - Educational materials that are part of accredited education (such as slides, abstracts, handouts, evaluation mechanisms, or disclosure information) must not contain any marketing produced by or for an ineligible company, including corporate or product logos, trade names, or product group messages.
    - Information distributed about accredited education that does not include educational content, such as schedules and logistical information, may include marketing by or for an ineligible company.
- Ineligible companies may not provide access to, or distribute, accredited education to learners.

Activity Evaluation

Activity evaluations are an essential component of the continuing education process and can serve the purpose of assessing knowledge uptake, determining whether the learner interacted with the activities, evaluating whether the learning objectives were met, and overall quality of the activity.

It is important for the activity evaluation to gather data on which to base an analysis of changes in the skills/strategies or performance of the healthcare team, or in patient outcomes.

Examples of evaluation questions include:

- I have gained knowledge that will improve my skills/strategies, performance, and/or patient outcomes as applicable to my role in the healthcare team related to the following:
    - List objectives below and have learners rate on a Likert scale
- This presentation was applicable to my role within the healthcare team.
- This activity promoted active learning (discussions, problem solving, case studies, etc.) that allowed the healthcare team to learn from, with, and about each other.
- I was provided useful resources to sustain improved skills/strategies, performance, and/or patient outcomes (e.g. handouts, references to publications or organizational websites).
- The presentation content was organized, enhanced my learning experience, and was displayed professionally.

Activity evaluation methods:

- Knowledge tests – a series of questions with the purpose of evaluating the learner's level of knowledge about the subject. Pre- and post- tests may measure a change in knowledge.
- Surveys – a series of questions that allows the learner to provide evaluate aspects of the CE activity such as the speakers, implementation, and design of the activity.
- Interviews – meeting with learners to gather their perspective about the learning activity and its effectiveness.
- Audience response system – utilizing a system to gather feedback from the audience using handheld or mobile devices to answer multiple choice questions.
    - Examples: PollEverywhere

- Simulation – learners can participate in simulation or role playing to apply the knowledge. This would allow the instructor to determine whether learning objectives were met.

CAPCE Evaluation Requirements

The following evaluation questions are required in CAPCE-accredited courses. These can be rated on a 5-point Likert Scale (strongly disagree, disagree, neutral, agree, strongly agree).

1. This activity presented content relevant to EMS practice.
2. This activity addressed each learning objective.
3. The content was well-organized and moved logically from one point to the next.
4. The content was supported appropriately by examples, graphs, tables, photos, and documented references that added to my comprehension and understanding.
5. The visual design of presentation materials enhanced the learning experience.
6. The presentation materials were free of typos, spelling errors, and grammar errors.
7. The presenter spoke clearly and in a way that was interesting. Even without visual aids, one would be able to demonstrate mastery of the learning objectives.
8. The activity did not promote a product or exhibit a commercial bias.

Learning Assessments

A summative post-test is **required** for all Enduring materials (JA) and Distributive Learning activities (CAPCE).

Item writing standards (CAPCE)

Refer to Appendix B of the CAPCE Accreditation Manual for a complete listing of the test item writing standards.

- Requires 3 test questions per learning objective
- Multiple choice test items must assess knowledge of meaningful facts and concepts, not trivial information
- Test items must be independent of one another (one question cannot reveal the answer to another)
- Recommend 3-5 answer choices per question
- True/False questions are not permitted
- Each question must address only one problem or content area
- Multiple choice questions consist of a stem (question that seeks a correct answer) and a response (suggested answers). Only one response can be the correct answer.
- All incorrect responses should be plausible and attractive, avoiding “giveaway distractors.”
    - Avoid using humor or superfluous wording, as they indicate an answer is incorrect – these “giveaway” distractors detract from the validity of the test
    - Distractors must represent unsafe practices or commonly held misconceptions
- Avoid “none of the above” or “all of the above” responses, or absolute responses such as “never” or “always.”
- Questions must be directly related to a learning objective for the activity.
- DL providers must develop a bank of questions for each topic from which a randomized test with randomized choices is created. The test bank must be 30% larger than the number of items that appear in the test.
    - A student who fails an activity post-test must not be given an identical test for their next attempt

CAPCE Item Writing Requirements

Based on Bloom's Taxonomy of Learning

Knowledge level

25% No more than 25% of the question may be at the Knowledge level

Examples: remembering facts, defining terms, stating basic principles

Comprehension level

25% No more than 25% of the question may be at the Comprehension level

Examples: understanding/explaining a principle, requiring learners to recognize a previously used example of a principle

Application Level & Higher

50% At least 50% of the questions must be at the Application level or higher

Examples: requiring learners to apply a principle in a new context

Marketing Materials

If advertising is required prior to CE activity application approval, it cannot discuss how many CE credits will be offered and accreditation statements may not be used. Stating, “An application to offer continuing education has been submitted and is currently under review” is appropriate while awaiting application approval.

Materials used for marketing the CE activity should include the following:

- Title of the event
- Date of the event (if applicable)
- Presenter (if applicable)
- Location
- Who the activity will support and why the activity is being provided
- Learning objectives for the activity
- Target audience
- Activity purpose
- Accreditation statements and logos (as appropriate)
- Designation statements and logos (as appropriate)
- Contact information
- Successful completion information
- Amount of time to complete activity
- Privacy policy
- Tuition/Fees (if applicable)
- Cancellation/refund policy (if applicable)
- Hardware/software/internet requirements (if applicable)
- Disclaimers (CAPCE-accredited courses only)

See Appendix A for Flyer Draft.

References

Accreditation Council for Continuing Medical Education. (2022). *CE educator's toolkit: Evidence-based design and implementation strategies for effective continuing education.* http://www.aacme.org/ceeducatorstoolkit

Accreditation Council for Continuing Medical Education & American Medical Association. (2021). *Glossary of terms and definitions*. https://www.accme.org/sites/default/files/2021-08/11_20210826_revised%20AMA_ACCME%20Glossary_of_Terms%20%281%29.pdf

Huitt, W. (2011). Bloom et al.'s taxonomy of the cognitive domain. *Educational Psychology Interactive.* Valdosta State University.

Pilcher, J. (2016). Learning needs assessment: Not only for continuing education. *Journal for Nurses in Professional Development, 32*(4), 185-191.

Singer, S. (2016, July 5). *Addressing practice gaps.* Accreditation Council for Continuing Medical Education. https://www.accme.org/resources/video-resources/accreditation-requirements/addressing-practice-gaps

Appendix A – Flyer Draft

Title of Event

Date of event: {if applicable}

Time of event: {if applicable}

Presenter: {if applicable}

Location:

This continuing education activity will support {insert team here} in {insert why giving this talk here}.

At the end of this event, attendees should be able to:

- Objective
- Objective
- Objective

Activity Purpose and Target Audience

This activity has been designed to change the {knowledge; skills/strategy; performance} of the {team} and is intended for {audience} who {why/what}

Accreditation Statements

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, American Red Cross is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

IPCE CREDIT™

This activity was planned by and for the healthcare team, and learners will receive Insert credit in 0.25 increments Interprofessional Continuing Education (IPCE) credit for learning and change.

There is no commercial support for this activity.

Designation Statements

CME (Physicians): American Red Cross designates this Choose an item. for a maximum of Insert credit in 0.25 increments *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The CME credits that physicians earn from this activity will be submitted to ACCME's CME Passport, a free, centralized web application where you can create a personalized account to view, track, and generate transcripts of your reported CME credit. Visit www.cmepassport.org to create your account.

NCPD (Nurses): The maximum number of hours awarded for this Nursing Continuing Professional Development activity is Insert credit in 0.25 increments contact hours.

This CE activity is accredited for Enter credit unit here Choose an item. CEH by the American Red Cross, an organization accredited by the Commission on Accreditation for Prehospital Continuing Education.

CPE (Pharmacists): The maximum number of hours awarded for this Choose an item. Continuing Pharmacy Education activity is Insert credit in 0.25 increments contact hours (Insert credit in 0.25 increments CEUs). Please note: Pharmacy learners will need to provide NABP number and date of birth (MM/YY).

Electronic or printed certificates of credit generated from participation in this activity are not valid for pharmacy learners. A paper statement of credit, can be printed from their NABP e-profile at https://nabp.pharmacy/

Universal Activity Number: Click or tap here to enter text.

AAPA (Physician Assistants): American Red Cross has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for Insert credit in 0.25 increments AAPA Category 1 Credits. Approval is valid until Click or tap to enter a date.. PAs should only claim credit commensurate with the extent of their participation.

Table of Conter

ADA CERP (Dental Professionals): American Red Cross is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

BOC CEU (Athletic Trainers): American Red Cross (BOC AP#: BOC360) is approved by the Board of Certification, Inc. to provide continuing education to Athletic Trainers (ATs). This program is eligible for a maximum of (#) Category A hours/CEUs. ATs should claim only those hours actually spent in the educational program.

Contact {Contact information} with any questions.

[Sample language: For questions regarding the accreditation of this activity or for technical support, please contact XXXXX at XXX-XXX-XXXX or email address.]

{Successful completion of the activity}

[Sample language: This interactive activity is accessed through XXXX. To receive credit, participants must attend the meeting, and complete/submit the evaluation and attestation forms by XXXXX.]

{Total Amount of time}

[Sample language: Please allow XXX hours and XXX minutes to complete this activity and the corresponding evaluation/attestation form.

{Privacy Policy}

[Sample language: To view a copy of the privacy policy, click here.]

{Tuition/Fee – if applicable}

{Cancellation and if applicable refund}

[Sample language: In the unlikely event of a cancellation, all participants will be notified via XXXXXX.]

{Hardware/Software/Internet Requirements – if applicable}

[Sample language: To see hardware requirements, click here.]

Disclaimers

CAPCE Disclaimer for Advanced Practice Activities

Advanced practice activities such as critical care, community paramedic, flight paramedic etc., the content of which does not fall within the current Standards of Practice levels, may be CAPCE accredited. Because some states and NREMT may not accept all of these activities for license renewal or recertification, participants must contact their state EMS and/or NREMT to verify acceptance for recertification or relicensing.

CAPCE Privacy Statement Acknowledgement

I understand that the American Red Cross as a requirement of CAPCE accreditation will submit a record of my course completion to the CAPCE AMS. I further understand that my course completion records may be accessed by or shared with such regulators as state EMS offices, training officers, and NREMT on a password-protected need-to-know basis. In addition, I understand that I may review my record of CAPCE accredited course completions by contacting CAPCE.