Prior to creating your eLearning, review the guidelines below:

**Purpose**:

 To provide a central, organized, and consistent evaluation of eLearning requests for assignment to nursing staff.

1. Using the request form, eLearning proposal for consideration is submitted to the Professional Development Council for determination of appropriateness of use of e-learning format, requested assignment audience, and time frame.
2. Using the criteria in the eLearning Assignment Decision Algorithm, the Professional Development Council will review the proposal and provide a decision in writing:
* PDC – approves as is – submitter to create eLearning and submit request to CPPN
* PDC – approves with changes – return to requestor for revision then submission to CPPN
* PDC – denies – return to requestor with recommendation
1. Normal response time will be 2 weeks after the next scheduled monthly PDC meeting.
2. Urgent request may be submitted to the PDC chair, who in consultation with Administrative Advisor and CPPN management, will consider an e-vote of key committee members for expedited review and processing.
3. E-learning proposals approved by PDC – Submitter will be directed to work with CPPN for educational consultation and support.

**Exclusions**: These guidelines do not apply to the following circumstances:

1. Unit-based learning
2. eLearnings assigned by UCOP or hospital administration to meet regulatory requirements
3. Annual MAT training
4. eLearnings created for non-mandatory and/or CEU eligible educational courses – such as AHA courses, blended learning courses, designated self-study programs

Complete the following algorithm/decision tree on page 2 to determine how your eLearning request will be processed.

***Instructions:***

Complete the next pages in full and submit to hs-CPPN@ucdavis.edu (Do not send to HS-PCS CPPN@...). Note: please follow CPPN eLearning submission requirements on page 3.

* *If you answer* ***Yes to 1 A, B, C and 2 A****,**the request will be sent to the Professional Development Council for review and decision prior to CPPN processing.*
* *If you answer* ***No to 1 A and your eLearning is for an individual unit****, CPPN will process your request directly without sending to the Professional Development Council.*

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| **Title of eLearning:**  Click here to enter text. |
| 1. Is this intended and appropriate for house-wide eLearning format? |
| 1. **Is this intended for house-wide assignment?**
 | [ ]  **Yes – proceed to B**[ ]  **No** – refer to individual unit |
| 1. **Is this a house-wide issue?**
 | [ ]  **Yes – include data below and proceed to C**[ ]  **No** – refer to individual unit  |
| If **YES**, include learning goal and data evidence to support the issue: Click here to enter text. |
| 1. **Is there a knowledge deficit?**
 | [ ]  **Yes – eLearning appropriate: include data below and proceed to D**[ ]  **No** (skill) – refer for hands-on training |
| If **YES**, supply source of data support:Click here to enter text. |
| 1. **Is this a complex learning need?**

(i.e., complex change in practice, and/or has an attitude/value component) | [ ]  **Yes** – refer for blended or face-to-face education[ ]  **No – eLearning appropriate: proceed to Question 2** |
| 1. **If for house-wide assignment, indicate the Executive Sponsor (ES) who supports assignment and staff time to complete.**
 | **ES Name:** Click or tap here to enter text.**ES Email:** Click or tap here to enter text. |
| 2. Is this an immediate or routine need? |
| 1. **Is this a policy change, safety issue, or immediate practice change?**
 | [ ]  **Yes – eLearning appropriate: include data below and proceed to Question 3**[ ]  **No** – consider adding to annual training |
| If **YES**, include policy, source of safety issue, or practice change source (i.e., national protocol change)Click here to enter text. |
| 3. Can the eLearning be assigned for a limited time frame or does it need to be ongoing? |
| 1. **Is this a change in routine or frequent practice?**
 | [ ]  **Yes** – end time of 3 months or designated % staff completion. Conduct ongoing monitoring of data to determine further educational needs. Include the 3-month deactivation date or other instruction on page 3.[ ]  **No** – evaluate for ongoing training, proceed to 3 B |
| 1. **Justification for requesting > 3-month assignment**

[ ]  **Certification** (required annually, biennially, etc.) – Specify when recertification is required (i.e., every 12 months): Click here to enter text.[ ]  **Other** – Enter justification here:Click here to enter text.  |
| 1. **Is this high risk, problem prone, or safety issue?**
 | [ ]  **Yes** – consider addition to general nursing orientation and annual training[ ]  **No** – monitor QI data for additional education need |
| 1. **Is this a regulatory issue that requires annual training?**
 | [ ]  **Yes** – consider addition to orientation/annual training[ ]  **No** – monitor QI data for additional education need |

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| **General eLearning Information** |
| **Title of eLearning:** Click here to enter text. |
| **Description of expected learning objectives and how will impact overall patient experience:** Click here to enter text. |
| **Web Description** (description that will appear in UC Learning; usually a short 1-2 lines)**:** Click here to enter text. |
| **Assignment Notification Text** (will appear in the automatic email sent to staff when the module is assigned; can include the reason the module is assigned):Click here to enter text. |
| **Policy Reference:** Click here to enter text.  |
| **Estimated Duration Time, in minutes** (how long it will take for a learner to complete this eLearning)**:** Click here to enter text. |
| **Assignment Options:**[ ]  Assign to current staff only – specify audience below (should **not** be assigned to new hires going forward)[ ]  Assign to new hires only – specify audience below (should **not** be assigned to current staff)[ ]  Assign to current **and** new hire staff – specify audience below [ ]  Do not assign to staff; instead make available as a resource for staff to search for and choose to complete**Assignment audience** (ensure you work with leadership in assigned areas to verify and communicate): **List specific job codes and department codes (*required*):**Click here to enter text.**If job codes unknown, select below:**[ ]  Inpatient RNs [ ]  Ambulatory RNs [ ]  OR RNs [ ]  Pre-op PACU RNs [ ]  ED RNs [ ]  ICU RNs/Educators [ ]  Children’s Hospital RNs [ ]  PCS Quality & Safety RNs (6525 Qlty Imp HC Spec 4)[ ]  Travel RNs [ ]  Non-RN staff: Click here to enter text. [ ]  Other: Click here to enter text.**Course requirement options:**[ ]  Attestation only to complete module[ ]  Quiz to complete module (provide questions and answer selections with correct answers indicated)Quiz passing score: [ ]  80% (*standard*) OR [ ]  Other [ ]  Quiz answer reporting – uncommonly needed (only select this option if you require reports detailing every quiz answer selection for every completion) |
| **Assignment Timeline:** **PLEASE NOTE:** Processing may take up to 30 days once CPPN has received all materials (after PDC approval, if required). Please plan accordingly. **Go-live/activation date**: Click here to enter a date. **Assignment due date** (date assignment is due): [ ]  **30 days** OR [ ]  **60 days** OR[ ] Other**Assignment archival date** (date assignment is archived/removed): Click here to enter a date. OR [ ]  90 days OR [ ]  1 year OR [ ]  **N/A****Course deactivation date** (no longer available by search): Click here to enter a date. OR [ ]  **1 year** OR [ ]  **2 years** OR [ ]  **N/A**  |
| ***Responsible Person Contact Information***  |
| **Name:** Click here to enter text. | **Job title:** Click here to enter text. | **Department:** Click here to enter text. |
| **Phone:** Click here to enter text. | **e-mail address:** Click here to enter text. |
| **Committee or council involved**: Click here to enter text.

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| CPPN eLearning Submission Requirements:1. All eLearning modules must be submitted as a PowerPoint using a health system-approved template (<https://health.ucdavis.edu/graphicstandards/templates/index.html>).
2. If there is a post-test, please submit the test as a Word document with the answers highlighted in red.
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| Below completed by Professional Development Council/CPPN only |
| Reviewed Professional Development Council: Date Received: Click here to enter a date. Review Date: Click here to enter a date.[ ]  PDC – Approves as is – submitter to send form and module to CPPN for assignment and tracking Approval Date: Click here to enter a date.[ ]  PDC – Approved with changes – returned to requestor for revision then submission to CPPNRevision: Click here to enter text.[ ]  PDC – Denied – returned to requestor with recommendation(s)Date Returned: Click here to enter a date. Recommendation(s): Click here to enter text. |
| Reviewed by CPPN: Date Received: Click here to enter a date.PowerPoint Received: Click here to enter a date.Course Code: Click here to enter text.Date Approved for upload to UC Learning: Click here to enter a date. |

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