

[Official Institution Logo]

**Adult  
Congenital  
Heart   
Association**

## ACHD Education of Nursing and Other Staff in Outpatient Clinic

**Date Effective:** MM/DD/YYYY

**Type of Policy:** Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

### Purpose

Indicate the reason why this policy is in place and the population it benefits.

### Policy Statement

State the actual plan to provide ACHD education for nursing and other outpatient staff. This statement can be a brief overview of the education plan. Please reference the exact medical professionals that receive this education and the general ACHD topics covered.

### Procedures

Describe the structure of the education, such as the education provided where it occurs, who the education is open to, and the frequency with which these educational opportunities are made available. Please indicate if your institution provides the opportunity to attend any off-site ACHD conferences or events.

### References

If applicable, please list any articles or other resources utilized to develop your institution's plan to educate nursing and other outpatient staff.

### Required Signatures

This document requires signatures from specific personnel. Please note that we require signatures from **ALL** of the individuals listed below in order for the document to be valid:

- Medical Program Director of ACHD

### Helpful Tips

If you would like, please upload any additional documentation or examples of educational materials to the additional files section in J Outpatient Services. It is not a requirement. Please save the document with J14 in the title so that we know which policy/procedure the uploaded document references.