Ensuring that Clinical Content is Valid

Dear Prospective Planner/Faculty Member:

As an important contributor to our accredited education, we would like to enlist your help to ensure that educational content is fair and balanced, and that any clinical content presented supports safe, effective patient care. This includes the expectations that:

- ✓ All recommendations for patient care in accredited continuing education 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 accredited education 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 accredited 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 individual presentations. It is the responsibility of accredited providers 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.
- ✓ Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the 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.

These expectations are drawn from **Standard 1** of the ACCME Standards for Integrity and Independence in Accredited Continuing Education. For more information, see **accme.org/standards**. If we can help you to understand and/or apply these strategies to your education, please contact us at cbroughton@apsa.org.

Please consider using these strategies to help us support the development of valid, high quality education.

Consider using the following best practices when presenting clinical content in accredited CE:

- ✓ Clearly describe the level of evidence on which the presentation is based and provide enough information about data (study dates, design, etc.) to enable learners to assess research validity.
- ✓ Ensure that, if there is a range of evidence, that the credible sources cited present a balanced view of the evidence.
- ✓ If clinical recommendations will be made, include balanced information on all available therapeutic options.
- ✓ Address any potential risks or adverse effects that could be caused with any clinical recommendations.

Although accredited CE is an appropriate place to discuss, debate, and explore new and evolving topics, presenting topics or treatments with a lower (or absent) evidence base should include the following strategies:

- ✓ 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
- ✓ Construct the activity as a debate or dialogue. Identify other faculty who represent a range of opinions and perspectives; presentations should include a balanced, objective view of research and treatment options.
- ✓ Teach about the merits and limitations of a therapeutic or diagnostic approach rather than how to use it.
- ✓ Identify content that has not been accepted as scientifically meritorious by regulatory and other authorities, or when the material has not been included in scientifically accepted guidelines or published in journals with national or international stature.
- ✓ Clearly communicate the learning goals for the activity to learners (e.g., “This activity will teach you about how your patients may be using XX therapy and how to answer their questions. It will not teach you how to administer XX therapy”).

Peer Review: Ensuring that Clinical Content is Valid

Educational Activity Title: CATP – Semester 1 Case Conference - Fall 2021
Institute, Society, Center: Cincinnati Psychoanalytic Institute
Date of Activity: 9/10/21 – 1/7/22 – 15 Fridays

Please answer the following questions regarding the clinical content of the education.

Are recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? *[Standards for Integrity and Independence 1.1]*	**Yes** / **No**
Comments: Yes. Recommendations for assessment and patient care are based on well established psychoanalytic clinical knowledge and standards of care, on balanced clinical reasoning, and are consistent with available research knowledge. The following references support the teachings of this course – 1.Boles, S.A. (2013). To Analyze or Not to Analyze: The Treatment of a Severely Disturbed Four-Year-Old Boy. Psychoanal. Inq., 33(4):402-415. 2. Neely, C. (2020). The Developmental Object and Therapeutic Action. Psychoanal. St. Child, 73:109-118. 3. Joyce, A.F. (2011). Interpretation and Play: Some Aspects of the Process of Child Analysis. Psychoanal. St. Child, 65:152-168.	

Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? *[Standards for Integrity and Independence 1.2]*	**Yes** / **No**
Comments: Yes. The knowledge base referred to in this seminar conforms to clinical research methods in psychoanalysis, beginning with single-case design, extending to compare/contrast exercises with other studies/authors, and when relevant review of its relationship to systematic empirical studies within psychoanalysis and related fields.	

Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? [Standards for Integrity and Independence 1.3]	**Yes** / **No**
Comments: Yes. More speculative approaches are important in the growth of psychoanalytic ideas, and these are identified in didactic teaching and class discussion. Creative speculative thinking is encouraged but clearly differentiated from conclusions supported by distinct empirical research.	

Does the educational activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning? *[Standards for Integrity and Independence 1.3]*	**Yes** / **No**
Comments: Yes. While different approaches and ideas are explored, approaches ungrounded in the evidence and in clinical reasoning/ experience are not promoted or advocated.	

Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or 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*? [Standards for Integrity and Independence 1.4]*	**Yes** / **No**
Comments: Yes. It is an ethical imperative in the teaching of this course that risks and benefits are always examined, as part of the ongoing process of weighing clinical advantages and disadvantages, and dangerous or risky approaches are identified and avoided.	

Peer Review conducted by:
Name, Title: Brett Clarke, MSW
Date: August 15, 2021

Note for Continuing Education Staff
One strategy to ensure the clinical content validity of accredited continuing education is to allow external (peer) review by persons with appropriate clinical expertise and no relevant financial relationships with ineligible companies, defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The questions above direct reviewers to share feedback about each of the requirements that comprise Standard 1 in the Standards for Integrity and Independence. For more information, see **accme.org/standards**.