

JPPF EXPLAINER

This document was created to assist in filling out the JPPF, with notes and examples.

Explainer notes are in blue throughout the form.



CME Joint Provider Planning Document

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| Name of Institute, Society, or Center | San Francisco Center for Psychoanalysis |
| Name of Administrator | Aaron Chow |
| Administrator Email | aaron.chow@sfcpc.org |
| Name of CME Committee Representative | Megan Goodwin, Psy.D. |
| CME Committee Representative Email | emegangoodwin@gmail.com |

Planning & Presenting Accredited Continuing Education in compliance with Standards for Integrity and Independence

To comply with the Standards for Integrity and Independence in Accredited Continuing Education, APsA has implemented updated policies, procedures, forms, and mechanisms to facilitate the planning and delivery of accredited education. APsA requires all accredited continuing education to following these planning steps:

1. Identify, mitigate, and disclose relevant financial relationships of planners, faculty, and others who will control educational content for your education activity.
2. Ensure that clinical content is valid for accredited education.
3. Educational planning that demonstrates the professional practice gap and underlying needs, expected results, appropriate format, changes in learners, independence, and administrative information needed to award credit to learners.

1. Identify, mitigate, and disclose relevant financial relationships.

We look forward to your participation as a planner and/or presenter in the accredited continuing education at your Institute, Society or Center.

Why am I receiving this communication?

APsA is accredited by the ACCME. We appreciate your cooperation in following accreditation guidelines and create high-quality education that is independent of industry influence. To participate as a person who will be able to control the educational content of this accredited CE activity, we ask that you disclose all financial relationships with any ineligible companies that you have had over the past 24 months. **We define ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.** There is no minimum financial threshold;

you must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask you to disclose regardless of whether you view the financial relationships as relevant to the education. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit www.accme.org/standards.

Why do we collect this information?

Since healthcare professionals serve as the trusted authorities when advising patients, they must protect their learning environment from industry influence to ensure they remain true to their ethical commitments. Many healthcare professionals have financial relationships with ineligible companies. By identifying and mitigating relevant financial relationships, we work together to create a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education.

What are the next steps in this process?

After we receive your disclosure information, we will review it to determine whether your financial relationships are relevant to the education. **Please note: the identification of relevant financial relationships does not necessarily mean that you are unable to participate in the planning and implementation of this educational activity. Rather, the accreditation standards require that relevant financial relationships are mitigated before you assume your role in this activity.**

Please return the attached Financial Relationship Form to share all financial relationships you have had with ineligible companies during the past 24 months. This information is necessary for us to be able to move to the next steps in planning this continuing education activity. If you have any questions about these expectations, please contact the APsA CE Manager at cbroughton@apsa.org.

2. Ensure that clinical content is valid

As an important contributor to our accredited education, we want 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 www.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”).

Please have your session reviewed by **peer(s) 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 below 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 www.accme.org/standards.

Please answer the following questions regarding the clinical content of your continuing education session.

Peer Review: Ensuring that Clinical Content is Valid

Title of Session:

Date of Session: List all dates individually, not as a date range

Planner/Presenter/Point Person:

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]

NOTE: This is a good place to include works cited.

Yes No Check "Yes" box. Each question needs a short answer. See below for sample answers.

Citations can be listed in question 1.

Comments:

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 singlecase 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.

Name of Peer Reviewer: Leave Blank

I have reviewed the clinical content validity of this accredited continuing education. I have 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.

Date:

3. Planning Accredited Continuing Education

Educational planning that demonstrates the professional practice gap and underlying needs, expected results, appropriate format, changes in learners, independence, and administrative information needed to award credit to learners.

Planning Accredited Continuing Education

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|---|--|
| Name of Institute | San Francisco Center for Psychoanalysis |
| Name of Administrator | Aaron Chow |
| Administrator's Email | aaron.chow@sfcpc.org |
| Name of CME Committee Representative | Megan Goodwin, Psy.D. |
| Session Title | Fill out |
| Session Date/Time | List Individual Dates, and time |
| Duration of Session | <p>Calculate and fill out. This should be total duration, over entire course For exp 10 sessions at 1.5 hours per would look like:</p> <p>Education duration: __15__ hours and __0__ minutes Please report time in 15-minute increments.</p> |

INDIVIDUALS IN CONTROL OF CONTENT

Please enter names of presenters and planners - including members of any relevant committees, add rows if necessary. All individuals listed below must submit a planner/presenter disclosure form.

Anyone who participated in the planning, or teaching needs to be included. See examples, below. For case conferences where students will be presenting cases, they do not need to be listed unless they are involved in the planning of the course.

The last 3 questions reference financial ties, such as if a presenter had a relationship with a pharma company. If you think you have a potential financial relationship with an organization that is medical, psychiatric, psychological, ect, talk with Megan asap.

| Name | Individual's Role(s) in Activity (Planner, Presenter, Discussant, etc.) | Name of Ineligible Company(s) | Nature of Relevant Financial Relationship(s) | Mechanism(s) Implemented to Mitigate Relevant Financial Relationships Appropriate to Role(s) in the |
|------|---|-------------------------------|--|---|
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| | | | | Activity |
|--------------------|--------------------|-----|-----|-----------------|
| Amanda Brown, PsyD | Planner | n/a | n/a | n/a |
| Bob Greene, LCSW | Planner, Presenter | n/a | n/a | n/a |
| Cynthia Grey, MD | Planner, Presenter | n/a | n/a | n/a |
| Terri White, LMFT | Planner | n/a | n/a | n/a |
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Description

Make your description stand out, keep it concise and engaging. Descriptions should not be written in the 1st person and should be about **100 words**. **Descriptions are how you communicate the content of continuing education activity.**

Descriptions should address the points below with a clear connection to the CE Criteria and educational objectives.

- ✓ To whom the group is targeted
- ✓ The specific topic being addressed (refer to Criteria 2, part 1)
- ✓ The educational methods that will be employed to achieve the educational objectives (this is similar to Criterion 3)
- ✓ A clear connection between program content and the application of this content (learning objectives) within the learner's professional context (refer to Criteria 2, part 2)
- ✓ Details about presenters, their area of expertise in the program content or their professional involvements

Please enter your description below:

All the check marks to the left must be addressed. This paragraph could potentially be used to market your class.

This course, "Beginning Psychotherapy" is targeted at early career, licensed psychotherapists including Physicians, Nurse Practitioners, Psychologists, Licensed Clinical Social Workers, and Marriage & Family Therapists. Early career therapists are learning the fundamentals of beginning a psychoanalytic psychotherapy treatment. In this class, we will use both recent student case material, as well as discussion from the assigned readings to introduce and explore common stages and challenges in beginning treatment. Developing competence and confidence in establishing a psychoanalytic process in early treatment is an important foundational skill for psychotherapists. Bob Greene, LCSW and Cynthia Grey, MD have both been teaching and supervising early career psychotherapists for over 15 years and Cynthia Grey, MD is a supervising analyst at SFCP.

Articulate two learning objectives.

Learning outcomes are statements that clearly describe what the learner will know or be able to do as a result of having attended an educational program or activity. These goals should have a direct relationship to the practice gap you have addressed in the session description and Criterion 2, while utilizing the educational methods outlined in Criterion 3.

- **Learning objectives must be** observable and measurable.
- **Learning objectives should** (1) focus on the learner, (2) contain action

Some examples of well-written educational objectives:

- After attending this session, participants should be able to:
- Explain termination as a distinct phase and process
 - Apply Lacanian concepts to diagnose psychosis

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| <p>verbs that describe measurable behaviors, and (3) focus on skills that can be applied in psychological practice or other professional environments.</p> <ul style="list-style-type: none"> • Educational objectives must start with an action verb from the following list of approved choices: List, describe, recite, write, summarize, compute, discuss, explain, predict, apply, demonstrate, prepare, use, analyze, design, select, utilize, compile, create, plan, revise, assess, compare, rate, critique. <p>The following verbs are <u>not</u> acceptable: know, understand, learn, appreciate, become aware of, become familiar with, have faith in, better understand, believe.</p> | <ul style="list-style-type: none"> • Analyze several fMRI study designs in neuroscience and psychotherapy and identify major brain areas in depressed patients <p>It's important to remember that participants will evaluate your session after the meeting. They will be asked <u>specifically</u> whether they were able to achieve the goals you set.</p> <p>Please enter your two educational objectives below: After attending this session, participants should be able to: Be aware of verbiage to the left. Focus on learner/student, and use action word that could be measured. For example:</p> <p>Explain the idea of “therapeutic frame” and its importance in the practice of psychotherapy.</p> <p>Analyze their own caseload in terms of beginning psychotherapy processes.</p> |
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Accredited Continuing Education Criteria

The provider (APsA) has a CME mission statement that includes expected results articulated in terms of changes in competence, performance, or patient outcomes that will be the result of the program. (formerly Criterion 1)

CME MISSION STATEMENT

It shall be the purpose of The American Psychoanalytic Association, Inc. to study and advance psychoanalysis; to advocate and maintain standards for the training of psychoanalysts and for the practice of psychoanalysis; to foster the integration of psychoanalysis with other branches of science and to encourage research in all fields having to do with the scientific knowledge and welfare of humanity.

Reflecting that the Association Mission of scholarship and continued learning is a way of life for psychoanalysts, APsA has charged the Committee on Continuing Education with oversight in this area.

Mission: The CME Mission of this committee, in conjunction with the Program Committee, is to assure the membership of valid and independent content in the educational offerings made available to them by the Association through national meetings that the Association produces and to assure similarly high standards for the planning and implementation of the CME programming of its Affiliate Societies and Accredited Institutes.

Purpose: The Purpose of the CME program is to provide valid and independent content to educate our members, trainees, students, the mental health community, and the public. and, in particular, to identify and make known, any potential conflicts of interest or biases among

presenters, planners and coordinators in this endeavor.

In designing and implementing educational activities, consideration is given to the following needs. The first eight needs apply on both a national and local level (to institutes and societies whose activities are jointly provided by the Association). Needs nine to twelve are specific to the national meetings:

1. to explore new and recent developments in research, theory, technique, and clinical knowledge;
2. to offer opportunities for the review of essential knowledge
3. to offer a forum for outstanding contributors to the field;
4. to offer participants opportunities to meet with those from different geographic areas and with differing orientations, to discuss scientific interests with each other and with leaders in the field, and to provide special interest groups with an opportunity to meet;
5. to offer psychoanalysts opportunities to exchange knowledge with others in related disciplines and to offer physicians in other specialties discourse with psychoanalysts for a mutual learning experience;
6. to provide opportunities for psychoanalytic educators to discuss concerns in medical, psychiatric, and psychoanalytic education;
7. to encourage participation by psychiatric residents, medical students, social work and psychology trainees.
8. to encourage independent scientific development by requesting individual scientific contribution for possible presentation to peers, including the possibility of publication in the Journal of the American Psychoanalytic Association, which has right of first consideration for those papers accepted for presentation;
9. to offer candidates at the 30 Accredited Psychoanalytic Institutes from all geographic locations opportunities to meet with each other and discuss areas of professional, scientific and educational concerns;
10. to offer an opportunity to discuss clinical material away from local colleagues for whom confidentiality issues and the development of new ideas may be more difficult;
11. to offer an opportunity for the isolated individual practitioner to strengthen his identification with psychoanalysis as a profession.
12. to foster exchange among various groups within the Association with interests in psychoanalytic education, scientific activities, research, local concerns and problems.

Content areas: The Content area for our CME programs include the theory and technique of psychoanalysis, the application of psychoanalytic principles to other disciplines, recent research findings in psychoanalysis, and the application of psychoanalysis to improve clinical care.

Target Audience: Our target audience is mental health professionals, including psychoanalysts, psychotherapists, psychiatrists, psychologists, social workers, other mental health professionals; professionals-in-training, such as psychiatry residents, psychology and social work interns, medical students, and master's level students; as well as post-doctoral mental health clinicians, nurses, teachers, professionals and academics in mental health and non-mental health disciplines.

Type of Activities: Activities at the National and Annual Meetings include: panel discussions, plenaries, symposia, discussion groups, clinical workshops, scientific papers, clinical presentations, and special programs for students including seminars, courses, and forums dedicated to professionals-in-training. Activities at APsA Institutes, Societies and Centers include Scientific meetings, training programs, extension division courses, workshops, study groups, seminars, fellowships, and symposia. Online programs include journal-based CME that

use articles from our publication, the Journal of the American Psychoanalyst and Video presentations from APsA members.

Expected results: To realize our CME Mission we work to provide valid and independent educational content for psychoanalysts, psychotherapists and other members of the mental health field that is relevant to their professional practice and increases their professional competence through the acquisition of improved strategies and clinical knowledge. Through interaction with peers and more experienced clinicians, and the promotion of habits of critical inquiry and balanced judgment through post-graduate educational and training activities the result will be better trained, more competent clinicians. For patients, this will result in better trained, more competent clinicians.

The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions. (Formerly Criterion 12)

ACCME Note

Using data, information, and analysis from Criterion 11, the provider is asked to step back and review its CME mission statement. Has it been successful in achieving what it outlined as expected results related to learner or patient outcome change? If not, why not?

APsA Note:

Please note that data and information collected from evaluation reports is used by APsA to conduct a program based (APsA's overall CME program) analysis to see if our CME mission is being met. Collecting and submitting good evaluation data plays an important part in our ability as an accredited provider to meet this requirement

Can be left blank

The provider identifies, plans and implements the needed or desired changes in the overall program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that are required to improve on ability to meet the CME mission. (Formerly Criterion 13)

ACCME Note

Building from the review of its CME mission, the provider is asked to identify, plan, and implement changes to its CME program that will help it be more effective. This step-wise process of collecting data, reviewing it, comparing it to expected changes, and then making adjustments to be more effective, is a form of quality improvement for the accredited provider.

State any needed or desired changes in this program (e.g., planners, teachers, infrastructure, methods, resources, facilities, interventions) that have been identified and implemented to improve on ability to meet the CME mission. (Formerly Criterion 13)

Response:

Examples:

This is the first time that this class has been offered. No needed or desired changes have been identified or implemented to improve the class currently. We will monitor for potential changes that could improve the class.

OR

Prior groups of students expressed a desire that the class be longer to engage more deeply with the material. As such our planning group lengthened the class from 6 to 10 weeks. We will continue to monitor the length of class as well as any other feedback that we collect.

Incorporate into CME activities the educational needs (knowledge, competence, or performance) that underlie the professional practice gaps. (Formerly Criterion 2)

Tell us the educational need of your scientific session – increased knowledge, better competence, or improved performance – based on the professional practice gap between current practice and desirable or achievable practice you have identified (and how it was identified)

Compliance Note:

Identify gaps between current practice and desirable or achievable practice (i.e., professional practice gaps). Deduce needs as the 'knowledge causes,' 'strategy causes,' or 'performance causes' of the professional practice gap(s). The key for compliance is to be able to show that planning included the identification of a professional practice gap from which needs were identified. A common theme in the noncompliance is that no evidence that a professional practice gap was identified can be found. Professional practice is not limited to clinical, patient care practice but can also include, for example, research practice and administrative practice.

These two questions below are related.

Part 1 is stating the practice gap between current practice and desirable or achievable practice.

Part 2 is what the educational need (knowledge need, strategy need) that is the cause of the gap
See examples.

Part 1: State the professional practice gap(s) of your learners on which the activity was based (maximum 100 words). What practice-based problem (gap) will this education address?

Response:

Establishing a psychoanalytic psychotherapy frame and facilitating early therapeutic processes.

Part 2: State the educational need (in competence) that you

Response:

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| <p>determined to be the cause of the professional practice gap (maximum 50 words). What is/are the reason(s) for the gap? How are your learners involved?</p> | <p>The educational need is specific knowledge and/or strategies. For example:</p> <p>Early career psychotherapists may not have received education specifically around establishing psychoanalytic psychotherapy frame. They may have an education gap regarding the foundations of establishing frame and eliciting early engagement in therapy.</p> |
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The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement. (Formerly Criterion 3).

Show how your session will attempt to change professional competence, based on what was identified as needs (that underlie a professional practice gap). The expectation is that the education will be designed to change learners' strategies (competence).

Compliance Note:
This criterion is the implementation of the previous criterion. In the planning of your session, you must attempt to change physicians' competence, based on what was identified as the need (that underlies a professional practice gap). The expectation is that the education will be designed to change learners' strategies (competence), or what learners actually do in practice (performance). 'Knowledge' is acceptable content for accredited CME.

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| <p>State what the CME activity was designed to change in terms of learners' competence (maximum 50 words).</p> <p>What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?</p> | <p>Desired change(s) in strategy, performance, or patient care:</p> <p>Max 50 words. Tell us how your session will attempt to change professional competence, based on what was identified as needs that underlie a professional practice gap. The expectation is that the program will be designed to change learners' strategies</p> |
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| <p>Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information to the right.</p> | <p>Changes learners intend to make to strategies, performance, or patient care:</p> <p>This question is about discussion in class. Raising that question to students in terms of how they can make improvements or changes to their practice as a result of attending the course, meeting, etc.</p> <p>For scientific meetings and other one-time events:</p> |
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| | <p>indicate that there will be time after the presentation for learners to discuss with the presenter the changes one might make in practice given the information they have just received</p> |
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Choose an educational format for your session that is appropriate for the setting, educational objectives, and desired results of the session. (Formerly Criterion 5)

Compliance Note:
 All activity formats (e.g., didactic, small group, interactive) are perfectly acceptable and must be chosen based on what you hope to achieve with respect to change in competence. We are looking for information to demonstrate that the choice of educational format took into account the setting, objectives, and desired results of the activity.

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| <p>Explain why this educational format is appropriate for this activity (maximum 25 words).</p> | <p>Educational Format:</p> <p>Max 25 words</p> <p>For exp: Presentation Case conference Study Group In-person/zoom/hybrid class</p> <p>Assigned reading, clinical case material, ect</p> <p>And then, demonstrate that the choice of educational format took into account the setting, objectives, and desired results of the activity.</p> |
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Develop your session in the context of desirable physician attributes [e.g., Institute of Medicine (IOM) competencies, Accreditation Council for Graduate Medical Education (ACGME) Competencies]. (Formerly Criterion 6)

Develop your session based on knowledge practice, quality improvement, patient-centered care, interpersonal and communication skills giving specific examples of these areas.

Compliance Note:
 We are looking for an active recognition of “desirable physician attributes” in the planning process (e.g., “We have planned to do a set of activities that touch on professionalism and communications to address our patients’ concerns that they are not receiving complete discharge instructions – which is the identified professional practice gap.”). The simple labelling of an activity with a 'competency' is a start and provides the learner with information with which to choose an activity and potentially will be important for reporting purposes within Maintenance of Certification™.

Part 1: Please highlight one or more of the competencies below to incorporate into your response.

Highlight one or more on the right that applies to your course

- ABMS/ACGME- Patient Care and Procedural Skills
- ABMS/ACGME- Medical Knowledge
- ABMS/ACGME- Practice-based Learning and Improvement
- ABMS/ACGME- Interpersonal and Communication Skills
- ABMS/ACGME- Professionalism
- ABMS/ACGME- Systems-based Practice
- Institute of Medicine - Provide patient-centered care
- Institute of Medicine - Work in interdisciplinary teams
- Institute of Medicine - Employ evidence-based practice
- Institute of Medicine- Utilize informatics
- Interprofessional Education Collaborative - Values/Ethics for Interprofessional Practice
- Interprofessional Education Collaborative - Roles/ Responsibilities
- Interprofessional Education Collaborative - Interprofessional Communication
- Interprofessional Education Collaborative - Teams and Teamwork
- Other Competencies - Competencies other than those listed were addressed

Part 2: Indicate the desirable attribute(s) (i.e. competencies) this activity addresses (maximum 25 words.)

Response: This course will help develop the important skills of establishing therapeutic frame and beginning a psychotherapy process.
25 words max

The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/educational interventions. (Formerly Criterion 11)

ACCME Note

The accredited provider is asked to collect data and information about the changes that result from its educational interventions, including changes it expects learners to make, changes that learners actually make, and/or the impact on patients. Using this data and information, the provider is asked to look across all its activities and analyze its impact in terms of those changes.

Collect data about the change in learners' competence using evaluation forms from CME Activities that can be used to draw conclusions about the CME program's impact on changing learners' competence.

Response:
This question is about evaluation and feedback data and if a course is having a positive impact on changing learners competence.

For exp:
The Planning Committee will collect data from post presentation evaluations that ask learners how they intend to make changes to their strategies, performance or patient care as a result of attending this class.

NEW Discuss with learners the changes they intend to make to their strategies, performance, or patient care that will result from this activity and list that information.

References/Work Cited

Provide three references, showing overall consistent and credible empirical support of the approach or technique being taught.

Complete in APA style. Please be aware that on the APA form, 3 citations must be from within the past 10 years.

Please provide at least three relevant references, in APA-style citation.

- 1.
- 2.
- 3.

Criteria for Accreditation with Commendation

This optional section will help APsaA show that our CME educational activities demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menu that address the areas of:

- Promotes Team-based Education
- Addresses Public Health Priorities
- Enhances Skills
- Demonstrates Educational Leadership
- Achieves Outcomes

We believe that many of our educational activities address these areas. Choosing from the menu below, please demonstrate compliance with any seven criteria of your choice, from any category, plus one criterion from the “Achieves Outcomes” category, for a total of eight criteria. Your cooperation with this optional area is much appreciated.

Menu of Criteria for Accreditation with Commendation (optional)

To be eligible for Accreditation with Commendation, CME providers must demonstrate compliance with all of the Core Accreditation Criteria, in addition to eight criteria from the commendation menu. Choosing from the menu, providers need to demonstrate compliance with any seven criteria of their choice, from any category, plus one criterion from the “Achieves Outcomes” category, for a total of **eight** criteria.

All providers must demonstrate compliance with the applicable Standards for Integrity and Independence in Accredited Continuing Education and applicable policies.

Promotes Team-based Education

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| Engages Teams | Members of interprofessional teams are engaged in the planning and delivery of interprofessional continuing education (IPCE). (formerly Criterion 23) Response: |
| Engages Patients/Public | Patient/public representatives are engaged in the planning and delivery of CME. (formerly Criterion 24) Response: |
| Engages Students | Students of the health professions are engaged in the planning and delivery of CME. (formerly Criterion 25) Response: |

Addresses Public Health Priorities

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| Advances Data Use | The provider advances the use of health and practice data for healthcare improvement. (formerly Criterion 26) Response: |
| Addresses Population Health | The provider addresses factors beyond clinical care that affect the health of populations. (formerly Criterion 27) Response: |
| Collaborates Effectively | The provider collaborates with other organizations to more effectively address population health issues. (formerly Criterion 28) Response: |

Enhances Skills

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|---------------------------------------|---|
| Optimizes Communication Skills | The provider designs CME to optimize communication skills of learners. (formerly Criterion 29) Response: |
| Optimizes Technical/Procedural Skills | The provider designs CME to optimize technical and procedural skills of learners. (formerly Criterion 30) Response: |
| Creates Individualized Learning Plans | The provider creates individualized learning plans for learners. (formerly Criterion 31) Response: |
| Utilizes Support Strategies | The provider utilizes support strategies to enhance changes as an adjunct to its CME. (formerly Criterion 32) Response: |

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Demonstrates Educational Leadership

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| Engages in Research/Scholarship | The provider engages in CME research and scholarship. (formerly Criterion 33) Response: |
| Supports CPD for CME Team | The provider supports the continuous professional development of its CME team. (formerly Criterion 34) Response: |
| Demonstrates Creativity/Innovation | The provider demonstrates creativity and innovation in the evolution of its CME program. (formerly Criterion 35) Response: |

Achieves Outcomes

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|-----------------------------------|---|
| Improves Performance | The provider demonstrates improvement in the performance of learners. (formerly Criterion 36) Response: |
| Improves Healthcare Quality | The provider demonstrates healthcare quality improvement. (formerly Criterion 37) Response: |
| Improves Patient/Community Health | The provider demonstrates the impact of the CME program on patients or their communities. (formerly Criterion 38) Response: |

Confidentiality

Ensuring the confidentiality of all clinical material presented at our meetings is of the utmost importance to APsA. Attendance is contingent on an agreement to adhere to the following guidelines:

- Clinical material must not be discussed outside of the session in which it is presented and furthermore must not be recorded, conveyed, or disseminated in written or electronic form.

- Participants must agree to maintain a secure environment to be utilized solely by the registered participant and protected from intrusion by, or exposure to, unauthorized persons.
- Presenters of case material must have either obtained informed consent from the patient (or guardian) or taken other carefully considered measures to safeguard confidentiality.
- If at any time a participant suspects he, she, or they may recognize the identity of a patient in a case presentation, the participant must leave the session immediately.
- Failure to observe these guidelines constitutes a breach of APsA's ethical principles and may be cause for disciplinary or legal action or both.

rv 8.3.2021

Please confirm with your presenters that they have either obtained informed consent from the patient (or guardian) or have taken other carefully considered measures to safeguard confidentiality.