CONNECTICUT VALLEY HOSPITAL
CONTINUING MEDICAL EDUCATION
APPLICATION FOR AWARDING
AMA PRA CATEGORY 1 CREDIT(S) ™

<u>Application Instructions:</u>

This application is designed to meet the requirements of the ACCME in sponsoring *AMA PRA CATEGORY 1 CREDIT(S)* ™ Continuing Medical Education activities. Please fill-in and complete all sections. Use tab key or mouse. Print out application and mail or fax to:

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I. GENERAL INFORMATION

		PRESENTER	
1	NAME	Andrea Duarte/Richard Fisher	
2	DEPARTMENT/ ORGANIZATION	DMHAS Office of Workforce Development	
3	STREET ADDRESS 1 STREET ADDRESS 2 CITY, STATE & ZIP	Office of Workforce Development CVH, Beers Hall	
4	TELEPHONE NUMBER	860-262-5063	
5	FAX NUMBER	860-262-5073	
6	EMAIL	Richard.Fisher@ct.gov	
7	TITLE OF CONFERENCE/ ACTIVITY	Suicide Risk Using the Columbia Suicide Severity Rating Scale	
8	DATE(S) OF ACTIVITY	Will be embedded in DMHAS LMS	
9	ACTIVITY LOCATION	DMHAS LMS	
10	TIME(S)	1 hour	
11	SPONSORSHIP NAME OF ORGANIZATION:	☒ JOINT CVH?	☐ CO SPONSOR
12	# OF CREDITS REQUESTED: **1 Credit** (Note: Maximum number of hours rounded to the nearest quarter hour exclusive of breaks and other activities that are not part of the formal education process)		

II. NEEDS ASSESSMENT

Documentation is required of the planning process that links educational needs with the desired results.

1	TARGET AUDIENCE: Clinicians
2	ESTIMATED NUMBER OF ATTENDEES: / ESTIMATED NUMBER OF PHYSICIANS:
3	LIST ANY SPECIAL BACKGROUND REQUIREMENTS FOR PROSPECTIVE PARTICIPANTS: NA
4	PLANNING COMMITTEE (LIST) Andrea Iger Duarte, LCSW and Richard Fisher, LCSW
5	PRESENTER(S) (LIST AND **ATTACH** CV) Kelly Posner, PhD, Columbia Lighthouse Project
6	SOURCE OF ASSESSMENT (CHECK ALL THAT APPLY) ☐ Audit ☐ Quality Improvement ☐ Survey ☐ CME/ Department Chair ☐ Departmental Meetings ☐ Previous CME Activity ☐ New Technique/ Knowledge ☐ Review/ Update ☐ Data From Outside Sources ☒ Other:

DOCUMENTATION (PLEASE ATTACH MINUTES, ANALYSIS, LITERATURE, CORRESPONDENCE, ETC.)

7	WHAT ARE THE DEFIENCIES/ NEEDS IDENTIFIED BY ABOVE SOURCES AND ADDRESSED BY THIS LEARNING ACTIVITY? ☒ Patient Care (diagnosis & Treatment) ☐ Medical Knowledge ☒ Evidenced Based Learning & Improvement ☒ Interpersonal/ Communication Skills ☐ Professionalism ☒ Practice Management ☒ Other:
8	FORMAT OF LEARNING ACTIVITY (FORMAT SHOULD BE CONSISTENT WITH OBJECTIVES OF COURSE AND APPROPRIATE FOR THE NEEDS AND SKILLS OF THE AUDIENCE) ☐ Lecture ☐ Panel ☐ Group Discussion ☐ Simulation ☐ Hands-On Workshop ☐ Posters ☒ Video/Film ☒ Internet ☐ Teleconference ☐Other:

III. OBJECTIVES

Please provide **at least** three objectives. The objectives should include an ACTION VERB followed by a CONTENT STATEMENT that reflects what the learner is expected to know or do at the conclusion of the CME activity, rather than the goals of the instructor. An additional line is provided for another choice of verb. The objectives should be clear, concise and relate to the identified needs of the audience.

Complete the following statement:
"At the end of this activity the participant will be able to:"

1. Discuss the key concepts of the C-SSRS.

2. Define suicidal ideation

3. Define suicidal attempts

(additional)

4. Discuss lethality of attempts

(additional)

5. Administer the C-SSRS

IV. DESIRABLE PHYSICIAN ATTRIBUTES:

Please indicate which of the following sources of "desirable physician attributes" are related to your CME activity (check all that apply)

Institute of Medicine Core Competencies	ACGME/ABMS Competencies	ABMS Maintenance of Certification
x **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. x **Work in interdisciplinary teams ~** cooperated, collaborate, communicate and integrate care in teams to ensure that care is continuous and reliable. x **Employ evidence-based practice ~** integrate best research with clinical expertise and patient values for optimum care, participate in learning and research activities to the extent feasible. x **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; and 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.	x **Patient Care** that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. __ **Medical Knowledge** about establishing and evolving biomedical, clinical and cognate (e.g., epidemiological and social behavioral) sciences and the application of this knowledge to patient care. _x_ **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence and improvements in patient care. x **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families and other health professionals. __ **Professionalism,** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. x **Systems-based practice,** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.	__ Evidence of **professional standing** such as an unrestricted license, a license that has no limitation on the practice of medicine and surgery in that jurisdiction. __ Evidence of a **commitment to lifelong learning** and involvement in a periodic self-assessment process to guide continuing learning. __ Evidence of **cognitive expertise** based on performance on an examination. That exam should be secure, reliable and valid. It must contain questions on fundamental knowledge and other issues such as ethics and professionalism. __ Evidence of evaluation of **performance in practice** including the medical care provided for common/major health problems (e.g., asthma, diabetes, heart disease, hernia, hip surgery) and physician behaviors, such as communication and professionalism, as they relate to patient care.

V. EVALUATION

Each CME activity must include a formal process of evaluating the effectiveness of the program. The CT. Valley Hospital CME evaluation form is required. If you intend to use an additional evaluation, please **attach**.

1 HOW WILL YOU USE THIS DATA?

- ☒ Provide summary to presenter(s)
- ☒ Plan future CME activities
- ☐ Other:

VI. BROCHURE

Please **attach** brochure or other announcements. The draft must contain the objectives and the following Accreditation, Designation, Disclosure and Commercial Support statements:

"This program is sponsored by CT Department of Mental Health & Addiction Services (DMHAS)-CT Valley Hospital (CVH). CVH has been accredited for its continuing education programs by the Connecticut State Medical Society."

"CVH designates this educational activity for a maximum of _**1**___ *AMA PRA Category 1 Credit(s)* ™. Each physician should claim only those hours of credit that he/she actually spent in the educational activity."

"This speaker does not have any financial relationship with commercial interests that provide products or services

discussed in this activity."
"This CME activity has no commercial support associated with it." **OR**
"This CME activity is supported by an educational grant from ____________________."

VII. Disclosure of Relevant Financial Relationships Form

The ACCME requires documentation showing that the CME activities are independent, free of commercial bias and not under the control of persons or organizations with an economic interest in influencing the content of CME. **All planning committee members, course directors, faculty and presenters/authors must disclose either the presence or absence of relevant financial relationships.** Presence of a relationship does not prevent participation in the activity but all potential or actual **Conflicts of Interests** must be resolved before the activity occurs.
Disclosing a relevant financial relationship with an organization does not preclude involvement in the development, management, presentation, or evaluation of a CME activity. However, the Course Director must have resolved any conflict(s) of interest and the audience must be informed of all such relationships prior to the start of the activity. In order to ensure balance, independence, objectivity and scientific rigor at all programs, the planners, faculty, moderators, and panelists must make full disclosure indicating whether they, and/or a spouse, have had any relevant financial relationships with commercial interests within the last 12 months. **A commercial interest is defined as any entity producing, marketing, re-selling or distributing health care goods or services consumed by, or used on patients (excepting non-profits, government organization or providers of clinical service directly to patients).** Individuals who refuse to disclose will be disqualified from participation in the CME activity. Failure to complete and return the form is the same as refusing to disclose.

Mark the applicable statement:
___Neither I, nor my spouse, have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest.
____I, or ____ my spouse, have at present and/or have had within the past 12 months a relevant financial relationship with a commercial interest as listed below. Please attach an additional list, if needed.

Name of Commercial Interest/Company	Spouse	Grant/ Research Support?	Consultant?	Stocks/Bonds? (Exclude Mutual Funds)	Speakers Bureau?	Other (describe)

Treatment Recommendations and Research Citations: If you make treatment recommendations or reference scientific research as part of your presentation, you must read and initial the following. Please note that all studies and evidence must be referenced on presentation slides or handouts.
_____I attest that all clinical recommendations are based on evidence that is accepted within the profession of medicine and all scientific research referred to, reported, or used in support of or justification of patient care recommendations conforms to the generally accepted standards of experimental design, data collection and analysis.
All information disclosed must be shared with the participants either written on the program handouts, promotional materials and/or audiovisual presentation or verbally prior to the CME activity.

1	WHAT METHODS OF DISCLOSURE WILL YOU USE? ☐ Brochures/ Announcements ☐ Post on PowerPoint ☒ Verbal to Audience ☐ Registration Table Display
2	Sign below Signature______________________________________ Date__9/26/18___________________

VIII. Commercial Support

1	WILL THIS ACTIVITY RECEIVE ANY COMMERCIAL SUPPORT?	☐ YES (If yes go to #2 & #3)	☒ NO
2	Review ACCME's "Standards of Commercial Support"		
3	Sign and **attach Written Letter of Agreement** Signature_*_____________________________________ Date_____________________		

*Please see the attached Disclosure Forms for Planning Committee and Presenter(s).