

**CME Joint Provider Planning Form**

As an ACCME accredited provider of CME, APsaA must plan and present CME activities that are in compliance with; Reorganized ACCME Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and ACCME Policies

CME Joint Provider submissions must include responses that show compliance with CME accreditation criteria, standards, and policies. Responses should demonstrate to APsaA how the proposed CME activity is being planned in accordance with ACCME accreditation criteria and standards for CME.

The responses to the CME Criteria are reviewed by the Continuing Education Manager to determine whether your activity complies with accreditation criteria and standards.

**All sections of the Planning Form and requested documents are required.**

Your cooperation with this process will help to ensure that APsaA continues to be an accredited provider of CME to its members and the community at large.

Please contact me if you have any questions.

Thank you.



Chris Broughton

Continuing Education Manager

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**APSAA 2022-2023 CME JOINT PROVIDER PLANNING FORM**

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| **Name of Institute, Society, or Center** | **Denver Institute for Psychoanalysis / Denver Psychoanalytic Society** |
| **Name of Administrator** | **Denise Wagner** |
| **Administrator Email** | [**denisewagner@denverpsychoanalytic.org**](mailto:denisewagner@denverpsychoanalytic.org) |
| **Name of CME Committee Representative** | **Barbara Redinger PhD** |
| **CME Committee Representative Email** | [**bpredinger@comcast.net**](mailto:bpredinger@comcast.net) |

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| **CME ACTIVITY TITLE, DATE(S), AND LOCATION**  Please provide the CME Activity Title, date, and location. If your CME activity is taking place virtually, online, using Zoom or some other virtual meeting platform then you should enter “virtual” in the CEM Activity Location field below. | |
| **CME Activity Title** |  |
| **CME Activity Date (s)** |  |
| **CME Activity Location** |  |
| **CME Activity Duration** |  |

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| **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. | |
| **Name, Title** | **Role in Activity** |
| Example: Jane Smythe, M.D. | Example: Faculty, Course Director, Committee Member |
| Lynne Gillick, PhD | President |
| Larry Mortazavi, MD | President-Elect |
| Stacie Aden, LCSW | Committee Member |
| Nancy Bell, LCSW | Committee Member |
| Dana Charatan, PsyD | Committee Member |
| Margy Stewart, PsyD | Committee Member |
|  | Presenter |
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| **DESCRIPTION OF THE CME ACTIVITY**  Make your description stand out by keeping your description concise and engaging. Descriptions should not be written in the 1st person. If there is a description from a program flyer, announcement, email blast, etc. you can use that here. | |
| **Descriptions should address the points below with a clear connection to the answers from your CME Accreditation Criteria form:**   * **To whom the group is targeted** * **The specific topic being addressed** * **A clear connection between program content and the application of this content (learning objectives) within the learner’s professional context** * **The educational methods that will be employed to achieve the educational objectives** * **Details about presenters, their area of expertise in the program content or their professional involvements** | Please enter your description below: |

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| **EDUCATIONAL OBJECTIVES**  **Articulate two educational objectives.**  Educational objectives, or 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 verbs that describe measurable behaviors, and (3) focus on skills that can be applied in psychological practice or other professional environments.  **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.  **The following verbs are not acceptable:** know, understand, learn, appreciate, become aware of, become familiar with, have faith in, better understand, and believe. | **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 * Analyze several fMRI study designs in neuroscience and psychotherapy and identify major brain areas in depressed patients   It is important to remember that participants will evaluate your session after the meeting. They will be asked specifically whether they were able to achieve the goals **you** set.  Please enter your two educational objectives below:  **After attending this session, participants should be able to:**  1.  2. |

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| **COMPLETE THE CME ACCREDITATION CRITERIA FORM** | |
| **The provider 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.** | |
| Response:  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, APsaA has charged the Committee on Continuing Education with oversight in this area.  Mission: The Mission of this committee, in conjunction with the Program Committee, is to assure the membership of excellence in the educational offerings made available to them by the Association through the national meetings that the Association directly produces and, via the National Subcommittee on Joint Sponsorship of the Committee on Continuing Education, 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 Committee on Continuing Education of the American Psychoanalytic Association is to provide and facilitate the highest quality psychoanalytic educational opportunities for its members, trainees, students, the mental health community, and the general 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 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:** Directly sponsored 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.  Jointly Provided activities at APsaA Institutes, Societies and Centers include Scientific meetings, Extension Division Courses, workshops, study groups, seminars, fellowships, and symposia.  **Expected results:** The expected result of our CME programs is the improvement of professional competence through the acquisition of new skills and knowledge and interaction with peers and more experienced clinicians, as well as promotion of habits of critical inquiry and balanced judgment through post-graduate educational and training activities. For patients, this will result in better trained, more competent clinicians.  The Association ensures sound organizational structure and support for CME, and ensures high quality program planning, implementation and evaluation to meet the educational needs of its members and other participants and to identify and disclose potential conflicts and biases among those presenting, planning and coordinating our educational activities. | |
| |  |  | | --- | --- | | **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? | | | **This criterion has been eliminated from the joint provider application.** | APsaA Note:  Please note that data and information collected from evaluation reports is used by APsaA to conduct a program based (APsaA’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 me this requirement. |  |  |  | | --- | --- | | **The provider identifies, plans and implements the needed or desired changes in the overall program (eg, 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 (eg, 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:  The effectiveness of Society CME programs is accomplished by reviewing the events offered by the coordinating committee, who facilitates communication between the chairs of the Program Committee, Film Committee, Continuing Education Committee, Salon Committee, Conference Committee, Executive Committee of the Denver Psychoanalytic Society.  All programs include an evaluation. These evaluations include questions about the clarity of objectives and the degree to which they have been attained. Results of the evaluation are provided to the instructor, and Committee Chairpeople, and Executive Committee, allowing instructors to make changes for future programs. | | |
| **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. | |
| **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: |
| **Part 2: State the educational need (in competence) that you 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?** | Response: |

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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. | |
| **State what the CME activity was designed to change in terms of learners’ competence (maximum 50 words).**  **What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish?** | Response: |

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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 (eg, 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. | |
| **Explain why this educational format is appropriate for this activity (maximum 25 words).** | Response: |

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| **Develop your session in the context of desirable physician attributes [eg, 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 (eg, “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.** | * 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: |

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| **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.**  **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.** | Response:  Evaluation forms will be distributed to all learners after the completion of the program. These evaluation forms must be completed prior to the learner obtaining a CME certificate.  A tabulated summary of the evaluation will be provided to the instructor and committee chairs in charge of the program.  Based on previous feedback, changes to offerings have been instituted, for example offering the film series via virtual platform has allowed for longer, deeper and richer discussions satisfying participant curiosity.  Additional response by instructor is optional |

**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](mailto:cbroughton@apsa.org).

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

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| **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**

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| **Educational Activity Title:** |  |
| **Activity Dates:** |  |
| **Institute, Society, Center:** | Denver Institute for Psychoanalysis & Denver Psychoanalytic Society |

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

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| **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: Please provide a bibliography of works cited for this CME Activity.*  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 – | |

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| **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:*  All scientific research referred to in the course will be in support or justification of patient care recommendations and conforms to generally accepted standards, experimental design, and data collection based upon established journals and practice of experienced clinicians in the field. All readings are from established, professionally vetted journals. | |

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| **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:*  Exploration of evolving topics for which there is a lower evidence base will be clearly identified. Creative speculative thinking is encouraged but clearly differentiated from conclusions supported by distinct empirical research. | |

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| **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:*  While different approaches and ideas are explored, approaches ungrounded in the evidence and in clinical reasoning/ experience are not promoted or advocated. | |

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| **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:*  The course activity excludes any advocacy for or promotion of unscientific approaches to diagnostics, or therapy including recommendations for treatment or the practice of healthcare determined to have risks or dangers.  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. | |

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| **Peer Review conducted by:**  Name, Title:  Date: |