

Requirements for application of CE Credits

1. Fill out the current Academic Year Application for APA Credit. This should be submitted to Lynn Radnich (lradnich@mail.med.upenn.edu) as soon as you decide to offer CE credit. Once your application has been approved, then you can move forward with your Program Brochure/Schedule. There are 3 pages to this application.
2. Each presenter must fill out the Declaration of Disclosure and the Form for Current Materials with References. (The financial disclosures must be listed on promotional materials.)
3. There is a list of all documentation that must be included in the Brochure/Announcements. Please send Jamie Good a copy of the brochure BEFORE it goes to print, so that it can be approved.
4. If you are having a series of lectures, then a Needs Assessment Survey is required. One time conferences do not need to submit.
5. Curriculum Content must also be submitted in support of each application.
6. Included are sample evaluation forms. Please chose and adapt the forms to your needs. These forms must be submitted with your final paperwork.
7. Please note the new Procedure for Dealing with Complaints.
8. Statistical Reports are to be returned with your final paperwork.
9. Also attached is a guide to writing Behavioral Learning Objectives.
10. When you are submitting your list of participants, please include their email address. We will send a pdf of their certificate and letter to their email address as opposed to their mailing address. Many certificates are returned with no forwarding address.



DEPARTMENT OF PSYCHIATRY
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM
DOCUMENTATION CHECKLIST

SESSION TITLE: _____

SESSION DATE: _____

COURSE DIRECTOR: _____

CONTACT PERSON: _____

I The following materials are due in the Department of Psychiatry CE office no later than 2 weeks after the completion of each session

_____ Syllabus or Handout materials

_____ Participant Sign-in/Attendance Sheets (*ALL*)

_____ Typed Participant List of Psychologists (*names, addresses, academic degrees, last four digits of SSN, email address*)

_____ Statistical Report

_____ Evaluations

_____ Needs Assessment Survey (*only needed for series; one-time events do not need*)

_____ CV of speaker (*if presenter is not a PENN Faculty member*)

II The following materials are due in the Department of Psychiatry CE office no later than 3 weeks PRIOR to the start of the overall series or program

_____ Application (*to be signed by Psychiatry Administration Officer*)

_____ Brochure/Program/Schedule (3 copies) for the entire program

_____ Marketing materials (3 copies) if applicable

_____ Declaration of Disclosure

_____ Form for Current Materials with References

_____ Curriculum Content documentation

University of Pennsylvania Health System
Department of Psychiatry
Continuing Education Office
3 Blockley Hall
423 Guardian Drive

FY 2014-2015
APPLICATION FOR APA CREDIT
CERTIFICATION OF REGULARLY SCHEDULED ACTIVITIES

This application is to be completed for all departmental activities (i.e., grand rounds, case conferences, etc.) which are a part of an on-going regularly scheduled series. This application is to be submitted at the beginning of each fiscal year (July 1 – June 30). Each sponsoring department or division is responsible for providing the appropriate documentation **after each session** to the Office of CE.

Would you like this activity listed on the Department of Psychiatry website? _____ Yes _____ No

Title of Activity: _____
Sponsoring Department / Division: _____
Course Director: _____
Address: _____ Phone: _____
Person Responsible for Documentation/Scheduling: _____ Phone: _____

Program Schedule:

Start Date: _____ End Date: _____
Weekly: _____ Day of Week: Monday Monthly: Twice Other: _____
Start Time: _____ End Time: _____ Number of Sessions/Academic Year: _____
Meeting Location: _____
City: _____ State: _____

Target Audience:

_____ Academic Faculty	_____ Residents/Fellows
_____ Hospital Medical Staff	_____ Medical Students
_____ Community Physicians	_____ Other Health Professionals

Educational Needs/Assessment: Please select the methods used to assess the needs of the targeted audience. Attach documentation of the needs assessment method (one example is acceptable).

_____ Survey of Target Audience	_____ Morbidity/Mortality Statistics
_____ Consensus of Experts	_____ Grant Requirements
_____ Peer Review	_____ Other (Please describe)
_____ Past Program Evaluations	_____
_____ Patient Care Audits	_____

Purpose: Please describe the instructional intent and/or expected learning outcome.

Behavioral/Educational Objectives: General objectives for the entire series, stated in terms of what the participant is expected to learn (not what you will teach) should be written. If you would like assistance with writing the objectives, please call the Office of CE. Ideally, a specific objective for each topic should be prepared and related in some way to the identified needs of the target audience and the purpose for the series. These objectives should be distributed to the audience in advance. To simplify this process, please list below educational objectives that are global in nature to cover the series for the year. The series objectives should be incorporated onto the evaluation forms.

Upon completion of this series, participants should be able to:

1. _____
2. _____
3. _____

4. _____
5. _____
6. _____

Educational Design: Please select the educational methods to be utilized in the series.

☐ Lecture Only
☐ Lecture with question & answer period
☐ Case presentations/discussion
 Who will present? ☐ Faculty ☐ Residents/Fellows ☐ Other
 Who will oversee? ☐ Faculty ☐ Residents/Fellows ☐ Other

Other presentation will be made by visiting lecturers

☐ Other (Please describe): _____

Schedule: Attach the schedule for as much of the academic year as possible. If the schedule is planned for only a portion of the series, please submit at least three months of activities and forward the remaining schedule when complete.

☐ Complete Schedule Attached
 ☐ Partial Schedule Attached
 Updated schedules must be submitted as they are finalized.

Program Faculty: The schedule should include a list of faculty/presenters including their academic titles and institutional affiliations.

☐ Faculty Listing Attached

Policy on Commercial Support of Continuing Medical Education

As an accredited provider of continuing medical education, the University of Pennsylvania School of Medicine is required to have a policy on conflict of interest applicable to CE activities. All accredited activities (short courses, grand rounds, etc.) must conform to this policy.

All faculty of continuing medical education activities sponsored by the University of Pennsylvania School of Medicine (through any of its Departments or Divisions) shall complete the form "Conflict of Interest Declaration" before their participation in the program is finalized. When a CE faculty member indicates that he/she may have a conflict of interest, the "Disclosure Statement" must be completed and distributed to CE participants.

Any commercial company wishing to provide educational grant support to CE activities must complete and sign the "Agreement" form.

It is the joint responsibility of the sponsoring academic department and the Office of Continuing Medical Education to assure that all continuing medical education activities are implemented in accord with this policy. All forms must be completed and returned to the CE office to maintain in their records for six years.

The intent of this policy is that participants in continuing medical education activities have access to information that will allow them to form their own judgements about the presentation they hear. It is not the intent of this policy to discourage participation from those who have financial relationships with outside entities.

As course director, I agree to have the following forms appropriately completed and returned to the CE office after each session:

<u> X </u>	CE letter of Agreement
<u> X </u>	Conflict of Interest Declaration Forms
<u> X </u>	Evaluation Forms
<u> X </u>	Sign-In Sheets which include typed names of attendees

I further agree to disclose to the audience from the podium and on the sign-in sheets any potential conflict of interest the speakers may have.

 X YES NO

"I am aware of the educational criteria and the administrative requirements for Category 1 designation and accept responsibility for compliance with them."

A. Course Director: _____
Signature Date

FOR OFFICE PURPOSES

☐ APPROVAL GRANTED

☐ APPROVAL DENIED – (see attached documentation for denial)

CE Director

Date

Documentation to be included in Program Brochure/Schedule

1. Program Overview

2. Behavioral/Educational Objectives

If a lecture series, overall program objectives must be included in brochure. Individual session objectives must be listed and distributed on day of session to participant and listed on evaluation forms.

3. Target Audience

The course is designed for...

4. Continuing Education Information (Wording cannot be altered in any manner)

The Department of Psychiatry University of Pennsylvania is approved by the American Psychological Association to sponsor continuing education for psychologists. The Department of Psychiatry University of Pennsylvania maintains responsibility for this program and its content. Each lecture carries (...) CE credits.

5. Fee for Continuing Education Credit

A \$20 fee is applicable for anyone applying for APA credit.

6. Special Needs Statement (Wording cannot be altered in any manner)

If special arrangements are required for an individual with a disability to attend this meeting, please contactinsert the contact person for the lecture/seminar here, with their phone numbers, so they can make the necessary arrangements... no later than two weeks prior to the lecture date.

7. Nondiscrimination statement (Wording cannot be altered in any manner)

The University of Pennsylvania values diversity and seeks talented students, faculty, and staff from diverse backgrounds. The University of Pennsylvania does not discriminate on the basis of race, sex, sexual orientation, religion, color, national or ethnic origin, age, disability or status as a Vietnam Era Veteran or disabled veteran in the administration of educational policies, programs or activities, admission policies; scholarship and loan awards; athletic or other administered programs or employment. Questions or complaints regarding this policy should be directed to the Executive Director, Office of Affirmative Action, 1133 Blockley Hall, Philadelphia, PA 19104-6021 or 215/898-6993 (Voice) or 215/898-7803 (TDD).

8. Cancellation and Refund Policy Statement

The Department of Psychiatry, University of Pennsylvania, reserves the right to cancel or postpone any course due to any unforeseen circumstances. In the event of cancellation or postponement, the Department of Psychiatry will refund any registration fee but it is not responsible for any related costs, charges, or any expenses to participants, including cancellation costs incurred by airlines/travel agencies.

In order to process refunds for course withdrawals, written notification of cancellation must be received two weeks prior to the lecture (subject to a service fee). No refunds will be granted thereafter.

9. The University of Pennsylvania Health System Logo

10. Financial disclosures for each presenter should be listed on all promotional and handout materials.

CRITERIA

1. Sponsors must clearly indicate how potential participants may obtain the following information prior to enrolling in a CE program:
 - a. Educational objectives;
 - b. A description of the target audience and the instructional level of the activity (introductory, intermediate, or advanced);
 - c. Schedule;
 - d. Cost, including all fees and the refund/cancellation policy;
 - e. Instructor credentials, including relevant professional degree and discipline, current professional position, and expertise in program content;
 - f. The number of CE credits offered for each activity;
 - g. A clear indication of any activities within a program that are not offered for CE credit.
2. Sponsors must make clearly evident to all potential participants, prior to registration, any known commercial support for CE programs or instructors. Any other relationships that could be reasonably construed as a conflict of interest also must be disclosed.
3. Sponsors must assure that when referring to APA approval, the correct statement is used in all promotional materials such as ads, brochures, and announcements. When referring to APA approval, the following statement must be used:

"(Organization name) is approved by the American Psychological Association to sponsor continuing education for psychologists. (Organization name) maintains responsibility for this program and its content."

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR ONLY ONE (1) OF YOUR LECTURES.—OR FILL IT OUT FOR AN OVERALL OF THE SERIES. I ONLY NEED ONE OF THESE FOR EACH APPLICATION

Curriculum Content

PRINCIPLE

The content of continuing education is the crucial component of programs intended to maintain, develop, and increase conceptual and applied competencies that are relevant to psychological practice, education, and science. CE programs may include content related to well-established psychological principles, or may be based on content that extends current theory, method, or practice. CE programs may provide information related to ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychology.

CRITERIA

1. Sponsors must be prepared to demonstrate that information and programs presented are based on a methodological, theoretical, research, or practice knowledge base. This requirement must be met by at least one of the following:
 - 1.1. Program content has obtained credibility, as demonstrated by the involvement of the broader psychological practice, education, and science communities in studying or applying the findings, procedures, practices, or theoretical concepts;
 - 1.2. Program content has been studied according to established procedures of scientific scrutiny that can be reasonably relied upon;
 - 1.3. Program content has peer reviewed, published support beyond those publications and other types of communications devoted primarily to the promotion of the approach;
 - 1.4. Program content is related to ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychology.
2. Sponsors are required to ensure that instructors, during each CE presentation, include statements that describe the accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught, and the severe and the most common risks.
3. Sponsors must offer program content that builds upon the foundation of a completed doctoral program in psychology.
4. Sponsors must be prepared to demonstrate that content is relevant to psychological practice, education, or science.
5. Sponsors must clearly describe any commercial support for the CE program, presentation, or instructor to program participants at the time the CE program begins. Any other relationship that could be reasonably construed as a conflict of interest also must be disclosed.

QUESTIONS

1. For each of the activities listed in response to the above criteria, indicate which aspects of Criterion 1 your programs meet. Briefly describe how the program content meets the specified criterion, providing relevant references or up to 5 representative citations (where applicable). ***You must indicate ALL THAT APPLY and provide a narrative explaining how your program meets each one (each criterion your program meets must have its own narrative response).***
2. Describe how you will request that instructors include statements that describe the accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught, and the severe and the most common risks.
3. Do you (organization and/or instructor) receive commercial support, or have any other relationship that could be reasonably construed as a conflict of interest?
___ Yes ___ No

If you answered yes, describe how this is made evident to program participants.

UNIVERSITY OF PENNSYLVANIA
DEPARTMENT OF PSYCHIATRY
#0438

PROCEDURES FOR DEALING WITH COMPLAINTS

The University of Pennsylvania School of Medicine, Department of Psychiatry is fully committed to conducting all activities in strict conformance with the American Psychological Association's Ethical Principles of Psychologists. The University of Pennsylvania School of Medicine, Department of Psychiatry will comply with all legal and ethical responsibilities to be non-discriminatory in promotional activities, program content and in the treatment of program participants. The monitoring and assessment of compliance with these standards will be the responsibility of the Education Chair in consultation with the members of the continuing education committee.

While The University of Pennsylvania School of Medicine, Department of Psychiatry goes to great lengths to assure fair treatment for all participants and attempts to anticipate problems, there will be occasional issues which come to the attention of the education staff which require intervention and/or action on the part of the education committee or an officer of the University of Pennsylvania Department of Psychiatry. This procedural description serves as a guideline for handling such grievances.

When a participant, either orally or in written format, files a grievance and expects action on the complaint, the following actions will be taken.

1. Complaint should be forwarded to coordinator. If an oral complaint, it should be noted in the file. If the person would like a response, they will be asked to send a formal written complaint. (see attached form) Copy to be kept in program file.
2. Complaint is forwarded to the appropriate person. Coordinator would handle general, scheduling or paperwork issues. Speaker would be contacted if there is a complaint about content. If an ethical issues, it would be forwarded to the chair of the committee.
3. Written response should occur within 30 days of receipt of complaint.
4. Copies of complaints and responses are kept with individual session file as well as the general file; and if needed, in the planning file for the next year.

Disclosure of Relevant Financial Relationships Regularly Scheduled Conferences (RSCs)

Name:

Title of CME Activity:

Topic or Session Title: _____

Date of Activity:

Please provide the following information (type or print clearly)

Please review the entire form including the **Glossary of Terms** and the **Example Terminology** on the 3rd page before completing this form.

A. If you do not have any relevant financial relationships to report, please indicate so in the section provided below, disregard the rest of this page, and **sign and date** your form on page 2.

☐ I do not have any relevant financial relationships with any commercial interests

B. If you do have relevant financial relationships to report follow the steps outlined below.

In the space provided on the 2nd page, list the names of proprietary entities producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies with which you or your spouse/partner have, or have had, a relevant financial relationship within the past 12 months. For this purpose we consider the relevant financial relationships of your spouse or partner that you are aware of to be yours.

Describe your role (Please refer to example terminology that can aid you in completing this section.)

Sign and date your form

Financial disclosure

☐ My relevant financial relationships with any commercial interests are indicated below

Nature of Relevant Financial Relationships (List all that apply)

<u>COMMERCIAL INTEREST</u>	<u>WHAT WAS RECEIVED</u>	<u>FOR WHAT ROLE</u>
Example: Company X	Honorarium	Speaker

Disclosure of Relevant Financial Relationships and Unapproved Product Use

Example terminology

What was received: Salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit.

Role(s): Employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and 'other activities (please specify).

SIGNATURE

DATE

Disclosure of Relevant Financial Relationships and Unapproved Product Use

Glossary of Terms

Commercial Interest

The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

Financial relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

Relevant financial relationships

ACCME focuses on financial relationships with commercial interests in the 12-month period preceding the time that the individual is being asked to assume a role controlling content of the CME activity. ACCME has not set a minimal dollar amount for relationships to be significant. Inherent in any amount is the incentive to maintain or increase the value of the relationship. The ACCME defines “‘relevant’ financial relationships” as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Conflict of Interest

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.



NAME: _____

Date of Presentation: _____

Title of Presentation: _____

	YES	NO	N/A
All material is accurate and current			
There are new procedures/treatments/theories presently in development regarding this topic.			
The material presented is controversial within the field			
Risks associated with treatments include:			
List at least 3 references used to develop this material:			

Signed: _____

Date: _____

Needs Assessment Survey
Department of Psychiatry
University of Pennsylvania Health System

Please complete the following information to help us in designing more effective teaching and learning curriculums. Your comments are very important to us.

Please check below your major discipline:

- | | | | |
|---------------------------------------|---------------------------------------|----------------------------------|------------------------------------|
| <input type="radio"/> Physician | <input type="radio"/> Resident/Fellow | <input type="radio"/> Researcher | <input type="radio"/> Psychologist |
| <input type="radio"/> Medical Student | <input type="radio"/> Social Worker | <input type="radio"/> Nurse | <input type="radio"/> Other _____ |

Please check your employment setting:

- | | |
|---|---|
| <input type="radio"/> Medical School / Research based | <input type="radio"/> Medical School / Clinical Based |
| <input type="radio"/> Hospital | <input type="radio"/> Private Practice |
| <input type="radio"/> Other _____ | |

For the topics listed below, please check if you are interested in learning more:

	Interested	Neutral	Not Interested
Addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcoholism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bipolar Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cognitive Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Death and Dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnosis/DSM	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forensic Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatric Psychiatry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group/Individual therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manic Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personality Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post Traumatic Stress Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychopharmacology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schizophrenia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight & Eating Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women's Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current Research Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current Treatment Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Suggestions for future topics or speakers:

SAMPLE EVALUATION FORM #1

Topic Title: _____

Participant's Name (optional): _____

EVALUATION TOOL

We appreciate your help in evaluating this program. Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high). Please fill out both sides of this form:

OBJECTIVES

This program met the stated objectives of:

- | | |
|--|-----------|
| 1. Identify three types of neurological complications often found after traumatic brain injury. | 1 2 3 4 5 |
| 2. Identify three types of other traumatic complications often found after traumatic brain injury. | 1 2 3 4 5 |
| 3. List two types of medications to be avoided after traumatic brain injury. | 1 2 3 4 5 |

SPEAKERS (generally)

- | | |
|---|-----------|
| 1. Knowledgeable in content areas | |
| 2. Content consistent with objectives | 1 2 3 4 5 |
| 3. Clarified content in response to questions | 1 2 3 4 5 |
| | 1 2 3 4 5 |

CONTENT

- | | |
|--------------------------------------|-----------|
| 1. Appropriate for intended audience | 1 2 3 4 5 |
| 2. Consistent with stated objectives | 1 2 3 4 5 |

TEACHING METHODS

- | | |
|--|-----------|
| 1. Visual aids, handouts, and oral presentations clarified content | 1 2 3 4 5 |
| 2. Teaching methods were appropriate for subject matter | 1 2 3 4 5 |

FACULTY

	Knowledgeable in Content area	Content consistent with objectives	Clarified content in response to questions
Dr. Smith	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

COMMENTS:

RELEVANCY

1. Information could be applied to practice 1 2 3 4 5
2. Information could contribute to achieving personal, professional goals 1 2 3 4 5

FACILITY

1. Was adequate and appropriate for session 1 2 3 4 5
2. Was comfortable and provided adequate space 1 2 3 4 5

This program enhanced my professional expertise. ☐ Substantially ☐ Somewhat ☐ Not at all

I would recommend this program to others. ☐ Yes ☐ No ☐ Not sure

COMMENTS/PROGRAM IMPROVEMENTS:

I would like (name of APA-approved sponsor) to provide seminars or workshops on the following topics:

IN GENERAL

Do you prefer: ☐ half-day seminars ☐ full-day seminars ☐ multi-day seminars

Do you prefer seminars in: ☐ hotels ☐ hospital ☐ no preference

How much time do you need to respond to a program announcement?
☐ less than 1 month ☐ 4 to 6 weeks ☐ more than 6 weeks

How did you learn about this program?
☐ brochure ☐ supervisor ☐ colleague ☐ other

How far did you travel to attend this program?
☐ 0-25 miles ☐ 25-50 miles ☐ 50-100 miles ☐ over 100 miles

If you would like to comment in person, please feel free to call the Office of Education at [phone number].

THANK YOU

SAMPLE EVALUATION FORM #2

Workshop Evaluation

A. Course Design (Circle the number to indicate your level of agreement/disagreement with each of the aspects of course design.)

- | | | Strongly agree | | | Strongly disagree | |
|----|---|----------------|---|---|-------------------|---|
| | | 1 | 2 | | 3 | 4 |
| 1. | The program content met my needs. | | | | | |
| | 5 | | | | | |
| 2. | Length of the course was adequate | 1 | 2 | 3 | 4 | 5 |
| 3. | What did you like most about the course? | | | | | |
| 4. | What specific things did you like least about the course? | | | | | |
| 5. | If the course was repeated, what should be left out or changed? | | | | | |

B. Course objectives (Circle the number to indicate your level of agreement/disagreement with the degree to which course objectives were met.)

- | | | Strongly agree | | | Strongly disagree | | |
|----|---|----------------|---|---|-------------------|---|---|
| | | 1 | 2 | | 3 | 4 | 5 |
| 1. | Understanding of prevalence and diversity of mental health problems among the elderly | | | | | | |
| 2. | Skills development in the area of and group therapy | 1 | 2 | 3 | 4 | 5 | |
| 3. | Increases knowledge in the area and of documentation | 1 | 2 | 3 | 4 | 5 | |
| 4. | Awareness of available psychological and assessment tools | 1 | 2 | 3 | 4 | 5 | |
| 5. | Information on expected standard and for clinical contributions | 1 | 2 | 3 | 4 | 5 | |

6.	Knowledgeable of responsibilities of and Area and District Managers	1	2	3	4	5
7.	Knowledge of credentialing and and scoring	1	2	3	4	5
8.	Increases knowledge of policy issues and	1	2	3	4	5

C. Evaluation of each faculty member in stated area:

		Strongly agree			Strongly disagree	
1.	Content was presented in an organized	1	2	3	4	5
2.	Content was presented clearly and effectively	1	2	3	4	5
3.	Was responsive to questions/comments	1	2	3	4	5
4.	Teaching aids/audiovisuals were used effectively	1	2	3	4	5
5.	Teaching style was effective	1	2	3	4	5
6.	Content met stated objectives	1	2	3	4	5
7.	Content presented was applicable to my practice	1	2	3	4	5

D. As a result of attending this course, I see the value to me in the following ways (check all that apply):

- ☐ I gained one or more specific ideas that I can implement in my area of practice.
- ☐ I learned a new approach to my practice.
- ☐ It may help me do a better job.
- ☐ I do not see the impact of this course on my job.
- ☐ Other

E. By attending this course, I believe (check all that apply):

- ☐ I was able to update my skills.
- ☐ I acquired new and/or advanced skills.
- ☐ I have better knowledge upon which to base my decisions/actions in the practice setting.
- ☐ I am reconsidering my views toward the topic(s) presented.
- ☐ The topic presented was appropriate, but I am undecided as to my own views.
- ☐ Other

E. Facilities/Arrangements (Circle the appropriate number to indicate your level of satisfaction or circle NA if the item is not applicable to you.)

	Unsatisfactory			Satisfactory		
1. Lodging	1	2	3	4	5	NA
2. Food Services	1	2	3	4	5	NA
3. Meeting rooms and facilities	1	2	3	4	5	NA
4. Restrooms	1	2	3	4	5	NA
5. Day of week	1	2	3	4	5	NA
6. Time of day	1	2	3	4	5	NA
7. Location	1	2	3	4	5	NA

Comments:

Overall I would rate this workshop as:

___Excellent

___Good

___Average

___Poor

Other learning needs: (List any other topics you would be interested in for the future)

SAMPLE EVALUATION FORM #3

In order to continue to improve the quality of educational programming, the Department of Psychiatry, would appreciate you taking a few minutes of your time to complete this evaluation. Your comments and suggestion will help us to plan future lectures to meet your educational needs.

SESSION TITLE: _____

SESSION DATE: _____

PRESENTER: _____

1. Please rate the degree to which the following objectives of this series/lecture were met (5=Completely; 4=to a high degree; 3=moderately; 2=minimally; 1=not at all)

Upon completion of this program, I will be able to:

Conceptualize cases from the point of view of a cognitive therapist 5_____ 4_____ 3_____ 2_____ 1_____

Understand a range of techniques that could be applied in 5_____ 4_____ 3_____ 2_____ 1_____ each situation

For questions below: 5=Strongly Agree; 4=Agree; 3=Neutral; 2=Disagree; 1=Strongly Disagree

2. I acquired new skills or knowledge in relation to topic discussed 5_____ 4_____ 3_____ 2_____ 1_____

3. The Lecture description was accurate 5_____ 4_____ 3_____ 2_____ 1_____

4. The teaching format/length was suitable to content 5_____ 4_____ 3_____ 2_____ 1_____

5. The teaching level was appropriate to audience 5_____ 4_____ 3_____ 2_____ 1_____

6. The quality of the facilities was adequate for learning 5_____ 4_____ 3_____ 2_____ 1_____

7. Presenter for this session:

	<u>Excellent</u>	<u>Good</u>
	<u>Fair</u>	<u>Poor</u>
Expressed ideas clearly	4	3
Presented useful examples	4	3
Thoroughness of content	4	3
Speaking/teaching ability	4	3

Effectiveness of audiovisual aids

4 3 2 1

Responsiveness to questions

4 3 2 1

Handouts

4 3 2 1

8. Where did you learn about this Lecture?

Printed brochure _____ Colleague _____ Website _____

Other: _____

9. Suggestions for future topics, as well as comments on how this program could be improved to better suit your educational needs are always welcomed.

Sample Response for Curriculum Content – Question 1 - Program Content Requiring Citations

The demonstration of program credibility can include citations to relevant peer-reviewed research, and reference to broader, recognized traditions of research and theory, among others:

Example of Program Content: “The Use of Expressive Arts in Psychotherapy”

Insufficient Response

The use of expressive arts in psychotherapy has a longstanding tradition. Music, dance and other creative arts are valuable additions to successful psychotherapeutic practice. This program illustrates a range of expressive arts and their potential applications in the treatment of emotional distress.

Drawing from their extensive clinical experience, the presenters demonstrate a variety of expressive techniques that help open clients to new forms of mental health, adjustment, and optional functioning by helping them to recognize and experience their internal response.

This program is derived from the work of S. Smith, *Clinical Applications of the Expressive Arts* (New York: Stonewall Publications, 2000).

Acceptable Response

The use of expressive arts in psychotherapy has a longstanding tradition. Music, dance and other creative arts are valuable additions to successful psychotherapeutic practice. This program illustrates a range of expressive arts and their potential applications in the treatment of emotional distress.

Drawing from the fields of art therapy, dance therapy, and other allied fields of recreational and occupational therapy, this program overviews the historical traditions, current research findings, and practice knowledge that inform the application of arts in psychotherapeutic practice.

This program is derived from the following works:

McNamara and Scott (2000), *Historical Research in Music Therapy*, 3rd Edition.

Douglas, D.B., (2001). Effectiveness of the Expressive Arts in Psychotherapeutic Practice: Documentation of Research in Clinical Practice. *Journal of Arts in Medicine*, 3, 121-134.

Stanford, L.M. and Dickson, E.E. (2001). A controlled study of the effects of expressive arts as adjunctive techniques in psychotherapy. *Journal of Psychotherapy Research*, 33, 211-228.

Note: The insufficient program description draws primarily from presenter experience and only minimal, non peer-reviewed publications. The acceptable response clearly identifies relevant research literature that supports both the application of the expressive arts and their associated outcomes within relevant clinical contexts.



DEPARTMENT OF PSYCHIATRY
UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM
STATISTICAL REPORT

SESSION TITLE: _____

SESSION DATE: _____

COURSE DIRECTOR: _____

CONTACT PERSON: _____

I DESCRIPTION OF COURSE PARTICIPANTS: *(Please do not include faculty/presenters.)*

A. Total Number of Participants: _____

B. Total Number of Clinical Psychologists: _____

C. Total Number of Internal Participants (PENN): _____

D. Total Number of External Participants: _____

Writing Behavioral Learning Objectives and Assessments

- Learning 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.
- Learning objectives must be *observable and measurable*.
- Learning objectives should (1) focus on the learner, and (2) contain action verbs that describe measurable behaviors
- Verbs to consider when writing learning objectives:

- ✓ list, describe, recite, write
- ✓ compute, discuss, explain, predict
- ✓ apply, demonstrate, prepare, use
- ✓ analyze, design, select, utilize
- ✓ compile, create, plan, revise
- ✓ assess, compare, rate, critique

- Verbs to avoid when writing learning objectives

- know, understand
- learn, appreciate
- become aware of, become familiar with

- Example of well-written learning objectives:

This workshop is designed to help you:

1. Summarize basic hypnosis theory and technique;
2. Observe demonstrations of hypnotic technique and phenomena;
3. Recognize differences between acute and chronic pain;
4. Utilize hypnosis in controlling acute pain;
5. Apply post-hypnotic suggestions to chronic pain; and
6. Practice hypnotic technique in dyads.

- Objective learning assessments should be written in a manner that determines whether participants learned what you planned to teach them. The evaluation (or learning assessment) should be based on the stated learning objectives of the program.

- Example of well-written learning assessment:

Based on the content of the workshop, I am able to:

Strongly Agree Strongly Disagree

- | | | | | | |
|--|---|---|---|---|---|
| 1. Describe at least two theoretical approaches to hypnosis; | 5 | 4 | 3 | 2 | 1 |
| 2. Employ at least two hypnotic induction techniques; | 5 | 4 | 3 | 2 | 1 |
| 3. Explain how psychological approaches differ when applied to acute vs. chronic pain; | 5 | 4 | 3 | 2 | 1 |
| 4. Demonstrate a technique for applying hypnosis to acute pain; | 5 | 4 | 3 | 2 | 1 |
| 5. Provide a post-hypnotic suggestion for controlling chronic pain; and | 5 | 4 | 3 | 2 | 1 |
| 6. State that I had the opportunity to practice the technique during the workshop. | 5 | 4 | 3 | 2 | 1 |

Illustrative Learning Objectives

Title: *Succeeding in an Academic Career*

At the conclusion of this program, participants will be able to:

Insufficient Learning Objectives

1. identify the advantages in advancing one's career of having a systematic research program
2. manage the complexities of scheduling research assistants, supervisees and other helpers
3. negotiate the ins and outs of getting publications and grants
4. discharge advising obligations while still having time to write
5. increase chances for retention, tenure, and promotion through understanding academic policies and the administrative structure

Acceptable learning objectives

1. identify the practical applications for teaching effectiveness of building a systematic research program
2. identify relevant ethical codes associated with research, clinical, or academic supervision with students
3. negotiate the regulatory and ethical information regarding publication and grant writing with colleagues or students
4. apply appropriate mentoring skills for maximal student growth
5. use an understanding of academic policies and the administrative structure to create more efficient classrooms and labs

Note: Insufficient learning objectives identify the advantages that might accrue to the individual faculty member, but fail to link these to improved services and the broader regulatory, ethical or professional issues that might also serve broader constituents within this context. By contrast, the acceptable learning objectives effectively tie the knowledge gains associated with this program to the effective functioning of the students and the administrative units associated with the faculty's functioning, and highlight the professional and scientific gains that would be expected to accrue as a result of the program.