

Des Moines University Application for Continuing Education Credit

Activity Information

Date of application: October 7, 2020

Organization: Des Moines Pastoral Counseling Center

Activity title: Addressing Stigma Around Help-Seeking for Men and Boys: Pivot to Health

Date: July 12, 2019

Location: Des Moines University, Olsen Center

Time: 9 am – 4:30 pm

Activity director: Kelli Hill, PhD

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Activity director: Jim Hayes

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Activity coordinator: Terri M. Speirs, M.F.A.

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Format: ACCME C5; CPME Standard 3.2, 9.0

- | | |
|--|--|
| <input checked="" type="checkbox"/> Live | <input type="checkbox"/> Grand Rounds/Regularly scheduled series (RSS) |
| <input type="checkbox"/> Journal-based CME | <input type="checkbox"/> Remote site teleconference |
| <input type="checkbox"/> Online/Enduring materials | <input type="checkbox"/> Other: |

Frequency of activity:

- | | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Once | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Other: |

Type of credit requested: (additional requirements and fees may apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> American Osteopathic Association (AOA) credit | <input checked="" type="checkbox"/> AMA PRA Category 1 Credit™ through the Iowa Medical Society |
| <input type="checkbox"/> Category 1-A | <input type="checkbox"/> Podiatry credit (CPME) |
| <input type="checkbox"/> Category 1-B | <input checked="" type="checkbox"/> Certificates of participation |
| <input checked="" type="checkbox"/> Category 2-A | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Category 2-B | |
| <input checked="" type="checkbox"/> Nursing credit (IBON) | |
| <input type="checkbox"/> American Academy of Family Physicians (AAFP) Prescribed credit ***Additional fee | |

Planning Committee

Identify below members of the planning committee who have input into the planning process and selection of content. To comply with national CME standards, Des Moines University requires all planners and developers of content for an educational activity to complete and submit a financial conflict of interest form. It's the responsibility of the activity director to ensure that no conflicts of interest occur during the planning and content delivery process. If needed, attach separate documentation. *AOA Standards 2.2.4.2, 3.3, 3.5; ACCME C7, SCS 1.1, SCS 6.1-6.5, C9, SCS 2.1-2.3, SCS 4.2-4.5, C10, SCS 5.2; CPME Standard 1.3, 1.6, 5.2, 5.3*

Name, Credentials, Title	Phone	Email	COI
Kelli Hill, PhD <i>Licensed Psychologist, Director of Clinical Services, Des Moines Pastoral Counseling Center</i>	515-274-4006	khill@dmpcc.org	None
Jim Hayes, D. Min., M. Div. <i>Executive Director, Des Moines Pastoral Counseling Center</i>	515-274-4006	jhayes@dmpcc.org	None
Scott Young, PhD <i>Psychologist, Des Moines Pastoral Counseling Center</i>	515-274-4006	syoung@dmpcc.org	None
Mark Minear, PhD <i>Psychologist, Des Moines Pastoral Counseling Center</i>	515-274-4006	mminear@dmpcc.org	None
Mark Poeppe, PhD <i>Psychologist, Des Moines Pastoral Counseling Center</i>	515-274-4006	mpoeppe@dmpcc.org	None
Dick Douglass, LISW <i>Clinical Social Worker, Des Moines Pastoral Counseling Center</i>	515-274-4006	ddouglass@dmpcc.org	None
Ellery Duke, PhD <i>Psychologist, Des Moines Pastoral Counseling Center</i>	515-274-4006	eduke@dmpcc.org	None
Terri Speirs, MFA <i>Director of Development & Marketing, Des Moines Pastoral Counseling Center</i>	515-274-4006	tspeirs@dmpcc.org	None
Ann Flood, M.A. <i>Student, Des Moines Pastoral Counseling Center</i>	515-274-4006	Aflood@dmpcc.org	

Target Audience

AOA Standards 2.1.8, 3.1.1, 3.1.2, 3.2; ACCME C3; CPME Standard 3.2

Mental health providers, primary care providers, general public

Estimated number of attendees: 100

Purpose and Mission

Describe the purpose and mission of this CME activity. Must be in harmony with the Des Moines University CME [mission statement](#). AOA Standard 2.2.2.1; CPME 1.1

Men and boys are reluctant to visit their primary care provider, much less to meet with a therapist. Yet research shows that men and boys are more likely to complete suicide or harm others as a result of depression, anxiety and other issues related to mental health. Why? And how can we reduce the stigma? In our complicated lives, nothing is a slam dunk. But there are solutions that work. Join us for one or both events where we will listen, learn and discuss effective ways to address the mental health crisis in Iowa and nationwide as it relates to men, boys and their loved ones.

Two researchers from Iowa State University, Dr. David Vogel and Dr. Patrick Heath, will headline a full day of workshops to further clinical understanding of mental health stigma as it relates to gender. Related breakout sessions led by community mental health experts will also be offered.

Educational Format

AOA Standard 2.1.7; ACCME C5; CPME Standard 3.2

<input type="checkbox"/>	Case presentation	<input type="checkbox"/>	Interactive response system
<input type="checkbox"/>	Skills demonstration	<input type="checkbox"/>	Simulated patient
<input checked="" type="checkbox"/>	Lecture	<input type="checkbox"/>	Laboratory session
<input type="checkbox"/>	Panel discussion	<input type="checkbox"/>	Mentoring/coaching
<input type="checkbox"/>	Small group discussion	<input checked="" type="checkbox"/>	Question and answer session
<input type="checkbox"/>	Seminar	<input type="checkbox"/>	Workshops
<input type="checkbox"/>	Round table	<input type="checkbox"/>	Other:

How was it determined that the format chosen was the best for delivery of activity?

The lecture/question and answer format was chosen to accommodate a large group of people with abundant amount of information.

Identifying Professional Practice Gaps

The CME planning process begins with identifying professional practice gaps(s). The practice gap is the difference between what actually occurs and what the ideal or evidence-based practice should be. Describe below what practice gap(s) this CME activity will address. How do you know there is an educational need from the target audience? What clinical problems or opportunities for improvement will the activity address? What types of gaps in the target audience did you identify? (e.g., for clinical care: patient outcomes to improve, new methods of diagnosis or treatment to implement, better ways to deliver care) *ACCME C2, C3; AOA Standards 2.1.8, 2.2.3.3.1; CPME Standards 2.0, 3.0*

Physicians, especially primary care providers, are often the referral sources for their patients who need mental health treatment. In recent years, research has verified the suspected differences in help-seeking attitudes and behaviors between men and women. Given the well-established increased risk for men to develop substance abuse problems and commit suicide, such differences are of great concern for medical providers and mental health clinicians who serve men. It is hoped that, as medical providers have a better understanding of the reasons that men are less likely to seek mental health care, they would be able to better communicate and empower men to attain such assistance. For instance, public stigma is often a barrier for those seeking psychological help; and research has confirmed that men especially are more likely than women to internalize this public stigma (i.e., self-stigma-the belief that one is inferior or weak). High levels of public stigma lead to higher levels of self-stigma, and then higher self-stigma is associated with less favorable attitudes toward counseling.

Gender roles for men often include being able to solve one's problems on one's own, being sufficiently independent, and being able to be in control of one's emotions; thus, mental health treatment may be seen as a threat to men's sense of their own masculinity. One of the mitigating factors in masculinity's barrier to seeking counseling has been identified as self-compassion-the underlying emotional experiences that results in self-care behaviors. With the research of the past decade identifying the gender differences in seeking mental health treatment, it is hoped that better equipping medical providers who serve men with the reasons for such masculine resistance to get help could increase the likelihood and the percentage of men in mental health treatment.

Educational Need

Is the identified educational need of the target audience related to: (select all that apply) *ACCME C2, C3; CPME Standard 3.0, 3.1, 9.5*

- Knowledge (facts and information acquired by a person through experience or education)
- Competence (having the ability to apply knowledge, skills, or judgment in practice if called upon to do so)
- Performance (what the participant actually does in practice)
- Patient outcomes (actual outcomes in individual patients and/or patient populations)
- Community (change in population health status)

Barriers

What factors outside of the provider’s control have been identified that would have an effect a change in patient outcomes. Include examples of identified factors outside of your organization’s control that will have an impact on patient outcomes. *ACCME C18*

Limited access to medical and mental health care, self-stigma, and masculine resistance for certain male populations.

What potential or real barriers are physicians faced with if this gap is to be addressed? Describe the educational strategies that have or are being implemented to remove, overcome or address these barriers to change? *ACCME C19*

Physicians need to learn about the barriers with men seeking mental health and medical health care services as a first step in reaching out, educating, and decreasing the stigma impacting men and boys. This lecture will provide the educational information to address some of the barriers and ways physicians and providers can assist with this issue.

Collaboration with Stakeholders

If your organization is engaged in collaborative or cooperative relationships with other stakeholders, describe these relationships. *ACCME C20; CPME 1.6*

Unity Point ACO, Private and public donors to Des Moines Pastoral Counseling Center for men and boys’ issues, referral sources for services

Sources of Professional Practice Gaps

Check the procedures you will use to identify the CME needs of the intended target audience. AOA credit is requested, for a multi topic activity, each presentation must have an evidence based needs assessment source. *AOA Standards 2.1.2, 2.1.3, 2.2.3.1; ACCME C2, C21; CPME 2.1*

<input type="checkbox"/>	OMT/OPP as part of the profession. No additional documentation necessary.
<input type="checkbox"/>	Core competencies that are non-clinical (professionals, communications, system based practice, etc.)
<input type="checkbox"/>	Faculty development programs. No additional documentation necessary.


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<input type="checkbox"/>	Evaluation results from previous CME activities. Attach past evaluation summary with relevant suggestions highlighted.
<input type="checkbox"/>	Request of medical staff or administration. Attach documentation or emails with relevant suggestions highlighted.
<input type="checkbox"/>	Expert opinion from university or physician leaders. Attach meeting notes or survey results with relevant suggestions highlighted.
<input type="checkbox"/>	Questionnaire (Learner Perceived Needs). Attach questionnaire summary with relevant suggestions highlighted.
<input checked="" type="checkbox"/>	<p>Literature reviews. Site the source or include a copy of the article.</p> <p>Two of the following articles are among the research of two of the presenters scheduled for this day and a third article is another example of recent research on this topic:</p> <ul style="list-style-type: none"> • Heath, P.J., Brenner, R.E., & Vogel, D.L. (2017). Masculinity and barriers to seeking counseling: the buffering role of self-compassion. <i>Journal of Counseling Psychology</i>, 64, 1, 94-103. • Vogel, D.L., Heimerdinger-Edwards, S.R., Hammer, J.H., & Hubbard, A. (2011). "Boys don't cry": Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. <i>Journal of Counseling Psychology</i>, 58, 3, 368-382. • Berger, J.L., Addis, M.E., Green, J.D., Mackowiak, C., & Goldberg, V. (2012). Men's reactions to Mental health labels, forms of help-seeking, and sources of help-seeking advice. <i>Psychology of Men & Masculinity</i>, 14, 4, 433-443.
<input type="checkbox"/>	Public health priorities. Describe:
<input type="checkbox"/>	New medical technology. Describe:
<input type="checkbox"/>	Tests that determine learner competence (e.g., pre- and post- test results, self-assessment activities). Attached a copy of the test with relevant sections highlighted.
<input type="checkbox"/>	Quality data or quality improvement initiative from organization. Attach reports or documentation with relevant sections highlighted.
<input type="checkbox"/>	Data from local, statewide, regional, or national resources. Attach relevant reports or documentation.
<input type="checkbox"/>	Data from outside sources such as the National Institutes of Health or Public Health Service. Attach relevant reports or documentation.
<input type="checkbox"/>	Results of evidence based medicine studies. Attach studies.
<input type="checkbox"/>	Legal or regulatory requirements (OSHA, JCAHO, etc). Attach reports or documentation with relevant sections highlighted.
<input type="checkbox"/>	Licensure or State mandate (ex: risk management). Attach reports or documentation with relevant sections highlighted.
<input type="checkbox"/>	Change in national standard of practice. Attach reports or documentation with relevant sections highlighted.
<input type="checkbox"/>	Board preparation courses based on pass rate/board scores. No additional documentation necessary.
<input type="checkbox"/>	Quality resource website databases (e.g., ahrq.gov, guideline.gov)
<input type="checkbox"/>	Other:

Learner Attributes

Educational activities must be developed in the context of desirable learner attributes. The Accreditation Council for Continuing Medical Education (ACCME)/American Board of Medical Specialties (ABMS) and American Osteopathic Association (AOA) endorses the sets of competencies developed by The Institute of Medicine (IOM) and the Accreditation Council for Graduate Medical Education (ACGME) as measures of quality and success in educational programming. Please check the appropriate attributes that apply to the development of and desired results for this educational activity or series. *AOA; ACCME C6*

<input type="checkbox"/>	Osteopathic Philosophy/ Osteopathic Manipulative Medicine (AOA)	Demonstration and application of knowledge of accepted standards in osteopathic manipulative treatment appropriate to the specialty; dedication to life-long learning and to incorporating the practice of osteopathic philosophy and OMM in patient care.
<input checked="" type="checkbox"/>	Medical Knowledge (ACGME/ABMS, AOA)	Demonstration and application of established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
<input checked="" type="checkbox"/>	Patient Care (ACGME/ABMS AOA,)	Demonstrate the ability to effectively treat patients and provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventive medicine and health promotion.
<input checked="" type="checkbox"/>	Patient-Centered Care (IOM, ACGME)	<input checked="" type="checkbox"/> Identify, respect, and care about patients' differences, values, preferences, and expressed needs.
		<input type="checkbox"/> Relieve pain and suffering.
		<input checked="" type="checkbox"/> Coordinate continuous care.
		<input type="checkbox"/> Listen to, clearly inform, communicate with, and educate patients.
		<input type="checkbox"/> Share decision making and management.
		<input checked="" type="checkbox"/> Continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.
<input checked="" type="checkbox"/>	Works in Interdisciplinary Teams (IOM)	Demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
<input checked="" type="checkbox"/>	Professionalism (ACGME/ABMS, AOA)	Manifested through a commitment to carry out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
<input type="checkbox"/>	Practice-Based Learning and Improvement (ACGME/ABMS, AOA)	Involves the investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
<input type="checkbox"/>	Employ Evidence-Based Practice (IOM)	Integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible.
<input type="checkbox"/>		<input type="checkbox"/> Identify errors and hazards in care.

	Apply Quality Improvement (IOM)	<input type="checkbox"/>	Understand and implement basic safety design principles, such as standardization and simplification.
		<input type="checkbox"/>	Continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs.
		<input type="checkbox"/>	Design and test interventions to change processes and systems of care, with the objective of improving quality.
<input type="checkbox"/>	Systems-Based Practice (ACGME/ABMS, AOA)	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.	
<input checked="" type="checkbox"/>	Interpersonal and Communication Skills (ACGME/ABMS, AOA)	Demonstrate interpersonal and communication skills that enable a physician to establish and maintain professional relationships with patients, families, and other members of health care teams.	
<input type="checkbox"/>	Utilize Informatics (IOM)	Communicate, manage knowledge, mitigate error, and support decision making using information technology.	

Learning Objectives

Define specific goals/objectives for the CME activity. What changes in knowledge, attitudes, or skills are expected as a result of this activity? What changes in patient care are expected? What will attendees know, or be able to do, as a result of participating in the activity? *AOA Standards 2.1.5, 2.2.3.2, 2.2.3.3.1; ACCME C7, SCS 1.1; CPME 3.0, 4.1, 7.1, 9.2*

Upon completion of this activity, participants will be able to:

1. Identify three common barriers to treatment initiation for men and boys.
2. Define self-stigma and the impact on men and boys.
3. Define masculine resistance and the impact on men and boys.
4. Identify two strategies to address these barriers to change.

Activity Schedule

The accredited provider shall use the objectives developed for an educational activity to select the content, speakers, learning methods for the activity. If needed, attach separate documentation. *AOA Standard 2.2.3.3.1; CPME 7.1*

Time	Presentation Title and Speaker	CME/CE
8 am	Registration	0.0
8:30 am	Plenary Session II - ISU Research Presentation	1.75


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10:15 am	Break	0.0
10:30 am	Breakout Sessions	1.25
11:45 am	Lunch	0.0
12:45 pm	Breakout Sessions	0.25
2 pm	Break	0.0
2:15 pm	Plenary Session II - ISU Research Presentation	1.25
3:30 pm	Plenary Session III - Plenary Session II – Analysis: Psychologists from the Des Moines Pastoral Counseling Center	0.5
4 pm	Adjourn	0.0
Total		5.0

Speaker Information

List speaker with pertinent credentials. Speakers who refuse to sign the financial conflict of interest form may not participate in the CME activity. For a multi topic activity, each presentation must have an evidence-based needs assessment source. A biographic sketch and/or CV is required for all speakers. If needed, attach separate documentation. *AOA Standards 2.2.4.2, 3.3, 3.5, ACCME C7, SCS 2.1-2.3, SCS 3.7, SCS 6.1-6.5, C8, SCS 3.7-3.10, SCS 4.2-4.5, C10, 5.1, 5.2; CPME Standard 5.0, 7.1*

Name, Credentials, Title	Phone, Email	Honorarium Amount? (if applicable)	Paying Speaker Expenses? (if applicable)	COI
David Vogel, PhD <i>Professor, Director of Communication Studies Program, Iowa State University</i>	515-294-1582 dvogel@iastate.edu	\$0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	None
Patrick Heath, MA <i>Advanced Practicum Counselor, Biofeedback Services Graduate Assistant, Iowa State University</i>		\$0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	None

Level of Outcomes

Please indicate the level of outcomes this educational activity will address. Select one.

- Level 1 outcomes, or the “smile sheet,” rate the CME activity’s quality, usefulness, objectives, presentation, and/or speakers.
- Level 2 measures a change in participants’ knowledge, skills, or attitude – an intention to change.
- Level 3 is a self-reported change in health professionals’ behavior or practice.
- Level 4 is an objectively measured change in clinician behavior or practice.
- Level 5 is an objectively measured change in patient health status.

Evaluation

Describe how you will determine if your CME activity is effective in meeting the needs for which the activity was designed. The approved CME evaluation should be used along with other effective tools. *AOA Standards 2.1.6, 2.1.7, 2.1.9, 2.1.10, 2.1.11, 3.14; ACCME C11, C13, C22; CPME Standard 4.1*

- | | |
|---|--|
| <input checked="" type="checkbox"/> Post-activity evaluation* | <input type="checkbox"/> Patient outcomes data |
| <input type="checkbox"/> Use of audience polling device | <input type="checkbox"/> Questionnaire |
| <input type="checkbox"/> Pre-test | <input type="checkbox"/> Planning group review |
| <input type="checkbox"/> Post-test | <input type="checkbox"/> Other: |
| <input type="checkbox"/> 90-day follow-up assessment | |
| <input type="checkbox"/> Verbal interview of participants summarized in writing | |

* DMU CME will provide a list of required CME evaluation questions.

Describe anticipated ways to evaluate short and long-term learning value of your activity.

Short-term: To assess the short-term learning value of this activity, an evaluation will be distributed to the learners on-site. The feedback provided is used to determine the effectiveness of the content presented and help plan for future activities. It will properly assess the learning and adaptation of the activity. Attendance and attendee satisfaction, per the evaluation, will assist the level of interest and understanding.

Long-term: Research will provide information about the rates of men and boys seeking mental and medical health care services.

Commercial Support

AOA Standards 2.2.3.3.2, 2.2.3.3.3.1-5, 2.2.4.1, ACCME C8, SCS 3.1-3.7, 3.11-3.13, C9, SCS 4.1, 4.2; CPME Standard 6.0

Independence of Activity Planning: When planning a CME activity, the activity director and members of the planning committee confirm that the following decisions will be made free of the control of commercial interests:

1. Identification of needs
2. Determination of education objectives
3. Selection and presentation of content
4. Selection of all personnel and organization that will be in a position to control the content
5. Selection of education methodology
6. Evaluation of the activity

Check this box to indicate you have read, understand and comply with the independence of activity planning standards.

This activity will not be requesting commercial support.

This activity will be requesting commercial support (complete table below).

Company Name	Representative Name	Phone, Email	Requested Amount	Type
				<input type="checkbox"/> Grant <input type="checkbox"/> Exhibit <input type="checkbox"/> In Kind

Content Validation

Applies to all those in control of content, including activity director, planning committee members and speakers. Des Moines University expects that all CME activities will adhere to the content validation statement.

1. All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
2. All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collections and analysis.
3. The content or format of CME activities and related materials will promote improvements or quality healthcare and not a specific proprietary business or commercial interest.
4. CME must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality.
5. If your CME educational materials include trade names, names from several companies should be used where available, not just trade names from a single company.
6. Feedback from learners will be collected to determine the effectiveness of this CME activity through questionnaires or other evaluation mechanisms.
7. Educational materials that are part of this activity, such as slides, abstracts, and handouts, cannot contain any advertising, trade names, or product-group messages.

Check this box to indicate that you have read, understand, and will comply with the content validation statement.