EVALUATION RESPONSES BY ACTIVITY

St. Charles Health System, Inc. | 2500 NE Neff Rd. | Bend, OR 97701

Activity Information

AIN: #0001
Activity Date: 1/1/2020
Conference Series: Addressing Firearm Safety with Patients at Risk of Suicide
Template Name: Firearms Safety and Suicide Prevention
Evaluation Responders: 316 out of 484 (65.29%)

Topic	Speaker(s)
Addressing Firearm Safety with Patients at Risk of Suicide	Susan G Keys, PhD - Susan G. Keys, Ph.D. Consulting Laura Pennavaria, MD, FAAFP - Homestead Family Medicine

Report

Activity Objectives: Please rate your level of achievement.

1. Recognize key elements of rural culture that impact conversations about firearms.	Responses	Percentage
Outstanding	172	54.4%
Good	136	43.0%
Average	8	2.5%

2. Identify communication skills to use when speaking with patients at risk of suicide about firearm safety.	Responses	Percentage
Outstanding	194	61.4%
Good	115	36.4%
Average	7	2.2%

3. Create a suicide prevention safety plan specific to firearms.	Responses	Percentage
Outstanding	162	51.4%
Good	147	46.7%
Average	6	1.9%

4. Identify skills specific to working with a patient who becomes defensive.	Responses	Percentage
Outstanding	163	51.9%
Good	143	45.5%
Average	7	2.2%
Poor	1	0.3%

5. Identify actions steps when a patient becomes hostile and won't engage with the provider.	Responses	Percentage
Outstanding	149	47.8%
Good	147	47.1%
Average	15	4.8%
Fair	1	0.3%

Bias and Relevance: What do you think?

Did the course appear objective and unbiased by commercial interests?	Responses	Percentage
Yes	293	92.7%
No	23	7.3%

How was conflict of interest/disclosure information provided to participants?	Responses	Percentage
Provided at beginning of course.	233	73.7%
No disclosure provided.	83	26.3%

Based on the information you received today, do you plan on changing your practice (pick one)?	Responses	Percentage
Yes, I intend to change the therapy that I render	54	17.3%
.		
by being more tentative about asking about firearms		
by bringing up suicidality and what to do about it more often.		
creating safety plan		
differing communication strategies		
Focus on Suicide Prevention if that is the primary risk at visit regardless of chief complaint		
formal safety planning		
gave me good verbal points to bring up when talking to a suicidal patient		
have a safety plan already partially filled out.		
Increased communication suggestions		
language used when discussing suicide and gun possession		
Language was helpful for engaging with high risk SI patients in crisis		
Looking for warning signs and addressing them.		
Occupational therapy		
safety plan		
to suicidal patients		
Use culturally sensitive language		
use hold instead of give		
Use more culturally sensitive language		
when concerned about suicide risk		
when patients exhibit risk factors for suicide		
when patients have a firearm		
Yes, I intend to alter the way that I evaluate my patients	108	34.6%
.		
addressing firearms with patients who express SI		
Ask about guns (assume ownership)		
Assessing for admission to ALF		
being aware of the viewpoints of patients from rural America so I can be more culturally sensitive		
Better conversations with rural patients about gun safety		
by asking about thoughts of suicide in at risk patients.		
by looking or cues		
change language I use to talk about gun safety		
Good wording		
helpful communication approaches		
I like the verbage about gun ownership!!		
I will use different language when approaching the subject		
keeping a template for a plan if needed		
KM		
mention 2nd amendment		
other type of safety plan		
regarding self harm and FAs		
screening for suicide and means to perform this with firearms		
screening more thoroughly for suicidal ideation.		
to ask more in depth questions during evaluation about psychosocial components of their pain and risk for suicide.		
to include possible suicide risk		
Understanding "hold" vs "give" related to firears		
use of safety plan		
Use words hold and temporarily		
will change language around holding guns		
Yes, I intend to change the legal/documentation/financial management of my practice for gun safety	3	1.0%
Yes, it may affect my patient referrals	20	6.4%
I will be more attentive to suicide behavior patters		
Thanks		
No, but it did confirm my current practice	42	13.5%
chiropractic		
Discussing firearm access and making collaborative plans for safety.		
I took a similar training last summer		
na		
thank you for the support		
Thanks		
yes!		
No, because it doesn't directly apply to my practice	26	8.3%
I am only an MA.		
I work in acute care seeing patients including those from rural settings but would have hospital-based interventions and resources to help establish a safety plan.		
or nurse		
Radiologist rarely encounter but good information		
No, but it did increase my knowledge of community resources	46	14.7%
It's ok to enlist 911 for suicidal patients who are hostile		
no		

several This was very helpful information and skills I could use in case I encounter a person with this same problem.		
Other (please elaborate) I am taking this education prior to my practice beginning next week. I will utilize this practice as I begin to see patients. I can use this information to better assess suicide risk and have an appropriate conversation. Improve current practice. it helped me to understand how to approach discussions about firearm safety with the patients- specifically how to word my concerns and talk to the pt.s. about the treatment plans- what words to avoid etc. It taught me that there are reasonable things that could be done to help a suicidal person. Knowledgeable about topic but did learn and appreciate some of the specific techniques and will share with community providers language choices may improve Nice refresher for valuable help Not currently working Not practicing Should opportunity arrise I can see how this would be helpful information to have given the rural population we serve	13	4.2%

Relevance and Practice Change: What do you think?

Was the information provided in this presentation relevant to your practice or professional development?	**Responses**	**Percentage**
Yes	292	92.4%
No	24	7.6%

Which of the following competency areas do you feel will be improved as a result of this activity?	**Responses**	**Percentage**
Patient Care	213	33.8%
Medical Knowledge	37	5.9%
Professionalism	98	15.5%
Systems-Based Practice	25	4.0%
Practice-Based Learning	41	6.5%
Communication and Interpersonal Skills	217	34.4%

Based on the information presented in this course, do you plan to change your practice? (choose all that apply)	**Responses**	**Percentage**
Yes, I intend to change how I communicate with patients at risk of suicide about firearms.	214	53.0%
Yes, if I complete a safety plan with an at-risk patient, I will discuss with the patient having someone hold the patient's gun temporarily.	123	30.4%
No, I already practice the skills demonstrated in the course.	38	9.4%
No, I disagree with the approach demonstrated in the course.	1	0.2%
Other: as noted I am more aware and will be looking for danger signals. changes how I will communicate with gun owners communicate skills Does not currently apply to my practice I'm not sure what I will do I'm currently working full-time in a non-clinical role due to clinical career ending back injury. I have limited if any direct patient interaction currently but use my clinical knowledge to assess/evaluate patient meeting CMS chapter 8 or chapter 1 criter If I came across a person as a radiologist this would definitely help me communicate with them Improve upon current practice It has given me some tools to use as the need might arise. Mostly comfirms but also enhances My patients do not have access to firearms while in the State Hospital. N/a N/A to my current employment No I am a radiologist. This scenario has not occurred in my 20 plus years of work No not applicable to my practice No not directly related at this time not applicable to my area Not practicing Provided the education to approach the patients I may see in my practice prior to starting to practice. Will share with community providers as I am currently in an administrative role. Yes in that should this come up in the context of the acute care setting I would feel more comfortable initiating the conversation on the topic while putting in motion the hospital supports for the patient.	28	6.9%

Overall Impressions: What do you think?

How would you rate the presentation overall?	Responses	Percentage
Outstanding	163	51.6%
Good	143	45.3%
Average	6	1.9%
Fair	3	0.9%
Poor	1	0.3%

Would you recommend this course to colleagues?	Responses	Percentage
Yes	287	90.8%
Maybe	28	8.9%
No	1	0.3%

Any Comments?	Responses	Percentage
As a crisis intervention manager/coordinator it refreshes what I know and adds conversation with a client that demonstrates more empathy and understanding for the client and that you are there to help and support the client.	57	100.0%
Consider changing the answer responses from true or false in the window that comes up when checking answers. Correct or incorrect would be more helpful than "true" or "false". It was confusing when the correct answer to the question was false and the box label said "true" when checking answers.		
Difficult to navigate GUI audio stopped for no reason moved ahead slightly then it restarted. Would like to see more cases after the techniques are demonstrated.		
Don't remember the conflict of interest statement so I tried to leave it blank but the system would not let me. Thank you.		
Excellent role playing.		
Glad I could have this education prior to starting to practice.		
Great course! Thank you so much for making this available.		
Great format moved slow enough to get material but fast enough to meet work demands educational and professionally done. Would be interested in more trainings with this format		
Having a friend or relative hold one’s firearms requires an FFL transfer I believe. This was not addressed.		
I appreciate the application of repetition of key elements and points of the training.		
I don't see the reason to specify this as a rural issue. People living in all areas own guns and value their second amendment rights. Also I am an LMT and it was not available as an option in the dropdown menu when completing the survey.		
I had an extremely difficult time accessing this information. The videos would continually freeze up. Frustrating. It took me twice as long to complete this course.		
I might suggest replacing "suicidal patient" with "patient at risk of suicide" as research suggests that patients who are not "suicidal" per se - i.e. endorsing suicidal ideation - remain at risk of suicide and may still die by suicide. See Knox et al 2004 in AJPH - "disease free is not risk free."		
I might suggest replacing "suicidal feelings" with "suicidal thoughts."		
I might suggest more clarity on how the safety plan shown differs from the "safety planning intervention" proper.		
I thought it did a nice job of considering the language around a sensitive issue for many people and how to direct the conversation in a way to gear it away from infringing on rights and more toward contracting for safety in a difficult time.		
Incomplete awareness of power dynamics - insisting on calling a friend in one visit is potentially a huge escalation. Pt is chronically suicidal he does not become acutely at-risk simply because he disclosed. Is it in his interest to move this fast? Or Dr's? He asserted his right to leave - if police are called over this he might be shot and killed. Formal risk assessment has low PPV for acute attempt. Need to be humble to these factors. Otherwise very much appreciated this presentation.		
It appeared that this presentation was developed by people who are not from rural areas / have never lived in a rural area. The information in this presentation was good but it definitely does not just apply to the "rural patient."		
It is pretty slow and repetitive for people with higher education.		
It would be helpful to know how to address this situation when the triage question in ER settings already ask if patients have thoughts of hurting themselves or others.		
My experience over many treatments provided has taught me that patients with chronic pain can be significantly be helped with myofascial release. This approach should be used much more than it is. .		
n/a		
no		
no		
none		
One of the best continuing education courses I have taken in the past 30 years. I appreciate the approach and the very concise presentation of the material. Also I think that you presented information that represents an often overlooked patient population and issues that impact that population. Great job and keep up the good work! Thanks		
one of the links was broken near the end the one listing statistics. also the video froze several times and had to be reloaded although I have a very good internet connection		
outstanding		
Rather than immediately engaging the police or sheriff I would engage prompt crisis support if available		
Section 3 and 5 had technical difficulties playing the video and took some time to unstick. Seemed repetitive especially in regards to the introduction of the patient. I think a quick re-cap slide at the beginning of the modules would have sufficed as opposed to completely re-introducing the patient each time.		
Some of the redundancy could be removed		
Sometimes audio would stop during a video. I found that going back to the previous section then returning to the video would work but I had to repeat that 2-3 times.		
Technical difficulties. Had to restart videos several times because it wouldn't let me skip ahead when browser was refreshed even though I had already watched the videos.		
Thank you		
Thank you for putting together a well rounded approach to helping folks for whom firearm ownership is important		
Thank you for the course.		

Thank you!
Thank you! Good info!
Thanks great course
The content was excellent and well presented. I appreciate how the information provided was backed up by research.
The course was excellent and was presented in a clear and understandable way. My only criticism is that I had some difficulty getting the videos to play and had to refresh the screen multiple times.
The video portion was very repetitive.
the videos did get stuck and I had to restart
The videos for Modules 3-5 have a glitch where they freeze at about the point where the doctor is entering the room. I had to restart the segments multiple times to get the video to continue to the end.
The videos kept freezing causing me to restart the course a few times. Also some of your quiz questions should be reevaluated for clarity. For example one questioned ask about the least amount of time... This phrasing can be suggestive and inclusive of of a time frame. Just a thought. Thanks
There was a little too much redundancy.
This is an excellent course. I think all physician should take this course.
This was good to see how others can interact with individuals at risk of hurting themselves.
This was one of the best online trainings I have ever done. It was very realistic. I learned new language to use with my patients who own guns. Thank you!
too many repetitive scenarios would be ideal to have examples with different patient circumstances.
Truly outstanding course. As someone who has encountered a home health patient considering suicide having this before would have made me so much more comfortable in that situation. Thank you!!
Very good training! Thank you!

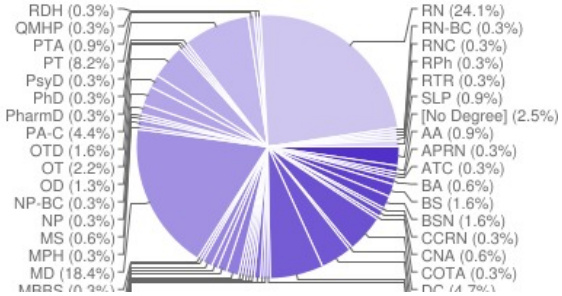
Can we use these videos in trainings we offer to colleagues?
Please respond to mlaper@peak.org

very informative and provided good resources/examples of how to implement this practice to keep patients/individuals safe.
Very repetitive
Very well done.- thank you
Videos were continuously not loading properly. Videos were also extremely repetitive especially in the beginning recaps of each module.
We need more free courses for volunteer community based nurses who are Force multipliers to local health systems. White coats and EARS are perceived as threats whereas community-based nurses are not.
When answering the questions simply sliding over the yes/no brought that one up and I was unable to correct the answer. I would never feel it valuable to tell the pt. my personal thoughts others also did that... Thank you so much. I am connected with NAMI and County much Suicide info on my website...

Respondent Degree Statistics

Degree	Responders	Percentage
[No Degree]	8	2.5%
AA	3	0.9%
APRN	1	0.3%
ATC	1	0.3%
BA	2	0.6%
BS	5	1.6%
BSN	5	1.6%
CCRN	1	0.3%
CNA	2	0.6%
COTA	1	0.3%
DC	15	4.7%
DMD	1	0.3%
DO	12	3.8%
DPT	21	6.6%
FNP	1	0.3%
FNP-BC	1	0.3%
LCMFT	1	0.3%
LCSW	2	0.6%
LISW-S	1	0.3%
LMAC	1	0.3%

Degree	Responders	Percentage
LMFT	1	0.3%
LMHT	1	0.3%
LP	1	0.3%
LPC	5	1.6%
LPN	4	1.3%
LSW	2	0.6%
MA	4	1.3%
MB	1	0.3%
MBBS	1	0.3%
MD	58	18.4%
MPH	1	0.3%
MS	2	0.6%
NP	1	0.3%
NP-BC	1	0.3%
OD	4	1.3%
OT	7	2.2%
OTD	5	1.6%
PA-C	14	4.4%
PharmD	1	0.3%
PhD	1	0.3%
PsyD	1	0.3%
PT	26	8.2%
PTA	3	0.9%
QMHP	1	0.3%
RDH	1	0.3%
RN	76	24.1%
RN-BC	1	0.3%
RNC	1	0.3%
RPh	1	0.3%
RTR	1	0.3%
SLP	3	0.9%



Suicide Assessment and Prevention Course
Project Brief January 2023
Partners In Social Research

PROJECT OVERVIEW

The aim of this project is to develop a 3-hour online, on-demand course on assessing and responding to suicide risk. The training will target a broad audience of Traditional Health Workers (THW) in Oregon, including (but not limited to) Birth Doulas, Community Health Workers (CHW) Personal Health Navigators (PHN), Peer Support Specialists (PSS), and Peer Wellness Specialists (PWS). The course will also broaden awareness of problem gambling, including the heightened risk of suicide amongst this and other populations.

The course will include topics as determined by a curriculum workgroup of suicide prevention specialists. Content will likely include topics such as warning signs and risk factors related to suicide, asking directly about suicidal ideation, developing sociocultural attuned relationships, engaging in basic levels of safety planning and means reduction, providing "warm handoff" referrals for advanced level care, and maintaining connection during and after referral. The course will include at least one case example aimed at raising awareness of problem gambling. Video examples of specific steps focusing on providing THWs with the knowledge and skills required to respond to suicidal ideation will be included. A video of peer mentors discussing suicide assessment, prevention, and referral may be included depending on approval by the workgroup.

The course will be developed by Partners in Social Research (PSR) and delivered via PSR's Advanced Career Online Resource Network (ACORN).

CURRICULUM/COURSE DEVELOPMENT AND DELIVERY PLAN

We anticipate taking the following steps to design the curriculum and develop the course:

1. PSR will review current literature and best practices on suicide assessment and prevention knowledge and skills for THWs. - COMPLETED
2. OHA will recruit, and PSR will organize, a workgroup of six suicide prevention experts to act as content specialists. PSR will provide workgroup members with relevant background via email. NEXT STEP
3. PSR will hold a 90-minute meeting with the workgroup to determine learning objectives and outcomes and gather input on initial curriculum considerations.
4. PSR will prepare a draft of the learning objectives and course content and share this with workgroup members via email prior to a second meeting in which additional input will be gathered.
5. PSR will revise the learning objectives and course content prior to a second 90-minute meeting with the workgroup for further revisions and to ensure consensus on required content areas.
6. PSR will then develop a full draft plan that maps learning objectives, content areas, resources, educational methods (e.g., active learning using case scenarios, video examples), learning checks/quizzes, and a course evaluation. PSR will present the full course draft plan to workgroup members via email.

7. PSR will meet for a third time with the workgroup for 90-minutes to gather input and finalize the course plan. Changes will not be made to the course framework and content after this workgroup meeting.
8. PSR will build the course according to plan on ACORN. This will include participant registration and demographics, course overview and introduction, learning objectives, relevant resources, learning sessions (with video examples, scenario activities, etc.), periodic content quizzes, course evaluation, and certification of attendance.
9. PSR will provide workgroup members with a link to the ACORN course site and invite feedback.
10. PSR will meet with the workgroup a fourth time for 90-minutes to finalize the course before preliminary launching.
11. Workgroup members will identify 3 traditional health workers who will be invited to complete the preliminary course and provide a final round of feedback.
12. Final revisions will be made to the course after this feedback is received.
13. PSR will maintain and deliver the course on an annual basis and provide a brief annual report of registrant numbers and demographics, as well as course evaluation summaries.

PROPOSED TIMELINE

Literature review & workgroup formation	January, 2023
Workgroup meetings (Meetings 1-3)	February-March, 2023
Videotaping & course development	April–June, 2023
Final workgroup meeting & Reviews	July, 2023
Course launch	July-August, 2023

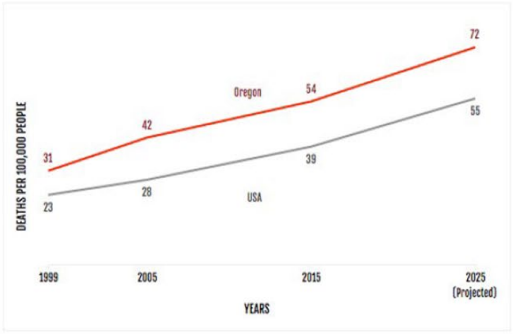
From: Crane Meghan
To: Annette Marcus; JenJennifer Fraga
Cc: Jill Baker (she/her) Youth Suicide Prevention
Subject: Workforce Committee f/u
Date: Friday, January 13, 2023 10:57:19 AM
Attachments: image001.png
Rural Firearm Safety Course Evaluation Results 1.7.22.pdf

Hi all,

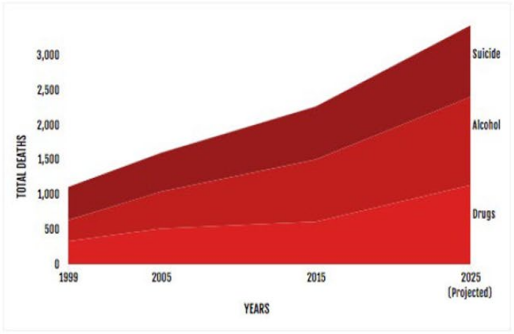
Here is the evaluation results from when the Addressing Firearm Safety with Patients at Risk of Suicide course was on a CME platform. We working on updating that course to get it back on a CME platform (the data was deemed too out of date to continue being supported). We were not able to do f/u with participants.

Also, since Don brough up Deaths of Despair, just wanted to chime in that I see a lot of overlap between deaths of despair, social determinants of health, and shared risk and protective factor work. Deaths of despair refers to the overlap/connection between deaths from alcohol, overdose and suicide. It is often focused around decreased life expectancy for white, middle aged, lower education level individuals. The Well Being Trust has some good resources, including some state specific focused info that they refer to as Pain in the Nation. The 2020 report is a good place to start and includes some state specific data/analysis starting on pg. 14 and in the appendix section. I have included info on this in presentations over the years.

Deaths due to Alcohol, Drugs and Suicide per 100,000 people, Oregon and USA



Alcohol, Drugs and Suicide deaths in Oregon: 1999 to 2015, and 2025 projected



Let me know if you have any questions.

Meghan Crane, MPH
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