

# **DEFENSE HEALTH AGENCY** 7700 ARLINGTON BOULEVARD, SUITE 5101 FALLS CHURCH, VIRGINIA 22042-5101

# Clinical Communities Speaker Series After Action Report Defense Health Agency, J-7 (Education & Training) Continuing Education Program Office

Submitted 14 November 2024

"Fostering Quality and Excellence in Military Specific Care"
17 October 2024, 0745 ET – 1550 ET

# **Executive Summary**

The Defense Health Agency (DHA), J-7, Continuing Education Program Office (CEPO) hosts the Clinical Communities Speaker Series (CCSS) to promote clinical best practices, interprofessional learning, and military readiness among military and civilian healthcare professionals across the Military Health System (MHS). For this month's event, CEPO requested industry experts from academia, government, and clinical care settings to present a series of interdisciplinary discussions on military-specific healthcare topics, including:

- The Warfighter Brain Health Initiative
- Healthy sleep in the military
- Ethical considerations for artificial intelligence
- Assessment and treatment of moral injury
- Integrated care's implications for clinical practice
- Management of temporomandibular disorder (TMD)

Registration opened on Tuesday, September 17, four weeks before the live webinar on October 17. The six-session webinar ran from 0745 ET to 1550 ET, offering up to 6.00 CE/CME credits for 15 accreditations and up to 2.00 CE credits for healthcare executives and speech-language pathologists/audiologists.<sup>1</sup>

# Marketing

CEPO worked with the Public Affairs Office to finalize the event flyer and other promotional materials used to advertise the event on platforms such as SharePoint, LinkedIn, and Health.mil. Once enrollment opened, the team kicked off registrations by launching a four-week govDelivery email campaign and highlighting the event in the September issue of the CEPO monthly newsletter.

<sup>1</sup> The event offered CE/CME credit for physician assistants (AAPA), physicians (ACCME), healthcare executives (ACHE), pharmacists/technicians (ACPE), dentists and allied dental staff (ADA CERP), nurses (ANCC), occupational therapists/assistants (AOTA), psychologists (APA), optometrists (ARBO/COPE), speech-language pathologists and audiologists (ASHA), social workers (ASWB), athletic trainers (BOC), dietitians/technicians (CDR), kinesiotherapists (COPSKT), certified counselors (NBCC), and other professions (ACCME Non-Physician, IPCE, and Certificate of Attendance).

The team further improved its marketing and communications by:

- Building a custom slideshow and layout for the featured courses section of the website homepage to optimize the visibility of promotional content on desktop and mobile devices.
- Updating the sign-up and reminder emails with revised instructions on how to access the meeting and claim continuing education (CE)/continuing medical education (CME) credit.
- Adding buttons with links to the meeting room and the presentation material on the main event page on the day of the event, as well as instructions on how to claim CE/CME credit.

As a result of these efforts, there were no inquiries about how to access the meeting or claim CE/CME credit submitted to the support inbox on the day of the event. The post-event survey suggests that most attendees learned about the event from the govDelivery marketing emails and the promotional content on the CEPO website homepage. Regarding post-event marketing, the administrative team's initiative to personally email learners a reminder to complete the CE requirements the day before the sessions expired led to more last-day course competitions than any other CCSS event since 2023 (235 last-day completions).

# **Technical Production**

The technical team managed recordings, slide decks, and a higher-than-usual number of interactive polls throughout the event. Overall, the event ran smoothly, with only one or two technical issues, which the speakers or technical team promptly resolved. For example, when the presenter for the sixth session got disconnected from the meeting, the moderator advised the audience to stand by as the presenter rejoined moments later from a nearby computer. The team aims to further reduce technical distractions and improve transitions between the sessions by implementing strategies to minimize on-camera discussions with the presenters about presentation logistics during the event.

#### Content and Presentation

The speakers incorporated program evaluation research and interdisciplinary insights into their lecture material to communicate comprehensive considerations, research findings, and practical implications in a way that resonated with an interprofessional, military-focused audience. Many speakers used knowledge checks and polls throughout their presentations to increase engagement with the material and capture the audience's attention. Participants were particularly enlightened by the TMD assessment and management demonstration during the final session. Moreover, attendees appreciated the moderator summarizing the questions submitted to the chat, as well as the cohesion between the discussion topics.

#### Attendance

By the time opening remarks began, the series accumulated 878 registrations, 129 more than last October's event, yet slightly less than the average for live CCSS webinars held this year ( $\bar{x}=912$ ). Approximately 630 participants joined the Microsoft Teams meeting over the course of the event. On average, attendance during each session peaked at approximately 340 participants. By 1300 ET the following day, the activity garnered 940 enrolled learners, 189 of whom claimed credit for one or more sessions for a total of 848 course completions.

#### Featured Sessions

The Department of Defense's (DoD) Warfighter Brain Health Initiative: Maximizing Performance On and Off the Battlefield

Kathy M. Lee MS, ARNP

Advancing Healthy Sleep in the Military: Spanning the Field to the Clinic Army Lt Col. Connie L. Thomas, MD

Exploring Ethical Considerations for Artificial Intelligence in Military Medicine Kenneth W. Goodman, PhD, FACMI, FACE

Moral Injury: Addressing the Invisible Wounds through Assessment and Treatment  $Brittany\ Davis,\ PhD$ 

Substance Abuse and Mental Health Services Administration's (SAMHSA) Perspectives on Integrated Care and Its Implications to Clinical Practice

Neeraj Gandotra, MD

Enhancing Temporomandibular Disorder and Comorbidity Care in the Military Health System Navy Cmdr. James Hawkins, DDS, MS, MEd-HPE

# **Registrant Demographics**

By the close of the October 17 CCSS course evaluation period (October 31 at 2359 ET), 945 learners registered for the event. Though most registrants resided in the United States, 4.7% reported living outside the continental United States in either the Armed Forces or one of nine other countries, as shown in **Table 1**.

Most registrants reported living in a US state with a large population of MHS beneficiaries. The top six states with the highest enrollment were Virginia (126 registrants; 13.3%), Maryland (10.7%), Texas (10.5%), California (7.5%), North Carolina (6.3%), and Florida (5.0%). Over half of all registrants reported living in these six states (504 registrants; 53.0%).

Women comprised approximately 68% of registered learners. The most highly

**Table 1. Location of Registered Learners** 

| Country               | Enrollments | Percent (%) |  |  |  |
|-----------------------|-------------|-------------|--|--|--|
| United States         | 901         | 95.34%      |  |  |  |
| Armed Forces Europe   | 15          | 1.59%       |  |  |  |
| Armed Forces Pacific  | 11          | 1.16%       |  |  |  |
| Germany               | 4           | 0.42%       |  |  |  |
| Canada                | 2           | 0.21%       |  |  |  |
| Armed Forces Americas | 1           | 0.11%       |  |  |  |
| Australia             | 1           | 0.11%       |  |  |  |
| Czech Republic        | 1           | 0.11%       |  |  |  |
| Ecuador               | 1           | 0.11%       |  |  |  |
| Japan                 | 1           | 0.11%       |  |  |  |
| Mexico                | 1           | 0.11%       |  |  |  |
| United Arab Emirates  | 1           | 0.11%       |  |  |  |
| Other (Not Listed)    | 1           | 0.11%       |  |  |  |
| Unknown               | 4           | 0.42%       |  |  |  |
| Total                 | 1,061       | 100.00%     |  |  |  |

represented professions included nurses, social workers, and psychologists. As shown in Figure 1, almost

half of registered professionals were government civilians outside the Department of Veterans Affairs (VA), followed by uniformed service members, contractors, and VA employees. Among uniformed service members, the most common branch affiliations included Army Active (100 registrants), Air Force Active (65 registrants), Navy Active (60 registrants), Army Reserve (34 registrants), and US Public Health Service (21 registrants).

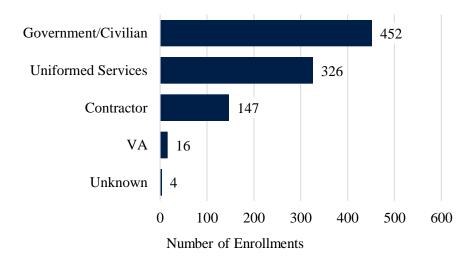


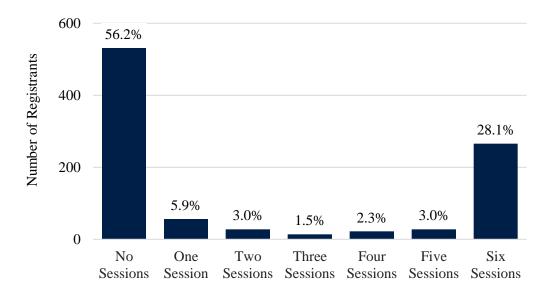
Figure 1. Number of Registrants by Employment Sector

Additionally, 593 learners (62.8%) reported an association with one or more MTFs. The MTFs with the highest enrollment rate were Walter Reed National Military Medical Center in Bethesda, Maryland (48 learners), Alexander T. Augusta Military Medical Center in Fort Belvoir, Virginia (28 learners), and Womack Army Medical Center in Fort Liberty, North Carolina (28 learners).

# **Attendance and Completions**

Approximately 630 participants joined the Microsoft Teams meeting over the course of the event. Session attendance peaked at approximately 343 participants on average. Session 04 ("Moral Injury: Addressing the Invisible Wounds through Assessment and Treatment") had the highest peak attendance, with at least 384 participants tuned in at the height of the presentation.

Attendees had two weeks to complete the sessions' CE requirements and obtain up to 6.00 CE/CME credits. **Figure 2** displays the distribution of registrants by the number of sessions they completed. Overall, 414 out of 945 registrants (43.8%) completed the CE process for at least one course. Most credit earners (64.3%) earned CE/CME credit and/or a Certificate of Attendance for all six sessions.



Number of Sessions Completed

Figure 2. Distribution of Registrants by Number of Sessions Completed

# **Participant Feedback**

The objective of this CCSS was to provide healthcare team members with better evidence-based practices and strategies for navigating military-specific healthcare. To understand the effectiveness of the event in meeting this goal, participants were required to complete an evaluation survey for the session(s) they attended to receive CE/CME credit.

On average, across the six evaluations, 55.9% and 37.4% of participants "Strongly Agree" and "Agree" that the "overall quality of the educational activity was excellent," respectively. Some notable feedback from learners included:

- "This was fantastic. It will be one that I have to go back and rewatch there was so much information."
- "I wish everyone in my clinic watched this presentation."
- "Exceeded expectations. CDR Hawkins was very engaging and perfect presenter for the final session of the day."

When asked, "What do you anticipate changing or how will you apply what you have learned in your professional practice and/or when working with your healthcare team?", respondents provided specific examples of what they planned to change or implement after participating in the program, such as:

• "I plan to work more closely (as a [psychologist]) with our PCMs to implement behavioral intervention options earlier for insomnia, prior to trialing medication. I already provide CBT-i but this presentation gave me additional ideas."

- "When engaging with clinical teams for case consultation, I'll incorporate what we learned today specifically related to SAMHSA's perspectives on integrated care and the implications, to ensure that our teams are considering all aspects of the patient's care."
- "I will not only use this personally and professionally but will share the open mouth self-care strategy with colleagues, family, and friends. this was an OUTSTANDING presentation, and I say that with the utmost respect for the presenter and whomever deemed this topic should be included"

Finally, credit seekers offered feedback on their experience registering for the event and completing the CE requirements. Most respondents expressed neutral or positive sentiments about the overall process. Among those who experienced setbacks, commonly reported grievances included slow loading times, difficulty navigating to the CE requirements, and a desire for a more integrated CE process with fewer clicks. Notable comments included:

- "The new update appears better, fairly easy to navigate and complete"
- "I believe the CEU process is a bit cumbersome. For each session, there are at least 5 pages to which you must navigate, and each page takes time to load. the process just feels lengthy."
- "Nice website; thank you for the directions on how to complete CE"
- "...Should have a single [CCSS] 'completed all modules' option..."
- "This site is excellent, easy to use. well organized and functional"

# **Credits Earned by Evaluators**

The event awarded 2,095 CE/CME certificates and 152 Certificates of Attendance for a total of 2,247 credits, just slightly more than the 2,203 credits awarded for the health innovation-focused CCSS event in September. The American Nurses Credentialing Center (ANCC) accreditation was the most popular certificate type among credit earners who collectively earned 470 ANCC credits. The next most sought-after credits were for the Association of Social Work Boards (ASWB) and the American Psychological Association (APA), for which social workers and psychologists earned 371 and 244 credit hours, respectively. The number of credit hours awarded by session and credit type are provided in **Table 2**.

**Table 2. Number of Credit Hours Awarded by Credit Type** 

|   | Credit Type / Profession  |  | S01 | S02 | S03 | S04 | S05 | S06 | Total | %     |
|---|---|--|-----|-----|-----|-----|-----|-----|-------|-------|
| ANCC  | American Nurses Credentialing Center  | Nurses   | 95  | 82  | 77  | 75  | 71  | 70  | 470   | 20.9% |
| ASWB  | Association of Social Work Boards   | Social Workers   | 64  | 65  | 63  | 65  | 64  | 50  | 371   | 16.5% |
| APA   | American Psychological Association  | Psychologists  | 42  | 44  | 40  | 43  | 42  | 33  | 244   | 10.9% |
| ACCME   | Physicians Recognition Award  | Physicians   | 37  | 36  | 36  | 38  | 37  | 34  | 218   | 9.7%  |
| AAPA  | American Academy of Physician Assistants  | Physician Assistants                                   | 20  | 17  | 18  | 17  | 17  | 18  | 107   | 4.8%  |
| ACPE-P  | Accreditation Council for Pharmacy Education – Pharmacist                                       | Pharmacists  | 19  | 18  | 16  | 17  | 17  | 18  | 105   | 4.7%  |
| ACCME<br>Non-Physician                              | ACCME American Medical Association  | Non-Physicians   | 19  | 16  | 15  | 14  | 15  | 14  | 93    | 4.1%  |
| ADA CERP  | American Dental Association   | Dentists, Dental Hygienists,<br>Dental Lab Technicians | 17  | 15  | 13  | 13  | 16  | 17  | 91    | 4.0%  |
| AOTA  | American Occupational Therapy Association   | Occupational Therapists,<br>Occup. Therapy Assistants  | 14  | 15  | 12  | 13  | 15  | 15  | 84    | 3.7%  |
| NBCC  | National Board for Certified Counselors   | Certified Counselors                                   | 14  | 13  | 13  | 13  | 15  | 14  | 82    | 3.6%  |
| BOC   | Board of Certification for the Athletic Trainer   | Athletic Trainers                                      | 13  | 15  | 15  | 12  | 13  | 11  | 79    | 3.5%  |
| IPCE  | Interprofessional Continuing Education  | Jointly Accredited                                     | 9   | 6   | 6   | 6   | 6   | 5   | 38    | 1.7%  |
| CDR   | Commission on Dietetic Registration   | Registered Dieticians, Dietetic Technicians            | 5   | 4   | 5   | 5   | 6   | 6   | 31    | 1.4%  |
| ACPE-T  | Accreditation Council for Pharmacy Education – Technician                                       | Pharmacy Technicians                                   | 3   | 4   | 4   | 4   | 6   | 5   | 26    | 1.2%  |
| ARBO/COPE   | Association of Regulatory Boards of Optometry's<br>Council on Optometric Practitioner Education | Optometrists   | 3   | 3   | 3   | 3   | 4   | 4   | 20    | 0.9%  |
| ACHE  | American College of Healthcare Executives   | Healthcare Executives                                  | -   | _   | 9   | -   | 7   | -   | 16    | 0.7%  |
| ASHA  | ASHA Test   | Speech-Language Pathologists and Audiologists          | 6   | _   | _   | _   | _   | 6   | 12    | 0.5%  |
| COPSKT  | Council on Professional Standards for Kinesiotherapy  | Kinesiotherapists                                      | 1   | 1   | 1   | 1   | 2   | 2   | 8     | 0.4%  |
|   | Total CE/CME Credit Hours   |  | 381 | 354 | 346 | 339 | 353 | 322 | 2,095 | 93.2% |
| <b>Total Certificate of Attendance Credit Hours</b> |   | 31   | 26  | 22  | 24  | 26  | 23  | 152 | 6.8%  |       |
|   | To  | otal Credit Hours Awarded                              | 412 | 380 | 368 | 363 | 379 | 345 | 2,247 | 100%  |

# **End Note**

The DHA J-7 CEPO team reviewed and compiled all evaluation data in this document. Please forward questions regarding this report to CEPO at <a href="mailto:dha.ncr.j7.mbx.continuing-education-office@health.mil">dha.ncr.j7.mbx.continuing-education-office@health.mil</a>.

For overall questions, please contact Dr. Lolita T. O'Donnell, Division Chief, Executive Skills, Continuing Education, and Libraries (EXCEL), Director, Continuing Education Program Office, Defense Health Agency, Education and Training Directorate (J-7), at lolita.t.odonnell.civ@health.mil or call (571) 317-5544.

# Appendix A. Program Overview: Session Titles and Presenting Faculty

#### **Moderator**

# Army Maj. Hunter Jackson Smith, MD, MPH, MBE, FACPM

Focus Area Lead, Antimicrobial Resistance, STI, & Enteric Infections, Global Emerging Infections Surveillance Branch

Armed Forces Health Surveillance Division

#### Welcome Remarks

# Lolita T. O'Donnell, PhD, MSN, RN

Chief, Executive Skills, Continuing Education & Libraries (EXCEL) Division Director, Continuing Education Program Office J-7, Education and Training Directorate, Defense Health Agency (DHA)

#### **Opening Remarks**

#### Air Force Brig. Gen. (Ret.) Anita Fligge, DNP, MSN, BSN

Director, Federal Health and General Manager, CMS, LLC at Dawson Previous Director, J-3/5/7 & Chief Nursing Officer, DHA

# S01: The Department of Defense's (DoD) Warfighter Brain Health Initiative: Maximizing Performance On and Off the Battlefield

# Katherine ("Kathy") M. Lee MS, ARNP

Director, Warfighter Brain Health Initiative Office of the Assistant Secretary of Defense (Health Affairs), DHA

#### S02: Advancing Healthy Sleep in the Military: Spanning the Field to the Clinic

#### Army Lt Col. Connie L. Thomas, MD

Associate Director, Center for Military Psychiatry and Neuroscience, Walter Reed Army Institute of Research

Psychiatrist and Sleep Medicine Physician, Walter Reed National Military Medical Center Assistant Professor of Psychiatry and Medicine, Uniformed Services University

# S03: Exploring Ethical Considerations for Artificial Intelligence in Military Medicine

#### Kenneth W. Goodman, PhD, FACMI, FACE

Founder and Director of the Institute for Bioethics and Health Policy, Director of Ethics Programs, Professor of Medicine
University of Miami

#### S04: Moral Injury: Addressing the Invisible Wounds through Assessment and Treatment

#### **Brittany Davis, PhD**

Consultant, National Center for PTSD, Department of Veteran Affairs Clinical Psychologist, PTSD Clinical Team, James A. Haley Veterans' Hospital Associate Professor, Department of Psychiatry and Behavioral Neurosciences, University of South Florida

S05: Substance Abuse and Mental Health Services Administration's (SAMHSA) Perspectives on Integrated Care and Its Implications to Clinical Practice

#### Neeraj Gandotra, MD

Chief Medical Officer, Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services

S06: Enhancing Temporomandibular Disorder and Comorbidity Care in the Military Health System

Navy Cmdr. James Hawkins, DDS, MS, MEd-HPE Specialty Leader, Navy Orofacial Pain Naval Postgraduate Dental School

Closing Remarks
Army Col. (Ret.) Frederick C. Lough, MD, FACS
Director, Griffith Institute
Director, DoD Medical Ethics Center (DMEC)
Uniformed Services University