

Sample CE Application Responses

Please note: We continue to update our CE application to meet accreditation requirements and standards. Check our website for the most up-to-date language.

Title: Duty, Honor, Healing: Promoting Resilience and Recovery after Return to Duty

Organization(s) providing the activity: Traumatic Brain Injury Center of Excellence, Uniformed Services University, Department of Veterans Affairs

Activity type: Live Course

Start and end dates: 03/06/2025 - 1:00pm to 3:00pm

Location: MS Teams <https://dod.teams.microsoft.us/j/meetup-join/example>

Description: Prioritizing warfighter brain health is a top priority for the Military Health System. Comprehensive care and support are paramount to ensuring service members who've sustained a Traumatic Brain Injury (TBI) are physically, mentally, and emotionally prepared to conduct military tasks, build resilience, and contribute to mission success after they return to duty. This educational activity hosted by the Traumatic Brain Injury Center of Excellence (TBICoE) will inform health care providers about clinical treatment recommendations and resources available for service members with TBI symptoms that persist well past the point of injury. Subject matter experts from the Uniformed Services University, Department of Veterans Affairs, and TBICoE will discuss chronic sleep disturbances and management, recovery implications of Infra-Low Frequency Neurofeedback for post-TBI headache, sleep, and attention disorders, and patient resources for persistent symptoms. This session will also include a compelling survivor story from a US Army trauma surgeon who will share insights into the challenges he faced while dealing with lingering TBI symptoms offering recommendations on how military healthcare providers can promote recovery and resilience. This live-virtual event is intended for military personnel and all types of military healthcare professionals across the Department of Defense and the Department of Veterans Affairs. This educational activity will be hosted on Microsoft Teams, Thursday, Mar 6th, 2025, from 1 p.m. to 3 p.m. ET. To receive the registration access code or for questions about this event, please email dha.TBICoEDissemination@health.mil

Participation structure: Open to public or MHS-wide audience

Target audience: Physicians (ACCME), Physician Associates/ Physician Assistants (AAPA), Nurses (ANCC), Occupational Therapists (AOTA), Physical Therapists (APTA), Psychologists (APA), Speech-Language Pathologists and Audiologists (ASHA), Social Workers (ASWB), Athletic Trainers (BOC), Certified Counselors (NBCC), And other health care professionals

Number of credit hours requested: 2.00

Credit type(s):

Physicians (ACCME)

Physician Associates/ Physician Assistants (AAPA)

ACCME Non-Physician CME Credit

Nurses (ANCC)

Physical Therapists and Physical Therapy Assistants (APTA)

Occupational Therapists and Occupational Therapy Assistants (AOTA)

Psychologists (APA)

Speech-Language Pathologists and Audiologists (ASHA)

Social Workers (ASWB)
Athletic Trainers (BOC)
Certificate of Attendance
Interprofessional Continuing Education (IPCE)
Certified Counselors (NBCC)

State the professional practice gap(s) among the healthcare team/members on which the activity is based.

Currently, providers rely heavily on basic cognitive rehabilitation processes and medications to treat service members with persistent symptoms after TBI. Providers may follow standardized treatment pathways that do not fully address the complex, individualized nature of persistent TBI symptoms that occur long after initial injury and may even persist after the member has returned to duty. Currently, prolonged treatment may lack integration of other available options and may be inhibited by limited appointment times and high patient loads. In contrast, evidence-based best practices emphasize a multidisciplinary approach to TBI treatment, incorporating cognitive rehabilitation and more personalized treatment plans. Best practices call for regular reassessment and coordination between multiple specialists including neurologists, physical therapists, occupational therapists, mental health providers, and other associated disciplines to address sleep disturbances, attention disorders, and post traumatic headaches. The gap between current practices and best practices is further widened by resource limitations, insufficient provider training on the latest TBI management techniques, and the time required for more individualized treatment approaches. This event attempts to address these gaps by bringing together TBI subject matter experts who will provide targeted education on current research, clinical standards of care, and intervention strategies for service members with treatment-resistant or persistent symptoms after a TBI.

State the educational need(s) underlying the professional practice gap(s).

The educational environment for military healthcare providers suggests a crucial need for enhanced training and professional development across multiple disciplines. When it comes to TBI, there is inconsistency in understanding the complexities of persistent symptoms and the treatments these require, especially for sleep-wake disorders, headaches, and attention disorders. Service Members who return to duty while still experiencing persistent symptoms after a TBI face heightened risks of additional injury due to problems with cognitive processing, delayed reaction times, and impaired decision-making abilities. When combined with sleep and attention disorders, the affected member can put themselves and their entire unit at risk, especially during military operations where split-second decisions and precise actions are required. MHS providers including rehabilitation specialists, mental health professionals, and primary care providers need contemporary training and education on implementing coordinated, multidisciplinary treatment approaches that align with current best practices. Access to the latest information on managing sleep-wake disorders and the impact of neurofeedback on headaches, insomnia, and attention difficulties, is essential for providers to stay current with new research, best clinical practice guidelines, and available resources. Ultimately, this educational opportunity will enable military healthcare providers to deliver more comprehensive and tailored care, improving outcomes for service members and enhancing overall military readiness.

Check the educational need(s) that apply to this activity.

- **Knowledge**—the target audience needs more theoretical knowledge, factual information, or awareness/context

Learning Objectives:

1. Differentiate common sleep-wake disorders experienced by patients with traumatic brain injury (TBI).

2. Identify treatment considerations for sleep-wake disorders following TBI.
3. Summarize the impact of Infra-low Frequency Neurofeedback on sleep, headache, and attention disorders experienced post-TBI.
4. Describe educational resources available for patients experiencing TBI symptoms.

Explain what this activity is designed to change in terms of the healthcare team's skills, strategies, and performance.

The desired outcome of this event is to enhance understanding among attendees about promoting resilience and recovery of TBI patients experiencing symptoms after returning to duty following a traumatic brain injury. Participants will gain valuable insight on treatment options for TBI symptoms including sleep disturbance, headache, and attention disorders. Additionally, this webinar will introduce participants to educational resources available to TBI patients. Lastly, this event aims to bring persistent TBI symptoms to life with a first-hand account from a TBI survivor and Trauma Surgeon regarding the impact of persistent TBI symptoms on personal and professional health. Following this activity, providers should feel empowered to apply the learned information to their professional practice and support individuals affected by persistent TBI symptoms through informed care and resource utilization.

What barrier(s) may hinder participants' ability to incorporate what they learn into practice?

- Insufficient Training and Education. Attendees may not have access to ongoing training opportunities, updated educational resources, or current research, impeding their ability to stay current with best practices.
- Awareness. Participants might not be fully aware of all available resources and how to access them.
- Resource Accessibility. Attendees may not have access to certain treatment options at their respective Military Treatment Facility.
- Lack of Interdisciplinary Collaboration. Limited communication and collaboration between mental health professionals, providers, and rehabilitation specialists can hinder comprehensive care for TBI patients in this population.

How will you address these?

- This educational event will emphasize the importance of interdisciplinary collaboration, featuring applicable research and question and answer periods that demonstrate how effective communication strategies between providers and rehabilitation specialists foster a holistic approach to patient care and encourage integrated treatment plans.
- The session has allotted time specifically to educate attendees on the availability, location, and accessibility of specific research, best-practice clinical guidelines, and available resources to support treatment of patients with TBI and co-occurring mental health conditions.

Sample CE Activity Agenda

Duty, Honor, Healing: Promoting Resilience and Recovery after Return to Duty

6 March 2025

1-3 p.m. ET

Time	Presentation	Speakers
1-1:07 p.m. ET	<i>Introduction, housekeeping, and welcome remarks</i>	Moderator- Jane A. Doe, BSN, RN Network Dissemination Coordinator Traumatic Brain Injury Center of Excellence
1:08-1:38 p.m. ET	<i>Living with TBI/Survivor Story</i>	LTC John B. Doe, MD, FACS Trauma Surgeon/ Trauma Medical Director Womack Army Medical Center
1:39-2:09 p.m. ET	<i>TBI and Sleep Disorders: Pathophysiology and Clinical Management</i>	CDR John C. Doe, MD, PhD Director of Research, Sleep Disorders Center Walter Reed National Military Medical Center
2:10-2:40 p.m. ET	<i>Neurofeedback Impact on Chronic Headache, Sleep and Attention Disorders experienced by Veterans with mTBI</i>	Jane D. Doe, DNP, APRN, PMHNP-BC, FNP-BC Director, Mental Health Nurse Practitioner Residency Program VA Pacific Islands Healthcare system Jane E. Doe, PhD Clinic Coordinator and Staff Psychologist Spark M. Matsunaga VAMC VA Pacific Islands Health Care System
2:41-2:52 p.m. ET	<i>TBICoE Product Overview</i>	John F. Doe, MSW, LCSW Network Dissemination Coordinator Traumatic Brain Injury Center of Excellence
2:52-3 p.m. ET	<i>Discussion and closing remarks</i>	Moderator- Jane G. Doe, BSN, RN Network Dissemination Coordinator Traumatic Brain Injury Center of Excellence

DHA J-7 Continuing Education Program Office

Sample Event Faculty List

The professions of the Event Faculty/Planners should reflect the event's desired Target Audience Credit Types. This can be inclusive of the Content Reviewer(s)' profession and/or literature review. (i.e., If the Credit Type for Dietitians (CDR) and Physicians (ACCME) are selected, both professions must be represented in the Event Planning Committee and/or via Content Review or literature review).

[illegible]

Sample Content Reviewer Form



Defense Health Agency J-7 Continuing Education Program Office Continuing Education Activity Content Reviewer Form

The information stated in this form reflect the requirements for the review of educational materials from the below accrediting organizations. Click on the links for specific accreditation guidance and standards.

- Joint Accreditation (JA)
 - <https://jointaccreditation.org/accreditation-process/requirements/criteria/>
 - <https://accme.org/rules/standards/>
 - Accreditation Council for Continuing Medical Educations (ACCME)
 - Accreditation Council for Pharmacy Education (ACPE)
 - American Academy of Physician Associates (AAPA)
 - American Dental Association (ADA CERP)
 - American Nurses Credentialing Center (ANCC)
 - American Psychological Association (APA)
 - Association of Social Work Boards (ASWB)
 - Commission on Dietetic Registration (CDR)
 - Board of Certification for the Athletic Trainers (BOC)
 - Council on Optometric Practitioner Education (ARBO/COPE)
- American College of Healthcare Executives (ACHE)
 - <https://www.ache.org/learning-center/education-and-events/event-resources/continuing-education-information/qualified-education-credit>
- American Health Information Management Association (AHIMA)
- American Occupational Therapy Association (AOTA)
 - <https://www.aota.org/career/continuing-education/approved-providers/guidelines-and-criteria-aota-approved-provider-program>
- American Physical Therapy Association (APTA)
- American Speech Language Hearing Association (ASHA)
 - <https://www.asha.org/ce/for-providers/admin/standards-for-asha-ce-providers/>
- Commission for Case Manager Certification (CCMC)
 - <https://ccmcertification.org/workforce-development/pacetm-guide-providers>
- Council on Professional Standards for Kinesiotherapy (COPSKT)
 - <https://akta.org/continuing-competency-board-policies-procedures>
- National Board for Certified Counselors (NBCC)
 - http://www.nbcc.org/Assets/CEProvider/CE_ProviderPolicy.pdf

Content Reviewer	
Name	
Title	Network Dissemination Coordinator
Credentials	
Organization	

Educational Activity	
Title	Duty, Honor, Healing: Promoting Resilience and Recovery after Return to Duty
Date	6 March 2025

The continuing education activity meets the educational needs (knowledge, skills/strategy, or performance) that underlie the practice gaps of the individual/health care team.

What professional practice gaps of the individual/health care team have been identified?
Healthcare providers fail to identify and treat sleep wake disorders that frequently occur following TBI. Furthermore, professionals have decreased understanding of the benefits of neurofeedback as an intervention for a variety of TBI symptoms and also lack access to resources to assist with patient education.

What is the educational need(s) that underlies the identified gap(s)?

Patients and healthcare professionals from all disciplines will benefit from better understanding of common sleep-wake disorders that occur following TBI and treatment strategies for them. Education on infra-low frequency neurofeedback and available TBICoE patient resources is imperative.

Does this educational activity incorporate the identified educational need(s)?

Please explain your answer:

YES

NO

The faculty generated an educational activity designed to change the knowledge, skills/strategy, or performance of the health care team, or patient outcomes?

Will this educational activity change a provider's knowledge, skills/strategies & performance and/or will this educational activity change patient outcomes?

Please explain your answer:

YES

NO

Physical therapists will better understand how to identify sleep-wake disorders and how to intervene. Additionally, they will be able to confidently refer patients for appropriate treatments like neurofeedback when outside their scope of practice. Lastly, PTs will be able to access patient care handouts and resources that reinforce patient education.

The faculty generated an educational activity around valid content that matches the individual/health care team's current or potential scope of practice.

Do the contents of this educational activity match the individual/health care team's current or potential scope of practice? Please explain your answer:

YES

NO

The faculty chose an educational format for this educational activity that is/was appropriate for the setting, objectives and desired results of the activity.

Explain the rationale or criteria used to ensure the format (webinar, in-person conference, etc.) was appropriate for the setting, objectives, and desired results of this activity. Explain how participants will learn with, from and about each other.

The faculty developed an educational activity within the context of the desirable attributes of the individual/health care team.

What individual/health care team(s) and/or professional attribute/competency was this educational activity developed for?

The faculty developed an educational activity that is independent of commercial interests (ACCME Standards for Commercial Support: Standards to Ensure Independence in Continuing Medical Education Activities).

Does the presentation include a disclosure slide that lists, if applicable, all relevant financial relationships, as well as disclosure statements that either identifies endorsement of products/services/commercial interests within the presentation or state that none are present?

YES

NO

The presentation material has no clear examples of promotional commercial interests or endorsement of products that were not clearly disclosed on the disclosure slide.

YES

NO

Learning Objectives

Are the learning objectives appropriate for the educational activity?
Please explain your answer.

YES

NO

Recommended Change in Title

Do you have a recommended change to the activity title? Please explain.

YES

NO

Additional Comments

Acknowledgement

Signature:

Sample Posttest Questions

Duty, Honor, Healing: Promoting Resilience and Recovery after Return to Duty

1. All Sleep-wake disorders are more common after traumatic brain injury.
 - a. True
 - b. False
2. What percentage of concussion patients report sleep complaints?
 - a. 10-20%
 - b. 30-50%
 - c. 40-70%
 - d. 80-90%
3. Which of the following is NOT a treatment consideration for comorbid insomnia?
 - a. Light therapy
 - b. Melatonin
 - c. Heated Blanket
 - d. Doxepin
4. Which of the following pathways are associated with hypersomnia in TBI?
 - a. Dopamine pathway
 - b. Noradrenergic pathway
 - c. Histamine pathway
 - d. All of the above
5. Which of the following is NOT a TBI sleep-wake disorder endophenotype?
 - a. Arousal Threshold
 - b. Obesity-related Sleep Apnea
 - c. Autonomic Regulation
 - d. REM Atonia
6. Outcomes of interest in the “Infra-low Frequency Neurofeedback Impact on Sleep, Headache and Attention Disorders experienced by Veterans with minor Traumatic Brain Injury” study include which of the following?
 - a. Reduced frequency, severity, and impact of headaches
 - b. Improved quality of sleep
 - c. Improved attention
 - d. All of the above
7. When exposed to an image of itself, what does infra-low frequency neurofeedback enable the brain to do?
 - a. Decipher and understand that it is a presentation of itself
 - b. Determine its functioning

- c. Self-correct its functioning
 - d. All of the above
8. According to the “Infra-low Frequency Neurofeedback Impact on Sleep, Headache and Attention Disorders experienced by Veterans with minor Traumatic Brain Injury” study, which symptoms showed improvement with neurofeedback?
- a. Headache and sleep quality
 - b. Sleep quality
 - c. Both A and B
 - d. Neither A or B
9. Which of the following topics are included in the TBICoE Back to School Guide?
- a. Financial considerations
 - b. Strategies for academic success
 - c. Prioritizing health while in school
 - d. All of the above
10. Which of the following is not a strategy to managed headaches included in the Managing Headaches Following Concussion/Mild Traumatic Brain Injury fact sheet?
- a. Recognize and avoid common triggers
 - b. Increase consumption of energy drinks
 - c. Maintain health habits
 - d. Relaxation strategies



Sample Promotional Material

DHA J-7 Clinical Communities Speaker Series

June 27, 2019

0925 – 1025 ET

(Add location or link to virtual room)



Overview

This internet live course will address “A Comprehensive Analysis of Spinal Pain in Service Members.” Include a course description along with teaching strategies that will be used.

Learning Objectives

Retired Army Col. Steven Cohen, M.D. has no relevant financial or non-financial relationship(s) relating to the course content or with ineligible companies to disclose.

Director of Pain Research, WRNMMC,

Director of Medical Education – Pain Medicine Division, Professor of Anesthesiology and Critical Care Medicine, Johns Hopkins Hospital, Baltimore, Md.

1. Identify types of pain conditions physicians confront in theater and garrison.
2. Distinguish the effects psychiatric co-morbidities have on the prevalence of pain and treatment outcomes.
3. Discover the effect treatment location has on return-to-duty rates.
4. Assess the selection of patients for procedural interventions.

Target Audience (Introductory)

Physicians (ACCME) • Physician Assistants (AAPA) • Nurses (ANCC) • Pharmacists/Pharmacy Technicians (ACPE) • Social Workers (ASWB) • Psychologists (APA) • Optometrists (ARBO/COPE) • Registered Dietitians/Dietetic Technicians (CDR) • Dentists, Dental Hygienists, Dental Technicians (ADA) • Athletic Trainers (BOC) • Occupational Therapists, Occupational Therapist Assistants (AOTA) • Kinesiotherapists (COPSKT) • Certified Counselors (NBCC) • Healthcare Executives (ACHE) • Speech Language Pathologists, Audiologists (ASHA) • Case Managers (CCMC) • Physical Therapists, Physical Therapist Assistants (APTA) • Project Management Professionals (PMI) • And other healthcare professionals

This continuing education activity is provided by DHA J-7 CEPO and is approved for **1.00** CE/CME credit(s).

To register, participate, and complete the posttest and evaluation, please visit the following link: <https://www.dhaj7-cepo.com>

You have 14 days after the program to complete the posttest and evaluation to earn your CE certificate.

For more information, please contact: dha.ncr.j7.mbx.continuing-education-office@health.mil

*Reference: Code of Professional Conduct for Case Managers (2015). Retrieved from <https://ccmcertification.org/about-ccmc/code-professional-conduct>

**ADD ONLY IF CCMC
ETHICS APPLY**



Participation Costs

There is no cost to participate in this activity.

Cancellation Policy

You will be notified via email if the activity is cancelled.

Commercial Support

There is no known commercial support for this activity.