

## THE VERMONT AHEC NETWORK

January 11, 2018

## What are your continuing education needs?

The Vermont AHEC Network has been a provider of quality, continuing professional education for health professionals since 1997. We are conducting a statewide survey of health care and public health professionals to identify the most pressing continuing education needs among the Vermont health workforce.

This is a brief survey, and the information you provide will shape the Vermont AHEC Network's local, regional, and statewide programming for the coming year.

Please take a few minutes to complete and <u>return this survey by January 31st</u>. I encourage you to share this survey with your colleagues. A PDF of the survey is posted at <u>www.vtahec.org</u>.

## Please return your completed survey to:

Fax: 802-656-3016 Email: <u>ahec@uvm.edu</u>

Or mail to:

UVM AHEC Program 1 South Prospect Street, Arnold 5 Burlington, VT 05401

Thank you for your time and help shaping AHEC's inter-professional, continuing education offerings.

Sincerely,

Liz Cote, Director UVM AHEC Program

## VERMONT AREA HEALTH EDUCATION CENTERS (AHEC) NETWORK **2018 CONTINUING EDUCATION (CE) SURVEY**

Your input is extremely valuable in designing educational programs that meet local & statewide needs.

PRIORITY			Please indicate the level of priority by checking each of the following topics					
HOH	MED	ΓΟΜ	N/A	that would benefit you or your colleagues as CE offerings.	19 00 000			
				Addiction treatment / management				
+	-			• Screening, Brief Intervention, and Referral to Treatment (SBIRT)				
+	$\rightarrow$		_	• Medication-Assisted Treatment (MAT)				
+	$\neg$			Naltrexone in medication-assisted treatment				
-	$\rightarrow$			Coding- Evaluation & Management (E&M)				
-	$\rightarrow$			Coding- ICD-10				
			-	Dementia / Alzheimer's				
+	$\rightarrow$			• Updates				
+	$\rightarrow$		-	• Care planning				
-	$\rightarrow$			Diabetes and Diabetes Management, please specify:				
+				Diabetes and Diabetes management, please specify.				
$\mp$				Geriatrics-related topics, please specify:				
+				Medical Marijuana				
$\uparrow$	1			Mental health-related topics				
Ť				<ul> <li>Management of complex patients with psychiatric needs</li> </ul>				
+				Education related to prescribing psychotropic medications				
$\neg$				Pediatric mental health				
				Motivational Interviewing				
				Oral & dental health-related topics				
				• Fluoride varnish in primary care settings				
+				Pain Management				
+	$\rightarrow$			Responsible opioid prescribing				
	$\neg$			• Treating chronic pain in adults with or in recovery from substance use disorders				
				• Cognitive-Behavioral Therapy (CBT) for pain				
				• Chronic pain management				
				• Fibromyalgia				
				Palliative / end-of-life care				
				• Act 39, The Patient Choice and Control at End of Life Act				
				• Pain management at end of life				
				Health care decisions and advance directives				
				Quality Improvement framework: processes and methods				
				Quality Improvement project topics, please specify:				
	$\neg$			Trauma-informed care				
				Adverse Childhood Experiences (ACEs)				
				• Trauma assessment				
				Building resilient communities				
				Zoonotic infectious diseases				
				• Tick-borne: Lyme disease, Powassan virus				
				• Mosquito-borne: Zika virus, Eastern equine encephalitis (EEE)				
				Other topics, not listed?				
					Continued			

Continued on page 2

- 1. What topics, if any, do you need for *professional recertification or re-licensure* that you have difficulty accessing locally?
- 2. What *health policy issues*, if any, are of interest or concern in your practice (e.g., updates to medical marijuana law)?
- 3. What opportunities in your practice or community would you like *health professions graduate student(s)* to become involved in?

4.	What format of In person Hybrid		ion do you prefer? istance Learning/Tele-educatio ced Distance Learning		<ul> <li>On-demand webinar</li> <li>Other</li> </ul>						
5.	What is your pr	referred duration/le	-								
6.	What days <u>and</u> times would work best for you? <i>(Check all that apply.)</i>										
			, .								
	□ WED	□ SAT	During lunch (12-2 pm)	L Evenir	🗆 Evening (6-8 pm)						
7.	. What is your preferred location and venue for continuing education programs in your state?										
8a.	Are you familia	r with the Project E	CHO training model?	□ Yes	□ No						
8b.	Have you partio	cipated in a Project	ECHO training program?	□ Yes	□ No						
E	management of □ Yes Pleas □ Maybe P	chronic pain. Practices se contact me to let m lease contact me to le	dinal case-based learning? <u>Na</u> ce stipends will be available for ne know more about the progra et me know more about the pro or AHEC purposes only)	o <i>r participatio</i> am. ogram.	opic we are planning is on the n. —						
Ρ	rint Name:		Degree/Lic	ense Type (e.g.,	MD, RN, etc.):						
L	ocation of your w	ork? County (e.g., Chi	ittenden):		State:						
Р	Please mail or fax	to:	THANK YOU!								
		C PROGRAM									
	1 South Pros	pect Street, Arnold 5	5	DEADLIN	E for SUBMISSION:						
	Burlington, V	/T 05401		Wednesday,							
	Fax: 802-65	6-3016	January 31, 2018								
	Email: ahec@	٥uvm.edu - www.۱	vtahec.org								
		HERN VERMONT HEC	THE UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE AREA MEALTH EDUCATION CENTERS PR		SOUTHERN VERMONT AREA HEALTH EDUCATION CENTER						