

# Physician Clergy Conference

Texas Health Presbyterian Hospital Dallas | Fogelson Bldg. - Haggard Hall | 8200 Walnut Hill Lane, Dallas, TX 75231

Thursday, October 4, 2018 | Noon – 1 p.m.

## “Suicide Assessment and Safety Planning”



**Katie Sardone, Ph.D.**

Licensed Psychologist and Founder of Behavioral Health Dallas, PLLC – Dallas, Texas

**Description:** Clinical and ethical decision making related to patient safety is complex. Competent treatment of suicidal behaviors requires not only knowledge of evidence-based assessment models, but also careful consideration of often conflicting ethical principles such as autonomy, confidentiality, and non-maleficence. This talk will not only address clinical considerations, but explore ethical dilemmas related to assessment and management of suicidal patients.

**Objectives:** Upon completion of this activity, the participants should be able to:

- Recognize when and how to ask about suicidal thoughts and behaviors.
- Improve quality and accuracy of risk assessment.
- Discuss ethical and clinical implications of suicide assessment and safety planning.
- Identify your role and the role of others in risk management within a multidisciplinary care setting.

**Target Audience:** This interprofessional continuing education activity is designed for Texas Health Dallas physicians, clergy, nurses, social workers and other allied health professionals.

**Format:** Didactic lecture with question and answer session

**Program Chair:** Matthew Calvert, MDiv, BCC – Director of Pastoral Care, Texas Health Presbyterian Hospital Dallas – Dallas, Texas

**Accreditation:**

**Physicians:** Texas Health Research & Education Institute is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Texas Health Research & Education Institute designates this live activity for a maximum of 1 *AMA PRA Category 1 Credit*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This presentation has been designated by Texas Health Research & Education Institute for 1 credit of education in medical ethics and/or professional responsibility.

**Nurses:** Texas Health Dallas- Texas Health Resources University is an approved provider of continuing nursing education by the Texas Nurses Association - Approver, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

**Social Workers:** Texas Health Resources University- Fort Worth is an approved provider of continuing education for Social Workers by the Texas State Board of Social Worker Examiners. Provider #1633.

**Radiologic Technologists:** Approved by the ASRT for Category A continuing education credit.

**\*\*Available via Live Stream\*\***

To view the live lecture from your electronic device/desktop, visit: [TexasHealth.org/CME](https://TexasHealth.org/CME).

**Anyone can view the live presentation online, but only physicians can receive credit by watching online.**

**Additional Information:** There is no registration fee to attend. Pre-registration is required for seating allocations. Lunch will be provided. For more specifics, visit our website at [TexasHealth.org/CME](https://TexasHealth.org/CME) or call toll-free (866) 295-3269.

**\*\*Register by Tuesday, October 2, 2018\*\***

**REGISTRATION FORM IS ON THE REVERSE SIDE**

# CME Registration Form



**\*\*No Fee to Register but Registration Required\*\***

## Physician Clergy Conference

Texas Health Presbyterian Hospital Dallas, Fogelson Bldg. - Haggard Hall – Dallas, Texas  
**Thursday, October 4, 2018 | Noon – 1 p.m.**

**WAYS TO REGISTER:**

- Web: [TexasHealth.org/CME](http://TexasHealth.org/CME)
- Toll-Free: 1-866-295-3269
- Fax: 214-345-8328

**Registration Deadline – Tuesday, October 2, 2018**

.....

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Texas Health Resources Employee ID (*if applicable*) \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Circle as Appropriate MD DO PhD NP PA RN RT CT Other \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Preferred Phone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

*(Registration confirmation will be sent to the email address indicated above)*