

ICMJE DISCLOSURE FORM

Date: 18 May 2022

Your Name: Kimberly O'Brien

Manuscript Title: A qualitative study of provider feedback on the feasibility and acceptability of virtual patient simulations for suicide prevention training

Manuscript number (if known): mHealth-22-15

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Education Development Center (EDC) Boston Children's Hospital (BCH)	SIMmersion was the primary grant holder with EDC as a sub. Dr. O'Brien was employed by EDC throughout the project and was paid out as salary from the grant. Dr. O'Brien is also employed by BCH. BCH was not involved in this project.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

SIMmersion was the primary grant holder with EDC as a sub. Dr. O’Brien was employed by EDC throughout the project and was paid out as salary from the grant. Dr. O’Brien is also employed by BCH. BCH was not involved in this project.

Please place an “X” next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 18 May 2022

Your Name: Kristen Quinlan

Manuscript Title: A qualitative study of provider feedback on the feasibility and acceptability of virtual patient simulations for suicide prevention training

Manuscript number (if known): mHealth-22-15

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The following questions apply to the author’s relationships/activities/interests as they relate to the **current manuscript only**.

The author’s relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Education Development Center (EDC)	SIMmersion was the primary grant holder with EDC as a sub. Dr. Quinlan was employed by EDC throughout the project and was paid out as salary from the grant.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

SIMmersion was the primary grant holder with EDC as a sub. Dr. Quinlan was employed by EDC throughout the project and was paid out as salary from the grant.

Please place an “X” next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 18 May 2022
 Your Name: Laura Humm
 Manuscript Title: A qualitative study of provider feedback on the feasibility and acceptability of virtual patient simulations for suicide prevention training
 Manuscript number (if known): mHealth-22-15

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the **current manuscript only**.

The author’s relationships/activities/interests should be **defined broadly**. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	SIMmersion LLC	SIMmersion is the primary grant holder. Ms. Humm is SIMmersion’s Chief Operating Officer. Ms. Humm is a Member (1% ownership) who receives guaranteed payments in lieu of salary. SIMmersion was the primary awardee who owns the training program developed which is actively being licensed for fees.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

SIMmersion is the primary grant holder. Ms. Humm is SIMmersion’s Chief Operating Officer. Ms. Humm is a Member (1% ownership) who receives guaranteed payments in lieu of salary. SIMmersion was the primary awardee who owns the training program developed which is actively being licensed for fees.

Please place an “X” next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 23 May 2022
 Your Name: Andrea Cole
 Manuscript Title: A qualitative study of provider feedback on the feasibility and acceptability of virtual patient simulations for suicide prevention training
 Manuscript number (if known): mHealth-22-15

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	The Institute for Family Health (IFH) Fairleigh Dickinson University	SIMmersion was the primary grant holder with IFH as a sub. Dr.Cole was employed by IFH for the majority project and was paid out as salary from the grant as staff at IFH. During this time, Dr. Cole was also an employee at the Center for Practice Innovations (CPI) at New York State Psychiatric Institute. Since August, 2021, Dr. Cole resigned from her role at IFH and CPI, and is currently an Assistant Professor in the MSW program at Fairleigh Dickinson University School of Pharmacy and Health Sciences.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

SIMMersion was the primary grant holder with IFH as a sub. Dr.Cole was employed by IFH for the majority project and was paid out as salary from the grant as staff at IFH. During this time, Dr. Cole was also an employee at the Center for Practice Innovations (CPI) at New York State Psychiatric Institute.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 18 May 2022
 Your Name: Warren "Jay" Pires
 Manuscript Title: A qualitative study of provider feedback on the feasibility and acceptability of virtual patient simulations for suicide prevention training
 Manuscript number (if known): mHealth-22-15

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	The Institute for Family Health (IFH)	SIMmersion was the primary grant holder with IFH as a sub. Mr. Pires was employed by IFH throughout the project and was paid out as salary from the grant.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

SIMmersion was the primary grant holder with IFH as a sub. Mr. Pires was employed by IFH throughout the project and was paid out as salary from the grant.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 23 May 2022
 Your Name: Ariel Jacobs
 Manuscript Title: A qualitative study of provider feedback on the feasibility and acceptability of virtual patient simulations for suicide prevention training
 Manuscript number (if known): mHealth-22-15

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	The Institute for Family Health (IFH)	SIMmersion was the primary grant holder with IFH as a sub. Ms. Jacobs was employed by IFH throughout the project and was paid out as salary from the grant.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 23 May 2022
 Your Name: Julie Goldstein Grumet
 Manuscript Title: A qualitative study of provider feedback on the feasibility and acceptability of virtual patient simulations for suicide prevention training
 Manuscript number (if known): mHealth-22-15

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Education Development Center (EDC)	SIMmersion was the primary grant holder with EDC as a sub. Dr. Goldstein Grumet completed manuscript as part of her role at EDC and received payment from the grant for hours worked on the project as part of her salary. Dr. Goldstein Grumet is Director of Zero Suicide Institute at EDC.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	—	EDC is a global non-profit. The Zero Suicide Institute (ZSI) at EDC is a fee-for-service enterprise at EDC that accepts contracts from health care systems, technology companies, states, and others to provide training and consultation about the Zero Suicide framework. ZSI is also brought in to collaborate on federal grants.

3	Royalties or licenses	___	EDC receives a revenue share of suicide prevention suite developed and distributed by SIMmersion
4	Consulting fees	___	Dr. Goldstein Grumet (as part of ZSI) provides training and consultation from states and health care systems, payers, other companies to help them adopt, sustain, evaluate the Zero Suicide model.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___	ZSI is paid (at times for webinars or other speaking engagements).
6	Payment for expert testimony	<u>__X__</u> None	
7	Support for attending meetings and/or travel	<u>__X__</u> None	
8	Patents planned, issued or pending	<u>__X__</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___	Dr. Goldstein Grumet sits on NQF Board and Center for School Mental Health Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___	Dr. Goldstein Grumet sits on Centerstone Zero Suicide Grant (SAMHSA) Advisory Board
11	Stock or stock options	<u>__X__</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>__X__</u> None	
13	Other financial or non-financial interests	<u>__X__</u> None	

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SIMmersion was the primary grant holder with EDC as a sub. Dr. Goldstein Grumet completed manuscript as part of her role at EDC and received payment from the grant for hours worked on the project as part of her salary. Dr. Goldstein Grumet is Director of Zero Suicide Institute at EDC. EDC is a global non-profit. The Zero Suicide Institute (ZSI) at EDC is a fee-for-service enterprise at EDC that accepts contracts from health care systems, technology companies, states, and others to provide training and consultation about the Zero Suicide framework. ZSI is also brought in to collaborate on federal grants. EDC receives a revenue share of suicide prevention suite developed and distributed by SIMmersion. Dr. Goldstein Grumet (as part of ZSI) provides training and consultation from states and health care systems, payers, other companies to help them adopt, sustain, evaluate the Zero Suicide model. ZSI is paid (at times for webinars or other speaking engagements. Dr. Goldstein Grumet sits on NQF Board and Center for School Mental Health Advisory Board. Dr. Goldstein Grumet sits on Centerstone Zero Suicide Grant (SAMHSA) Advisory Board.

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.