CONFERENCE APPLICATIONS AND REPORTS
Applications Previously Approved
October 3 - November 14, 2022

Live CME

10.28.22	MCI Rad Onc GR - Short Course Radiation Therapy in Non-operative Management of Rectal Adenocarcinoma (1 Cat. 1)
11.09.22	Echocardiography and Noninvasive Vascular Testing Lecture Series: Aortic Regurgitation: Peri-operating Imaging for Carotid Artery Stents (1 Cat. 1)
11.16.22	MCVI Grand Rounds: Hypertrophic Cardiomyopathy – 2022 An Update On Patient Care (1 Cat. 1)
11.30.22	Echocardiography and Noninvasive Vascular Testing Lecture Series: Duplex Ultrasonography Assessment of Portal Hypertension (1 Cat. 1)
12.06.22	Mental Health Conference Series: Cognitive Rehabilitation and Other Psychological Interventions with Rehabilitation Patients (1 Cat. 1)
12.12.22	MCI Multispecialty Grand Rounds – Updates on Prostate Cancer (1 Cat. 1)
12.14.22	Risk Management Conference Series: Preventing and Managing Patient Allegations of Sexual Misconduct (1 Cat. 1)

Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

Sections highlighted in orange need to be proofread.

Activity Details

CME Activity Title	Miami Cancer Institute Radiation Oncology Grand Rounds – Short Course Radiation Therapy in Nonoperative Management of Rectal Adenocarcinoma: Too Little, Too Soon?

Date	Friday, October 28, 2022	Time	12 noon – 1p.m.
Location	Zoom - Online	Credit Hour(s)	1 Cat. 1
Charge	☐ Yes _____ ☒ No	SMS Code:	

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Radiation Oncologists, Medical Oncologists, Oncology Surgeons and Radiologists.
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.**
Course overview	Short-course radiation therapy (SCRT) and nonoperative management are emerging paradigms for rectal cancer treatment. Hyun Kim, M.D. will discuss the data supporting the use of SCRT and chemotherapy for the non-operative management of rectal cancer.

Credit Type		
	☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **APA Checklist** ☐ Physician Assistant CE ☒ APRNs CE ☐ Dental CE ☐ Podiatry CE ☐ Interprofessional (IPCE) 🔄 **Commendation** **Engages Teams – See Planning Team section** ☐ MOC Points - **MOC Checklist / Self-assessment** ☐ Pediatrics - **Self-assessment**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct ☐ Joint	PARS ID #	C20221849
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker** ☒ Yes ☐ No	CEBroker # 20-621028

Planning Team

Conference Director(s)	Michael Chuong, M.D.
CME Manager	Eleanor Abreu

Conference Coordinator and/or Instructional Designer (OLP only)	
↻ Commendation Goal: **Engages Interprofessional Teams**/IPCE (10% of activities)	List 2+ professions here. M.D. Required.

BHSF Initiatives

☐ Balance across the continuum of care
☐ Diversity & Inclusion
☐ Evidence-based data
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services

☐ Overutilization – unnecessary health care costs
☒ Patient-centered care
☐ Public health factors (See commendation.)
☐ Removing redundancy – improving processes

Collaborative Partner:	Provide internal stakeholder here.
Describe initiative:	Miami Cancer Institute – Center of Excellence

Appropriate Formats

The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. **Check all that apply.**

☒ Didactic Lecture
☒ Question & Answer
☐ ARS
☒ Case Studies

☐ Panel Discussion
☒ Interactive
☐ Hands-on skill labs
☐ Cadaver labs

☐ Simulation Lab
☐ Mannequins
☐ Round table discussion
☐ Other (specify)

Educational Needs

What practice-based problem (gap) will this education address?
Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.

State the educational need that you determined to be the underlying cause for the professional practice gap.	Oncologists may not be aware of the patterns of recurrence in endometrial cancer and the roles of treatment modalities available.
Educational needs that underlie the professional practice gaps of learners. **Check all that apply.**	☒ **Knowledge -** *Deficit in medical knowledge.* ☒ **Competence -** *Deficit in ability to perform strategy or skill.* ☐ **Performance -** *Able to implement but noncompliant or inconsistent.*

Designed to Change

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

This activity is designed to change:	☒ **Competence -** *CME evaluation and pre/post-survey.* ☐ **Performance -** *Follow-up impact assessment and commitment to change.* ☐ **Patient Outcomes -** *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*
Explain how this activity is designed to change learner competence, performance or patient outcomes.	Optimal practice is considering all treatment options available and determining the best course of treatment for the patient.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).	
ABMS/ACGME	☒ Patient care and procedural skills ☒ Medical knowledge ☒ Practice-based learning and improvement	☐ Interpersonal and communication skills ☐ Professionalism ☐ Systems-based practice
Institute of Medicine	☒ Provide patient-centered care ☐ Work in interdisciplinary teams ☐ Employ evidence-based practice	☐ Apply quality improvement ☐ Utilize informatics
Interprofessional Education Collaborative	☐ Values/ethics for interprofessional practice ☐ Roles/responsibilities	☐ Interprofessional communication ☐ Teams and teamwork

Educational Objectives	What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify… Eliminate… Use… Apply… Implement…
Objectives:	Upon completion of this conference, participants should be better able to: • Discuss data supporting the use of short course radiation therapy (SCRT) and chemotherapy prior to total mesorectal excision in rectal cancer. • Identify when to implement SCRT and chemotherapy for non-operative rectal cancer. • Evaluate follow-up studies generally prescribed for non-operative surveillance in rectal cancer.

References	Ensure Content is Valid	
How are educational needs identified? *Check all that apply and explain below.*	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☒ Research/literature review ☒ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives
☐ Other need identified. *Please explain.*		
Baptist Health Quantitative Data	Insert baseline chart or narrative here.	

	Short-course radiation therapy followed by consolidation chemotherapy may be a feasible organ preservation strategy in rectal cancer. Additional prospective studies are necessary to evaluate the safety and efficacy of this approach. Chin RI, Roy A, Pedersen KS, Huang Y, Hunt SR, Glasgow SC, Tan BR, Wise P, Silviera ML, Smith RK, Suresh R, Badiyan S, Shetty AS, Henke LE, Mutch MG, Kim H. Clinical Complete Response in Patients with Rectal Adenocarcinoma Treated with Short-Course Radiation Therapy and Nonoperative Management. Int J Radiat Oncol Biol Phys. 2021;S0360-3016(21)02900-X. PMID: 34653579. https://pubmed.ncbi.nlm.nih.gov/34653579/

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Hyun Kim, M.D.** Assistant Professor Chief, GI Oncology Service Chief, MR Clinical Service Department of Radiation Oncology Washington University School of Medicine Siteman Cancer Center St. Louis, Missouri

Disclosure Statement

Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.

Mitigation Chart	☒ **Mitigation chart complete on File Checklist.**
Disclosures	**Add all faculty disclosures to this section:** **List all director, planner, and reviewer disclosures in this section:** Hyun Kim, M.D., faculty for this educational activity is a researcher for ViewRay and Varian and is on the speakers' bureau with Varian. Dr. Kim has indicated that the presentation or discussion will not include off-label or unapproved product usage. All of the relevant financial relationships listed for this individual have been mitigated. **List non-faculty contributor disclosures in this section:** • No relationships – Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies* • With relationships. Non-faculty contributors and others involved in the planning, development, and editing/review of the content have relevant financial relationships to disclose with ineligible companies*: *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
Disclosure to the audience:	☒ Ethos Course Page ☒ Welcome Slides ☒ Faculty Slides ☐ Handout ☐ Other:

Measured Outcomes

Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: ☐ Subjective ☐ Objective 🔁	**Measurement Type:** ☒ Subjective ☐ Objective 🔁	**Measurement Type:** ☐ Subjective ☐ Objective 🔁	**Measurement Type:** ☐ Subjective 🔁 ☐ Objective 🔁	**Measurement Type:** ☐ Subjective 🔁 ☐ Objective 🔁

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*

☒ **Changes in competence.**
• Intent to change
• Confidence in ability
	☒ **CME Evaluation Form**
	    • What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?
	    • If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.
	☐ **Pre/Post-Survey**
	    • ***Provide 1-2 goals per lecture to measure changes in competence.***
	      Example: How confident are you in your ability to implement this/these strategy/ies: (list "pearls")

☐ **Changes in performance.**
• Commitment to Change
 	
Improves Performance
Commendation Goal
	☐ **CME Impact Assessment** include Commitment to Change question.
	☐ **Add** **Commitment to Change** Ethos object.
	☐ Add commitment to change **evaluation** question. (CME Registrar)
	☐ Trigger **follow-up survey** 45 days post conference. (CME Registrar)
	☐ Include handout or resource in follow-up email. (CME Manager/ Registrar)
	☐ Additional questions for impact assessment: (CME Manager)
	    • ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***
	      Example: *I have implemented the new Baptist Health policy explained in this CME activity.*

☐ **Changes in patient outcomes.** Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	☐ Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	🔄 *CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.*
☐ **Advances Data Use** Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	***Use PowerPoint as example.***
☐ **Addresses Population Health** Teaches strategies that learners can use to achieve improvements in population health. • **Goal: 10% of activities**	***Check all that apply.*** ☐ Health behaviors ☐ Access to care ☐ Economic, social, and environmental ☐ Health disparities conditions ☐ Population's physical ☐ Healthcare and payer systems environment
☐ **Collaborates With Other Organizations** The provider collaborates with other organizations to more effectively address population health issues.	***Describe the collaborative efforts.***
☐ **Improves Performance** • **Goal: 10% of activities**	***See Evaluation Methods section for required elements.*** ***Follow-up data is Required.***

☐ **Improves Healthcare Quality**
Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality
   • **Goal: Two examples per accreditation cycle.**
   • **Examples: EBCC**
	Explain.

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* **Data must be saved to file.** *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**
☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**	*Explain.* ☐ **Sample supplemental materials saved to file.**
☐ **Demonstrates Educational Leadership** Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	*Explain.*

Live Webinar Details *For Internet Live Webinar Courses ONLY*	
Panelists	Micheal Chuong, M.D. – michaelchu@baptisthealth.net
Hosts	Shandelle M. Castillo - Shandelle.Castillo@baptisthealth.net
Zoom Account	☐ **CME Zoom Account** ☒ **Partner Zoom Account**
Zoom Link	

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	
Course Renewal Date	
Course Expiration Date	

APPROVAL			
Date Reviewed	**Reviewed By**	**Approved**	**Credits**
	☐ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**	☐ YES ☐ NO	☐ __1__ AMA PRA Category 1 Credits ☐ ____ APA Approval Level: _____ ☐ ____ Dental Approval ☐ ____ Podiatry Approval

Baptist Health South Florida
Continuing Medical Education

CME ACTIVITY APPLICATION
Rev. 06/28/2022 _CB

🔄 **Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.**

Sections highlighted in orange need to be proofread.

Activity Details

CME Activity Title	Echocardiography and Noninvasive Vascular Testing Lecture Series: Aortic Regurgitation: Peri-operating Imaging for Carotid Artery Stents

Date	November 9, 2022	**Time**	6:00 – 7:00 PM
Location – If Virtual, fill in Zoom info at the end	Live Virtual	**Credit Hour(s)**	1 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Cardiologists, vascular surgeons, interventional radiologists, echocardiography and noninvasive vascular testing specialists, nurses, sonographers, pharmacists, respiratory therapists.
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.**
Course overview	The effectiveness of carotid endarterectomy (CEA) in the prevention of stroke in symptomatic and asymptomatic patients with carotid stenosis has been demonstrated by several randomized studies. Carotid artery stenting (CAS) is an alternative technique that gives favorable results when associated with the use of brain protection devices (BPD). This educational activity will provide a review of peri-operative imaging protocols and findings for better patient selection and improving outcomes.

Credit Type	☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **APA Checklist** ☒ Physician Assistant CE ☒ APRNs CE ☐ Dental CE ☐ Podiatry CE ☐ Interprofessional (IPCE) 🔄 **Commendation** **Engages Teams – See Planning Team section** ☐ MOC Points - **MOC Checklist / Self-assessment** ☐ Pediatrics - **Self-assessment**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct ☐ Joint	**PARS ID #**	
Publish to CME Passport	☐ Yes ☒ No	**Publish to CEBroker** ☐ Yes ☒ No	**CEBroker #**

Planning Team

Conference Director(s)	Elliott Elias, M.D., Brian J. Schiro, M.D.
CME Manager	Katie Deane
Conference Coordinator and/or Instructional Designer (OLP only)	Muhammad Hasan, MBBch, RPVI
⟳ Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)	List 2+ professions here. M.D. Required.

BHSF Initiatives

☐ Balance across the continuum of care
☐ Diversity & Inclusion
☒ Evidence-based data
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services

☐ Overutilization – unnecessary healthcare costs
☐ Patient-centered care
☐ Public health factors (See commendation.)
☐ Removing redundancy – improving processes

Collaborative Partner:	Provide internal stakeholder here.
Describe initiative:	

Appropriate Formats

The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. **Check all that apply.**

☐ Live Course
☐ Regularly Scheduled Series
☒ Internet Live Course (Webinar)
☐ Internet Enduring Material

☐ Journal CME/CE
☐ Manuscript Review
☐ Test-Item Writing
☐ Committee Learning

☐ Performance/Quality Improvement
☐ Internet Searching and Learning
☐ Learning from Teaching
☐ Other/Blended Learning

Educational Needs

What practice-based problem (gap) will this education address?
Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.
External Resource: CE Educator's Toolkit

State the educational need that you determined to be the underlying cause for the professional practice gap.	Clinicians may not be familiar with the pathophysiology and hemodynamics of carotid artery stenosis and may not utilize appropriate peri-operative imaging or follow up diagnostic imaging for carotid artery stents.
Educational needs that underlie the professional practice gaps of learners. *Check all that apply.*	☒ Knowledge - *Deficit in medical knowledge.* ☒ Competence - *Deficit in ability to perform strategy or skill.* ☐ Performance - *Able to implement but noncompliant or inconsistent.*

Designed to Change

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

This activity is designed to change:	☒ Competence - *CME evaluation and pre/post-survey.* ☐ Performance - *Follow-up impact assessment and commitment to change.* ☐ Patient Outcomes - *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*

Explain how this activity is designed to change learner competence, performance or patient outcomes.	Clinicians will utilize appropriate peri-operative imaging protocols and findings for better patient selection and improving outcomes in carotid artery stenosis treatment.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).	
ABMS/ACGME	☒ Patient care and procedural skills ☒ Medical knowledge ☐ Practice-based learning and improvement	☐ Interpersonal and communication skills ☒ Professionalism ☐ Systems-based practice
Institute of Medicine	☐ Provide patient-centered care ☐ Work in interdisciplinary teams ☒ Employ evidence-based practice	☐ Apply quality improvement ☐ Utilize informatics
Interprofessional Education Collaborative	☐ Values/ethics for interprofessional practice ☒ Roles/responsibilities	☐ Interprofessional communication ☐ Teams and teamwork

Educational Objectives	What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify… Eliminate… Use… Apply… Implement…
Objectives:	Upon completion of this conference, participants should be better able to: • Discuss the pathophysiology and hemodynamics of carotid artery stenosis. • Demonstrate appropriate patient selection and stent procedure for carotid artery stenosis. • Utilize proper follow-up diagnostic imaging and criteria of in-stent restenosis.

References	Ensure Content is Valid	
How are educational needs identified? *Check all that apply and explain below.*	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☐ Research/literature review ☒ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives
☒ Other need identified. *Please explain.*	Education requirement for physicians and sonographers affiliated with accreditation of echo lab.	
Baptist Health Quantitative Data	Insert baseline chart or narrative here.	

References: • *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	Momjian-Mayor, I., & Baron, J. C. (2005). The pathophysiology of watershed infarction in internal carotid artery disease: review of cerebral perfusion studies. *Stroke*, *36*(3), 567-577. Steinbauer, M. G., Pfister, K., Greindl, M., Schlachetzki, F., Borisch, I., Schuirer, G., ... & Kasprzak, P. M. (2008). Alert for increased long-term follow-up after carotid artery stenting: results of a prospective, randomized, single-center trial of carotid artery stenting vs carotid endarterectomy. *Journal of vascular surgery*, *48*(1), 93-98. Takao, N., Hagiwara, Y., Shimizu, T., Soga, K., Tsuchihashi, Y., Otsubo, H., ... & Yamano, Y. (2020). Preprocedural carotid plaque echolucency as a predictor of in-stent intimal restenosis after carotid artery stenting. *Journal of Stroke and Cerebrovascular Diseases*, *29*(12), 105339. Neequaye, S. K., & Halliday, A. W. (2012). Carotid artery stenting: the 2011 NICE guidelines. *Heart*, *98*(4), 274-275.

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Example:** **Constantino S. Pena, M.D., FSIR, FAHA, FSCCT** Medical Director of Vascular Imaging Interventional Radiologist Miami Cardiac & Vascular Institute Clinical Assistant Professor of Radiology Florida International University Herbert Wertheim College of Medicine Collaborative Associate Professor of Radiology University of South Florida College of Medicine

Disclosure Statement	*Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.*
Mitigation Chart	☒ **Mitigation chart complete on File Checklist.**

Disclosures	**Add all faculty disclosures to this section:**
	Constantino Pena, M.D., speaker for this educational activity, disclosed that he is a consultant to Philips Healthcare and a member of the speakers' bureau for Bard, and his presentation will not include discussion of off-label or unapproved usage. All of the relevant financial relationships listed for this individual have been mitigated.
	Elliott J. Elias, M.D., co-conference director of this educational activity, disclosed that he is a member of the speakers' bureau for Abbott Laboratories, Boston Scientific, Philips Healthcare and Bioventrix, and his presentation will not include discussion of off-label or unapproved usage. All of the relevant financial relationships listed for this individual have been mitigated.
	Brian J. Schiro, M.D., co-conference director of this educational activity, disclosed that he is a consultant for Philips Medical and a member of the speakers' bureau for Philips Medical, Medtronic, Penumbra and Sirtex. All of the relevant financial relationships listed for this individual have been mitigated.
	Mohammad Hasan, MBBch, RPVI, moderator of this educational activity, has no relevant financial relationships with ineligible companies to disclose.
	Other non-faculty contributors involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose.
	Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.
Disclosure to the audience:	☒ Ethos Course Page ☒ Welcome Slides ☐ Faculty Slides ☐ Handout ☐ Other:

Measured Outcomes

Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: ☒ Subjective ☐ Objective 🚫	**Measurement Type:** ☒ Subjective ☐ Objective 🚫	**Measurement Type:** ☐ Subjective ☐ Objective 🚫	**Measurement Type:** ☐ Subjective 🚫 ☐ Objective 🚫	**Measurement Type:** ☐ Subjective 🚫 ☐ Objective 🚫

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? • If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. ☒ **Pre/Post-Survey** • ***Provide 1-2 goals per lecture to measure changes in competence.*** *How confident are you in your ability to utilize appropriate peri-operative imaging protocols in carotid artery stenosis treatment?*

☐ **Changes in performance.**
    • Commitment to Change
 	
Improves Performance Commendation Goal
	☐ **CME Impact Assessment** include Commitment to Change question.
	☐ Add <u>Commitment to Change Ethos object</u>.
	☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).
	☐ Trigger **impact assessment** 45 days post conference. (LMS Support)
	☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)
	☐ Additional questions for impact assessment: (CME Manager)
	    • *Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.*
	      Example: I have implemented the new Baptist Health policy explained in this CME activity.
	I have accessed online resources discussed to make vaccine recommendations in my clinical practice.
	I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.
	
	As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}**
	
	Based on your intention, what changes have you implemented in your practice? **{Open text}**

☐ **Changes in patient outcomes.** Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	☐ Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	*CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.*
☐ **Advances Data Use** Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	*Use PowerPoint as example.*

☐ **Addresses Population Health**
Teaches strategies that learners can use to achieve improvements in population health.
    • **Goal: 10% of activities**
	Check all that apply.
	
	☐ Health behaviors ☐ Access to care
	☐ Economic, social, and ☐ Health disparities
	    environmental conditions ☐ Population's physical
	☐ Healthcare and payer systems environment

☐ **Collaborates With Other Organizations** The provider collaborates with other organizations to more effectively address population health issues.	*Describe the collaborative efforts.*

☐ **Improves Performance**
  • **Goal: 10% of activities**
  • **Compliance example:** The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes to pre-operative procedures, and changes made to patient education.
	See Evaluation Methods section for required elements.
	Follow-up data is Required.

☐ **Improves Healthcare Quality**
Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality
  • **Goal: Two examples per accreditation cycle.**
  • **Examples: EBCC**
	Explain.

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.* *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**	*Explain.* ☐ **Sample supplemental materials saved to file.**
☐ **Demonstrates Educational Leadership** Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	*Explain.*

Live Webinar Details *For Internet Live Webinar Courses ONLY*	
Panelists	**Speaker:** Constantino Pena, M.D. – ConstantinoP@BaptistHealth.net – Cell: 305-310-0302 **Moderator:** Muhammad Hasan, MBBch, RPVI – mhasan@baptisthealth.net – Cell: 305-788-2202/Ascom – 786-594-9922 **Panelist:** Elliott Elias, M.D. – ElliottE@baptisthealth.net – Cell: 954-214-6977 **Panelist:** Brian J. Schiro, M.D. – briansc@baptisthealth.net – Cell: 786-478-1745
Hosts	Insert names and email addresses for at least one of these: *DG-Telepresence / CME Manager and Assistant / Host Department* *Katie Deane – katied@baptisthealth.net – Cell: 305-790-1148* *Audrey Gurskis – audreyd@baptisthealth.net*
Zoom Account	☒ **CME Zoom Account** ☐ **Partner Zoom Account**
Zoom Link	Insert link here.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	
Course Renewal Date	
Course Expiration Date	

APPROVAL			
Date Reviewed	**Reviewed By**	**Approved**	**Credits**

	☒ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**	☐ YES ☐ NO	☒ _1__ AMA PRA Category 1 Credits ☐ ____ APA Approval Level: _____ ☐ ____ Dental Approval ☐ ____ Podiatry Approval

Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

Sections highlighted in orange need to be proofread.

Activity Details

CME Activity Title	MCVI Grand Rounds: Hypertrophic Cardiomyopathy – 2022 An Update On Patient Care

Date	November 16, 2022	**Time**	6-7 p.m.
Location – If Virtual, fill in Zoom info at the end	Live Zoom Webinar	**Credit Hour(s)**	1 cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	

Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Cardiologists, interventional cardiologists, cardiothoracic surgeons, vascular surgeons, interventional radiologists, echocardiographers, pulmonologists, hematologists, general internists, primary care physicians, intensivists, emergency medicine physicians, hospitalists, nurses, pharmacists, respiratory technologists and other interested healthcare providers.
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist.** **LOA signed and dated by all parties is required.**
Course overview	The assessment, diagnosis, management and clinical decision making for patients with Hypertrophic Cardiomyopathy continues to evolve. Please join us to hear Dr. Matthew Martinez discuss the clinical application of the updated 2020 Hypertrophic Cardiomyopathy guidelines and mainstream medication therapies available for disease management.

Credit Type	☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **APA Checklist** ☒ Physician Assistant CE ☒ APRNs CE ☐ Dental CE ☐ Podiatry CE ☐ Interprofessional (IPCE) 🔄 **Commendation** **Engages Teams – See Planning Team section** ☐ MOC Points - **MOC Checklist / Self-assessment** ☐ Pediatrics - **Self-assessment**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct ☐ Joint	**PARS ID #**	
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker** ☒ Yes ☐ No	**CEBroker #**

Planning Team

Conference Director(s)	Eli M. Friedman, M.D.

CME Manager	Katie Deane
Conference Coordinator and/or Instructional Designer (OLP only)	
↻ Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)	List 2+ professions here. M.D. Required.

BHSF Initiatives

☐ Balance across the continuum of care
☐ Diversity & Inclusion
☒ Evidence-based data
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services

☐ Overutilization – unnecessary health care costs
☐ Patient-centered care
☐ Public health factors (See commendation.)
☐ Removing redundancy – improving processes

Collaborative Partner:	The Baptist Health CME Department has collaborated with the MCVI leadership to determine the educational needs of the MCVI and Baptist Health clinicians to provide current, evidence-based care to patients.
Describe initiative:	

Appropriate Formats	The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. Check all that apply.

☒ Live Course
☐ Regularly Scheduled Series
☒ Internet Live Course (Webinar)
☐ Internet Enduring Material

☐ Journal CME/CE
☐ Manuscript Review
☐ Test-Item Writing
☐ Committee Learning

☐ Performance/Quality Improvement
☐ Internet Searching and Learning
☐ Learning from Teaching
☐ Other/Blended Learning

Educational Needs	What practice-based problem (gap) will this education address? Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems. External Resource: CE Educator's Toolkit
State the educational need that you determined to be the underlying cause for the professional practice gap.	Clinicians may not be familiar with the changes from the updated 2020 Hypertrophic Cardiomyopathy guidelines and may not be familiar with the new mainstream medication therapies available for disease management.
Educational needs that underlie the professional practice gaps of learners. Check all that apply.	☒ Knowledge - *Deficit in medical knowledge.* ☒ Competence - *Deficit in ability to perform strategy or skill.* ☐ Performance - *Able to implement but noncompliant or inconsistent.*

Designed to Change	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.
This activity is designed to change:	☒ Competence - *CME evaluation and pre/post-survey.* ☐ Performance - *Follow-up impact assessment and commitment to change.* ☐ Patient Outcomes - *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*

Explain how this activity is designed to change learner competence, performance or patient outcomes.	Clinical care is optimized for patients with Hypertrophic Cardiomyopathy through the implementation of current evidence-based guidelines for the methods for diagnosis, diagnosis, disease management and clinical decision making.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).	
ABMS/ACGME	☒ Patient care and procedural skills ☒ Medical knowledge ☐ Practice-based learning and improvement	☐ Interpersonal and communication skills ☒ Professionalism ☐ Systems-based practice
Institute of Medicine	☒ Provide patient-centered care ☐ Work in interdisciplinary teams ☒ Employ evidence-based practice	☐ Apply quality improvement ☐ Utilize informatics
Interprofessional Education Collaborative	☐ Values/ethics for interprofessional practice ☒ Roles/responsibilities	☐ Interprofessional communication ☐ Teams and teamwork

Educational Objectives	What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify… Eliminate… Use… Apply… Implement…
Objectives:	Upon completion of this conference, participants should be better able to: • **Identify methods for making accurate Hypertrophic Cardiomyopathy diagnosis.** • **List changes outlined in updated guideline for management of Hypertrophic Cardiomyopathy symptoms.** • **Utilize current evidence-based guidelines for the diagnosis and treatment of patients with Hypertrophic Cardiomyopathy.**

References	Ensure Content is Valid	
How are educational needs identified? *Check all that apply and explain below.*	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☐ Research/literature review ☒ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives
☐ Other need identified. *Please explain.*		
Baptist Health Quantitative Data	Insert baseline chart or narrative here.	

References: • *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	Martinez, M. W. (2022). Hypertrophic cardiomyopathy and exercise: mutually exclusive or beneficial?. *Clinics in Sports Medicine*, *41*(3), 473-484. Abdelfattah, O. M., Martinez, M., Sayed, A., ElRefaei, M., Abushouk, A. I., Hassan, A., ... & Maron, M. S. (2022). Temporal and Global Trends of the Incidence of Sudden Cardiac Death in Hypertrophic Cardiomyopathy. *JACC: Clinical Electrophysiology*. Rowin, E. J., Maron, M. S., Adler, A., Albano, A. J., Varnava, A. M., Spears, D., ... & Maron, B. J. (2022). Importance of newer cardiac magnetic resonance–based risk markers for sudden death prevention in hypertrophic cardiomyopathy: An international multicenter study. *Heart Rhythm*, *19*(5), 782-789.

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Example:** **Matthew W. Martinez, M.D., FACC** **Director, Hypertrophic Cardiomyopathy and Sports Cardiology Program** **Atlantic Health - Morristown Medical Center** **Morristown, New Jersey**

Disclosure Statement	*Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.*
Mitigation Chart	☐ **Mitigation chart complete on File Checklist.**
Disclosures	**Add all faculty disclosures to this section:** • Matthew Martinez, M.D., faculty of this educational activity, is an advisor for Bristol Meyers Squib. speakers' bureau for XYZ Device Company, and has indicated that the presentation or discussion will include off-label or unapproved product usage. • All of the relevant financial relationships listed for this individual has been mitigated. • Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies* **Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
Disclosure to the audience:	☐ Ethos Course Page ☐ Welcome Slides ☐ Faculty Slides ☐ Handout ☐ Other:

Measured Outcomes

Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: ☐ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? • If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. ☒ **Pre/Post-Survey** • ***Provide 1-2 goals per lecture to measure changes in competence.*** ***** How confident are you in your ability to implement the updated 2020 Hypertrophic Cardiomyopathy guidelines in your clinical practice?

☐ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☐ **CME Impact Assessment include Commitment to Change question.**
	☐ **Add Commitment to Change Ethos object.**
	☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).
	☐ Trigger **impact assessment** 45 days post conference. (LMS Support)
	☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)
	☐ Additional questions for impact assessment: (CME Manager)
	• ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***
	  Example: *I have implemented the new Baptist Health policy explained in this CME activity.*
	  I have accessed online resources discussed to make vaccine recommendations in my clinical practice. I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.
	
	  As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}**
	
	Based on your intention, what changes have you implemented in your practice? **{Open text}**

☐ **Changes in patient outcomes.** Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	☐ Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	🔄 *CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.*
☐ **Advances Data Use** Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	***Use PowerPoint as example.***
☐ **Addresses Population Health** Teaches strategies that learners can use to achieve improvements in population health. • **Goal: 10% of activities**	***Check all that apply.*** ☐ Health behaviors ☐ Access to care ☐ Economic, social, and environmental conditions ☐ Health disparities ☐ Population's physical environment ☐ Healthcare and payer systems

☐ **Collaborates With Other Organizations** The provider collaborates with other organizations to more effectively address population health issues.	*Describe the collaborative efforts.*
☐ **Improves Performance** • **Goal: 10% of activities** • **Compliance example:** The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes to pre-operative procedures, and changes made to patient education.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*
☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.* *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**

☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**	*Explain.* ☐ **Sample supplemental materials saved to file.**
☐ **Demonstrates Educational Leadership** Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	*Explain.*

Live Webinar Details *For Internet Live Webinar Courses ONLY*

Panelists	Eli M. Friedman, M.D. - elifr@baptisthealth.net Matthew W. Martinez, M.D. - matthew.martinez@atlantichealth.org
Hosts	Insert names and email addresses for at least one of these: *Katie Deane – katied@baptisthealth.net*
Zoom Account	☒ **CME Zoom Account** ☐ **Partner Zoom Account**
Zoom Link	Insert link here.

OLP Course Details *For OLP Enduring Applications ONLY*

Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	
Course Renewal Date	
Course Expiration Date	

APPROVAL

Date Reviewed	Reviewed By	Approved	Credits
	☐ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**	☐ **YES** ☐ **NO**	☒ __1__ AMA PRA Category 1 Credits ☐ _____ APA Approval Level: _____ ☐ _____ Dental Approval ☐ _____ Podiatry Approval

Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

Sections highlighted in orange need to be proofread.

Activity Details			
CME Activity Title	Echocardiography and Noninvasive Vascular Testing Lecture Series: Duplex Ultrasonography Assessment of Portal Hypertension		
Date	November 30, 2022	**Time**	6:00 – 7:00 PM
Location – If Virtual, fill in Zoom info at the end	Live Virtual	**Credit Hour(s)**	1 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Cardiologists, vascular surgeons, interventional radiologists, echocardiography and noninvasive vascular testing specialists, nurses, sonographers, pharmacists, respiratory therapists.		
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.**		
Course overview	Portal hypertension is one of the major complications of chronic liver disease and cirrhosis. Duplex ultrasonography can identify and localize the course and hemodynamics of portal circulation. This educational activity will focus on imaging protocols, pathological findings of portal hypertension and the ultrasonography criteria used in the diagnosis of disease.		

Credit Type		
☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **APA Checklist** ☒ Physician Assistant CE ☒ APRNs CE ☐ Dental CE ☐ Podiatry CE ☐ Interprofessional (IPCE) 🔄 **Commendation Engages Teams – See Planning Team section** ☐ MOC Points - **MOC Checklist / Self-assessment** ☐ Pediatrics - **Self-assessment**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**	

Providership	☒ Direct ☐ Joint		**PARS ID #**	
Publish to CME Passport	☐ Yes ☒ No	**Publish to CEBroker** ☐ Yes ☒ No	**CEBroker #**	

Planning Team	
Conference Director(s)	Elliott Elias, M.D., Brian J. Schiro, M.D.

CME Manager	Katie Deane
Conference Coordinator and/or Instructional Designer (OLP only)	**Muhammad Hasan, MBBch, RPVI**
⟳ **Commendation Goal:** **Engages Interprofessional Teams**/IPCE (10% of activities)	List 2+ professions here. M.D. Required.

BHSF Initiatives

- ☐ Balance across the continuum of care
- ☐ Diversity & Inclusion
- ☒ Evidence-based data
- ☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services

- ☐ Overutilization – unnecessary healthcare costs
- ☐ Patient-centered care
- ☐ Public health factors (See commendation.)
- ☐ Removing redundancy – improving processes

Collaborative Partner:	Provide internal stakeholder here.
Describe initiative:	

Appropriate Formats

The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. Check all that apply.

- ☐ Live Course
- ☐ Regularly Scheduled Series
- ☒ Internet Live Course (Webinar)
- ☐ Internet Enduring Material

- ☐ Journal CME/CE
- ☐ Manuscript Review
- ☐ Test-Item Writing
- ☐ Committee Learning

- ☐ Performance/Quality Improvement
- ☐ Internet Searching and Learning
- ☐ Learning from Teaching
- ☐ Other/Blended Learning

Educational Needs

What practice-based problem (gap) will this education address?
Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.
External Resource: CE Educator's Toolkit

State the educational need that you determined to be the underlying cause for the professional practice gap.	Clinicians may not know how to appropriately utilize duplex ultrasonography in the assessment of portal hypertension.
Educational needs that underlie the professional practice gaps of learners. *Check all that apply.*	☒ Knowledge - *Deficit in medical knowledge.* ☒ Competence - *Deficit in ability to perform strategy or skill.* ☐ Performance - *Able to implement but noncompliant or inconsistent.*

Designed to Change

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

This activity is designed to change:	☒ Competence - *CME evaluation and pre/post-survey.* ☐ Performance - *Follow-up impact assessment and commitment to change.* ☐ Patient Outcomes - *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*
Explain how this activity is designed to change learner competence, performance or patient outcomes.	Clinicians will utilize appropriate imaging protocols and ultrasonography criteria in the diagnosis and pathological findings of portal hypertension.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).	
ABMS/ACGME	☒ Patient care and procedural skills ☒ Medical knowledge ☐ Practice-based learning and improvement	☐ Interpersonal and communication skills ☒ Professionalism ☐ Systems-based practice
Institute of Medicine	☐ Provide patient-centered care ☐ Work in interdisciplinary teams ☒ Employ evidence-based practice	☐ Apply quality improvement ☐ Utilize informatics
Interprofessional Education Collaborative	☐ Values/ethics for interprofessional practice ☒ Roles/responsibilities	☐ Interprofessional communication ☐ Teams and teamwork

Educational Objectives	What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify… Eliminate… Use… Apply… Implement…
Objectives:	Upon completion of this conference, participants should be better able to: • Discuss the pathophysiology and hemodynamics of portal hypertension. • Utilize appropriate imaging protocols and criteria selection in the diagnosis of disease.

References	Ensure Content is Valid	
How are educational needs identified? ***Check all that apply and explain below.***	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☐ Research/literature review ☒ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives

☒ Other need identified. ***Please explain.***	Education requirement for physicians and sonographers affiliated with accreditation of echo lab.
Baptist Health Quantitative Data	Insert baseline chart or narrative here.
References: • ***Provide evidence-based, peer reviewed references supporting best practice guidelines.*** • ***APA Citations should be no older than 10 years old.***	Maruyama, H., & Yokosuka, O. (2017). Ultrasonography for noninvasive assessment of portal hypertension. *Gut and liver*, *11*(4), 464. Yang, S. S. (2007). Duplex Doppler ultrasonography in portal hypertension. *Journal of Medical Ultrasound*, *15*(2), 103-111. Han, J. Y., Cho, J. H., Kwon, H. J., & Nam, K. J. (2012). Predicting portal hypertension as assessed by acoustic radiation force impulse: correlations with the Doppler ultrasound. *The British journal of radiology*, *85*(1016), e404-e409.

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Example:** **Andrew S. Niekamp, M.D.** Vascular Interventional Radiologist Miami Cardiac & Vascular Institute

Disclosure Statement	*Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.*
Mitigation Chart	☒ **Mitigation chart complete on File Checklist.**
Disclosures	Add all faculty disclosures to this section: **Andrew S. Niekamp, M.D.,** faculty for this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage. **Elliott J. Elias, M.D**., co-conference director of this educational activity, disclosed that he is a member of the speakers' bureau for Abbott Laboratories, Boston Scientific, Philips Healthcare and Bioventrix, and his presentation will not include discussion of off-label or unapproved product usage. All of the relevant financial relationships listed for this individual have been mitigated. **Brian J. Schiro, M.D**., co-conference director of this educational activity, disclosed that he is a consultant for Philips Medical and a member of the speakers' bureau for Philips Medical, Medtronic, Penumbra and Sirtex. All of the relevant financial relationships listed for this individual have been mitigated. **Mohammad Hasan, MBBch, RPVI,** moderator of this educational activity, has no relevant financial relationships with ineligible companies to disclose, and his participation will not include discussion of off-label or unapproved product usage. Other non-faculty contributors involved in the planning, development and editing/review of the content have no relevant financial relationships to disclose. *Ineligible companies – Companies whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients*.
Disclosure to the audience:	☒ Ethos Course Page ☒ Welcome Slides ☐ Faculty Slides ☐ Handout ☐ Other:

Measured Outcomes				
Learner Knowledge	**Learner Competence**	**Learner Performance**	**Patient Health**	**Community Health**
Measurement Type: ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*

☒ **Changes in competence.**
• Intent to change
• Confidence in ability
	☒ **CME Evaluation Form**
	    • What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care?
	    • If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so.
	☒ **Pre/Post-Survey**
	    • ***Provide 1-2 goals per lecture to measure changes in competence.***
	      How confident are you in your ability to utilize appropriate imaging protocols for the pathological findings of portal hypertension?

☐ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☐ <u>**CME Impact Assessment**</u> include Commitment to Change question.
	☐ Add <u>**Commitment to Change Ethos object.**</u>
	☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP).
	☐ Trigger **impact assessment** 45 days post conference. (LMS Support)
	☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder)
	☐ Additional questions for impact assessment: (CME Manager)
	    • ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.***
	      Example: *I have implemented the new Baptist Health policy explained in this CME activity.*
	I have accessed online resources discussed to make vaccine recommendations in my clinical practice.
	I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients.
	
	As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}**
	
	Based on your intention, what changes have you implemented in your practice? **{Open text}**

☐ **Changes in patient outcomes.** Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	☐ Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	↻ *CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.*
☐ **Advances Data Use** Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	*Use PowerPoint as example.*
☐ **Addresses Population Health**	*Check all that apply.*

Teaches strategies that learners can use to achieve improvements in population health. • **Goal: 10% of activities**	☐ Health behaviors ☐ Access to care ☐ Economic, social, and ☐ Health disparities environmental conditions ☐ Population's physical ☐ Healthcare and payer systems environment
☐ **Collaborates With Other Organizations** The provider collaborates with other organizations to more effectively address population health issues.	*Describe the collaborative efforts.*
☐ **Improves Performance** • **Goal: 10% of activities** • **Compliance example:** The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes to pre-operative procedures, and changes made to patient education.	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*
☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* *Data must be saved to file.* *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**

☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**
☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**	*Explain.* ☐ **Sample supplemental materials saved to file.**
☐ **Demonstrates Educational Leadership** Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	*Explain.*

Live Webinar Details *For Internet Live Webinar Courses ONLY*	
Panelists	**Speaker:** Andrew S. Niekamp, M.D. - AndrewSN@baptisthealth.net – Cell: **Moderator:** Muhammad Hasan, MBBch, RPVI – mhasan@baptisthealth.net – Cell: 305-788-2202/Ascom – 786-594-9922 **Panelist:** Elliott Elias, M.D. – ElliottE@baptisthealth.net – Cell: 954-214-6977 **Panelist:**Brian J. Schiro, M.D. – briansc@baptisthealth.net – Cell: 786-478-1745
Hosts	Insert names and email addresses for at least one of these: *DG-Telepresence / CME Manager and Assistant / Host Department* *Katie Deane – katied@baptisthealth.net – Cell: 305-790-1148* *Audrey Gurskis – audreyd@baptisthealth.net*
Zoom Account	☒ **CME Zoom Account** ☐ **Partner Zoom Account**
Zoom Link	Insert link here.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	
Course Renewal Date	
Course Expiration Date	

APPROVAL			
Date Reviewed	**Reviewed By**	**Approved**	**Credits**
	☒ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**	☐ **YES** ☐ **NO**	☒ _1__ AMA PRA Category 1 Credits ☐ ____ APA Approval Level: _____ ☐ ____ Dental Approval ☐ ____ Podiatry Approval

Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

Sections highlighted in orange need to be proofread.

Activity Details

CME Activity Title	Mental Health Conference Series: Cognitive Rehabilitation and Other Psychological Interventions with Rehabilitation Patients		
Date	December 6, 2022	**Time**	6-7 p.m.
Location	Live Zoom Webinar	**Credit Hour(s)**	1 Cat. 1
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Primary Care Physicians, Family Practice Physicians, Emergency Medicine Physicians, Neurologists, Psychiatrists, Psychologists (intermediate), Nurses, Social Workers and other interested clinical care providers.		
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.**		
Course overview	Traumatic brain injuries are becoming increasingly common, and the impact on people's lives can be devastating. There has been a push in recent years to provide a strong evidence-base for cognitive rehabilitation and other psychological interventions to treat deficits after brain injury. Please join us to hear Dr. Larry Brooks as he reviews the current data in support of cognitive rehabilitation and discusses how to select and apply appropriate cognitive rehabilitation techniques to address specific psychological and neuropsychological effects of brain injuries.		

Credit Type		
☒ AMA PRA Category 1 ☒ Psychology - APA & FL 🔄 - **APA Checklist** ☒ Physician Assistant CE ☒ APRNs CE ☐ Dental CE ☐ Podiatry CE ☐ Interprofessional (IPCE) 🔄 **Commendation** **Engages Teams – See Planning Team section** ☐ MOC Points - **MOC Checklist / Self-assessment** ☐ Pediatrics - **Self-assessment**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**	

Providership	☒ Direct ☐ Joint	**PARS ID #**	
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker** ☒ Yes ☐ No	**CEBroker #**

Planning Team

Conference Director(s)	Barry M. Crown, Ph.D., FACPN
CME Manager	Katie Deane
Conference Coordinator and/or Instructional Designer (OLP only)	
⟳ Commendation Goal: Engages Interprofessional Teams/IPCE (10% of activities)	List 2+ professions here. M.D. Required.

BHSF Initiatives

☐ Balance across the continuum of care
☐ Diversity & Inclusion
☒ Evidence-based data
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services

☐ Overutilization – unnecessary health care costs
☒ Patient-centered care
☐ Public health factors (See commendation.)
☐ Removing redundancy – improving processes

Collaborative Partner:	Provide internal stakeholder here.
Describe initiative:	

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. **Check all that apply.***

☐ Live Course
☐ Regularly Scheduled Series
☒ Internet Live Course (Webinar)
☐ Internet Enduring Material

☐ Journal CME/CE
☐ Manuscript Review
☐ Test-Item Writing
☐ Committee Learning

☐ Performance/Quality Improvement
☐ Internet Searching and Learning
☐ Learning from Teaching
☐ Other/Blended Learning

Educational Needs	***What practice-based problem (gap) will this education address?*** *Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.* *External Resource: CE Educator's Toolkit*
State the educational need that you determined to be the underlying cause for the professional practice gap.	Psychologists are not fully aware of the evidence-based strategies - including cognitive rehabilitation and intervention - that are available for the treatment of deficits after brain injury.
Educational needs that underlie the professional practice gaps of learners. **Check all that apply.**	☒ Knowledge - *Deficit in medical knowledge.* ☒ Competence - *Deficit in ability to perform strategy or skill.* ☐ Performance - *Able to implement but noncompliant or inconsistent.*

Designed to Change	*The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.*

This activity is designed to change:	☒ **Competence** - *CME evaluation and pre/post-survey.* ☐ **Performance** - *Follow-up impact assessment and commitment to change.* ☐ **Patient Outcomes** - *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*
Explain how this activity is designed to change learner competence, performance or patient outcomes.	This presentation will update psychologists on the most current, evidence-based, approaches in cognitive rehabilitation to address specific psychological and neuropsychological effects of brain injuries.

Competencies	*The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).*	
ABMS/ACGME	☒ Patient care and procedural skills ☒ Medical knowledge ☐ Practice-based learning and improvement	☐ Interpersonal and communication skills ☐ Professionalism ☐ Systems-based practice
Institute of Medicine	☐ Provide patient-centered care ☐ Work in interdisciplinary teams ☒ Employ evidence-based practice	☐ Apply quality improvement ☐ Utilize informatics
Interprofessional Education Collaborative	☐ Values/ethics for interprofessional practice ☒ Roles/responsibilities	☐ Interprofessional communication ☐ Teams and teamwork

Educational Objectives	*What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify… Eliminate… Use… Apply… Implement…*
Objectives:	Upon completion of this conference, participants should be better able to: • **Access and utilize current evidence-based data for cognitive rehabilitation.** • **Describe the pathophysiology of common psychological and neuropsychological impairments after brain injury.** • **Select and apply appropriate cognitive rehabilitation techniques to address specific psychological and neuropsychological effects of brain injuries.**

References	*Ensure Content is Valid*	
How are educational needs identified? *Check all that apply and explain below.*	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☒ Research/literature review ☒ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives
☐ Other need identified. *Please explain.*		

Baptist Health Quantitative Data	Insert baseline chart or narrative here.
References: • *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	Kumar, K. S., Samuelkamaleshkumar, S., Viswanathan, A., & Macaden, A. S. (2017). Cognitive rehabilitation for adults with traumatic brain injury to improve occupational outcomes. *Cochrane database of systematic reviews*, (6). Kim, S. H., Gwak, D. W., Jeong, J. G., Jung, H., Min, Y. S., Kim, A. R., & Jung, T. D. (2022). Effect of computerized cognitive rehabilitation in comparison between young and old age after traumatic brain injury. *Medicine*, *101*(33). Ramirez-Hernandez, D., Stolwyk, R. J., Chapman, J., & Wong, D. (2022). The experience and acceptability of smartphone reminder app training for people with acquired brain injury: A mixed methods study. *Neuropsychological Rehabilitation*, *32*(7), 1263-1290.

APA	*APA Compliance*
Select one of the following criteria.	☒ 1.1 Program content focuses on application of psychological assessment and/or intervention methods that have overall consistent and credible empirical support in the contemporary peer reviewed scientific literature beyond those publications and other types of commu-nications devoted primarily to the promotion of the approach; ☐ 1.2 Program content focuses on ethical, legal, statutory or regulatory policies, guidelines, and standards that impact psychological practice, education, or research; ☐ 1.3 Program content focuses on topics related to psychological practice, education, or research other than application of psychological assessment and/or intervention meth-ods that are supported by contemporary scholarship grounded in established research procedures.
APA Narrative Supporting Criteria	After brain injury, there are common neuropsychological deficits which can manifest. There are approximately four million Americans are living with chronic disability related to brain injury (4). There are multiple psychological interventions that can be used to address these deficits and to improve the person's recovery, relationships, and daily functioning (4). Cognitive rehabilitation brings about clinically significant improvement in certain cognitive skills (3). In recent years, there has been a push to provide a strong evidence base for cognitive rehabilitation and other psychological interventions to treat deficits after brain injury. The literature has provided quantitative data about cognitive rehabilitation after brain injury, leading to a better understanding of the underlying cerebral mechanisms and the development of new interventions (2). These updates to the literature will be reviewed in the lecture.
APA References: • *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	1. Cicerone, K. D., Goldin, Y., Ganci, K., Rosenbaum, A., Wethe, J. V., Langenbahn, D. M., ... & Harley, J. P. (2019). Evidence-based cognitive rehabilitation: systematic review of the literature from 2009 through 2014. *Archives of physical medicine and rehabilitation*, *100*(8), 1515-1533. 2. Julien, A., Danet, L., Loisel, M., Brauge, D., Pariente, J., Péran, P., & Planton, M. (2022). Update on the Efficacy of Cognitive Rehabilitation After Moderate to Severe Traumatic Brain Injury: A Scoping Review. *Archives of Physical Medicine and Rehabilitation*. 3. Kumar, K. S., Samuelkamaleshkumar, S., Viswanathan, A., & Macaden, A. S. (2017). Cognitive rehabilitation for adults with traumatic brain injury to improve occupational outcomes. *Cochrane database of systematic reviews*, (6). 4. Ramanathan, P., Turner, H. A., & Stevens, M. C. (2019). Intensive cognitive rehabilitation therapy for chronic traumatic brain injury: A case study of neural correlates of functional improvement. *Aphasiology*, *33*(3), 289-319.

Faculty	
Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Larry Brooks, Ph.D., ABPP-CN** Board Certified in Clinical Neuropsychology Clinical Director, Baptist Brain Injury and Concussion Clinics Baptist Health South Florida

Disclosure Statement	*Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.*
Mitigation Chart	☒ **Mitigation chart complete on File Checklist.**
Disclosures	**Add all faculty disclosures to this section:** • **Larry Brooks, Ph.D.**, faculty of this educational activity, has no relevant financial relationships with ineligible companies* to disclose, and has indicated that the presentation or discussion will not include off-label or unapproved product usage. • Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies* *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
Disclosure to the audience:	☒ Ethos Course Page ☒ Welcome Slides ☒ Faculty Slides ☐ Handout ☐ Other:

Measured Outcomes

Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☒ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄	**Measurement Type:** ☐ Subjective 🔄 ☐ Objective 🔄

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*
☒ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? • If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. ☒ **Pre/Post-Survey** • ***Provide 1-2 goals per lecture to measure changes in competence.*** **Example:** How confident are you in your ability to implement evidence-based, approaches in cognitive rehabilitation to address specific psychological and neuropsychological effects of brain injuries.

☐ **Changes in performance.**
• Commitment to Change
 	
Improves Performance Commendation Goal
	☐ **CME Impact Assessment include Commitment to Change question.**
	☐ **Add Commitment to Change Ethos object.**
	☐ Add commitment to change **evaluation** question. (CME Registrar)
	☐ Trigger **follow-up survey** 45 days post conference. (CME Registrar)
	☐ Include handout or resource in follow-up email. (CME Manager/ Registrar)
	☐ Additional questions for impact assessment: (CME Manager)
	   • *Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.*
	    Example: I have implemented the new Baptist Health policy explained in this CME activity.

☐ **Changes in patient outcomes.** Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	☐ Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	*CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.*
☐ **Advances Data Use** Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	*Use PowerPoint as example.*
☐ **Addresses Population Health** Teaches strategies that learners can use to achieve improvements in population health. • **Goal: 10% of activities**	*Check all that apply.* ☐ Health behaviors ☐ Access to care ☐ Economic, social, and environmental conditions ☐ Health disparities ☐ Healthcare and payer systems ☐ Population's physical environment
☐ **Collaborates With Other Organizations** The provider collaborates with other organizations to more effectively address population health issues.	*Describe the collaborative efforts.*
☐ **Improves Performance** • **Goal: 10% of activities**	*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**	*Explain.*

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). 　• **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health.* ***Data must be saved to file.*** ***Explain.***
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. 　• **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. 　• **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**
☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** 　• **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**	***Explain.*** ☐ **Sample supplemental materials saved to file.**
☐ **Demonstrates Educational Leadership** Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	***Explain.***

Live Webinar Details *For Internet Live Webinar Courses ONLY*	
Panelists	Barry M. Crown, Ph.D. – bmcrown@yahoo.com Larry Brooks, Ph.D. - drbrooks@larrybrooksphd.com
Hosts	Insert names and email addresses for at least one of these: Katie Deane – KatieD@baptisthealth.net Micaela Royo Correa - micaela.royocorrea@baptisthealth.net
Zoom Account	☒ **CME Zoom Account**　☐ **Partner Zoom Account**
Zoom Link	Insert link here.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	

Course Renewal Date	
Course Expiration Date	

APPROVAL			
Date Reviewed	**Reviewed By**	**Approved**	**Credits**
	☐ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**	☐ **YES** ☐ **NO**	☒ _1_ AMA PRA Category 1 Credits ☒ _1_ APA Approval Level: __Intermediate____ ☐ ____ Dental Approval ☐ ____ Podiatry Approval

🔄 **Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.**

Sections highlighted in orange need to be proofread.

Activity Details	
CME Activity Title	Miami Cancer Institute Multispecialty Grand Rounds: Update on Prostate Cancer

Date	Monday, December 12, 2022	**Time**	**7:30 – 8:30 a.m.**
Location	Zoom – Online	**Credit Hour(s)**	**1 Cat. 1**
Charge	☐ Yes _____ ☒ No	**SMS Code:**	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Oncologists, Radiation Oncologists, Hematology Oncologists, Radiation Therapists, Endocrinologists, Pulmonologists, Otolaryngologists, Urologists, Colon Rectal Surgeons, General Surgeons, General Practitioners, Obstetricians and Gynecologists, Nurses, Social Workers, Patient Navigators and all other interested healthcare professionals.		
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.**		
Course overview	Approximately 30% of patients treated for what is believed to be localized, non-metastatic prostate cancer will progress to advanced disease. During this conference Dr. Vapiwala will discuss the evolving definitions and emerging literature on oligometastatic prostate cancer.		

Credit Type	
☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **APA Checklist** ☐ Physician Assistant CE ☒ APRNs CE ☐ Dental CE ☐ Podiatry CE ☐ Interprofessional (IPCE) 🔄 **Commendation** **Engages Teams – See Planning Team section** ☐ MOC Points - **MOC Checklist / Self-assessment** ☐ Pediatrics - **Self-assessment**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct	☐ Joint	**PARS ID #**	
Publish to CME Passport	☒ Yes ☐ No	**Publish to CEBroker**	☒ Yes ☐ No	**CEBroker #**

Planning Team	
Conference Director(s)	Guilherme Rabinowits, M.D.

CME Manager	Eleanor Abreu
Conference Coordinator and/or Instructional Designer (OLP only)	
↻ **Commendation Goal:** **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required.

BHSF Initiatives

- [ ] Balance across the continuum of care
- [ ] Diversity & Inclusion
- [ ] Evidence-based data
- [ ] High-reliability tools – Use of prior experiences to improve systems, processes, and services

- [ ] Overutilization – unnecessary health care costs
- [ ] Patient-centered care
- [ ] Public health factors (See commendation.)
- [ ] Removing redundancy – improving processes

Collaborative Partner:	Miami Cancer Institute
Describe initiative:	Miami Cancer Institute - Center of Excellence

Appropriate Formats

*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity. **Check all that apply.***

- [x] Didactic Lecture
- [x] Question & Answer
- [ ] ARS
- [x] Case Studies

- [ ] Panel Discussion
- [x] Interactive
- [ ] Hands-on skill labs
- [ ] Cadaver labs

- [ ] Simulation Lab
- [ ] Mannequins
- [ ] Round table discussion
- [ ] Other (specify)

Educational Needs

What practice-based problem (gap) will this education address?
Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.

State the educational need that you determined to be the underlying cause for the professional practice gap.	Physicians may be obtaining imaging in prostate cancer patients without clear guidance on how to incorporate imaging findings.
Educational needs that underlie the professional practice gaps of learners. *Check all that apply.*	[x] **Knowledge -** *Deficit in medical knowledge.* [ ] **Competence -** *Deficit in ability to perform strategy or skill.* [ ] **Performance -** *Able to implement but noncompliant or inconsistent.*

Designed to Change

The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.

This activity is designed to change:	[ ] **Competence -** *CME evaluation and pre/post-survey.* [ ] **Performance -** *Follow-up impact assessment and commitment to change.* [ ] **Patient Outcomes -** *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*

Explain how this activity is designed to change learner competence, performance or patient outcomes.	Physicians will apply best available evidence when interpreting novel imaging to ensure meaningful improvement in patient outcomes.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).	
ABMS/ACGME	☒ Patient care and procedural skills ☒ Medical knowledge ☐ Practice-based learning and improvement	☐ Interpersonal and communication skills ☐ Professionalism ☒ Systems-based practice
Institute of Medicine	☒ Provide patient-centered care ☒ Work in interdisciplinary teams ☒ Employ evidence-based practice	☐ Apply quality improvement ☐ Utilize informatics
Interprofessional Education Collaborative	☐ Values/ethics for interprofessional practice ☐ Roles/responsibilities	☐ Interprofessional communication ☐ Teams and teamwork

Educational Objectives	What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? Competence verbs: Identify… Eliminate… Use… Apply… Implement…
Objectives:	Upon completion of this conference, participants should be better able to: • Analyze rationales for primary-and metastases-directed therapy (MDT) in managing patients with newly diagnosed/asymptomatic (oligo) metastases. • Assess evidence on value of focal therapy in the setting of low-volume metastatic prostate cancer (mPC).

References	Ensure Content is Valid	
How are educational needs identified? *Check all that apply and explain below.*	☒ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☒ Peer review data ☐ Regulatory requirement	☒ Research/literature review ☒ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives
☐ Other need identified. *Please explain.*		
Baptist Health Quantitative Data	Insert baseline chart or narrative here.	

| References:
 • *Provide evidence-based, peer reviewed references supporting best practice guidelines.*
 • *APA Citations should be no older than 10 years old.* | With the rapid emergence of new technologies in clinical practice, the adage to never order a test you are not going to use—or worse, do not know how to use—gains even greater importance. This fundamental principle is rooted in the importance of data-driven patient management, and although insufficient data can be detrimental, so too can an abundance of new data sets that complicate clinical care and compromise patient outcomes.

 Vapiwala N, Hofman MS, Murphy DG, Williams S, Sweeney C. Strategies for Evaluation of Novel Imaging in Prostate Cancer: Putting the Horse Back Before the Cart. J Clin Oncol. 2019 Apr 1;37(10):765-769. doi: 10.1200/JCO.18.01927. Epub 2019 Feb 22. PMID: 30794477.

 https://ascopubs.org/doi/10.1200/JCO.18.01927 |

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Neha Vapiwala, M.D.** Professor of Radiation Oncology University of Pennsylvania Department: Radiation Oncology Philadelphia, PA

Disclosure Statement

Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.

Mitigation Chart	☒ **Mitigation chart complete on File Checklist.**
Disclosures	**Add all faculty disclosures to this section:** • Neha Vapiwala, M.D., faculty for this educational activity, has received a single honorarium for being a Co-editor on Career Development in Radiation Oncology. She has indicated that the presentation or discussion will not include off-label or unapproved product usage. All of the relevant financial relationships listed for this individual have been mitigated. **List all director, planner and reviewer disclosures in this section:** • Guilherme Rabinowits, M.D., conference director of this educational activity, is a consultant with Sanofi and Regeneron. **List non-faculty contributor disclosures in this section:** • Non-faculty contributors and others involved in the planning, development, and editing/review of the content have no relevant financial relationships to disclose with ineligible companies* *Ineligible companies - Companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*
Disclosure to the audience:	☒ Ethos Course Page ☒ Welcome Slides ☒ Faculty Slides ☐ Handout ☐ Other:

Measured Outcomes

Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
Measurement Type: ☐ Subjective ☐ Objective 🚫	**Measurement Type:** ☐ Subjective ☐ Objective 🚫	**Measurement Type:** ☐ Subjective ☐ Objective 🚫	**Measurement Type:** ☐ Subjective 🚫 ☐ Objective 🚫	**Measurement Type:** ☐ Subjective 🚫 ☐ Objective 🚫

Evaluation Methods	*Analyze the overall changes in competence, performance or patient outcomes as a result of this CME activity.*

☐ **Changes in competence.** • Intent to change • Confidence in ability	☒ **CME Evaluation Form** • What do you intend to do differently in the treatment of your patients as a result of what you learned at this conference? What new strategies will you apply in your practice of patient care? • If you do not plan to implement any new strategies learned at this conference, please list any barriers or obstacles that might keep you from doing so. ☐ **Pre/Post-Survey** • ***Provide 1-2 goals per lecture to measure changes in competence.*** **Example:** How confident are you in your ability to implement this/these strategy/ies: (list "pearls")
☐ **Changes in performance.** • Commitment to Change **Improves Performance Commendation Goal**	☐ <u>**CME Impact Assessment**</u> **include Commitment to Change question.** ☐ **Add** <u>**Commitment to Change Ethos object**</u>**.** ☐ Add commitment to change **evaluation** question. (CME Registrar) ☐ Trigger **follow-up survey** 45 days post conference. (CME Registrar) ☐ Include handout or resource in follow-up email. (CME Manager/ Registrar) ☐ Additional questions for impact assessment: (CME Manager) • ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.*** **Example:** *I have implemented the new Baptist Health policy explained in this CME activity.*
☐ **Changes in patient outcomes.** Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	☐ Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

Baptist Health Commendation Goals	🔄 *CME Registrar will route application to Operations CME Manager for documentation of additional requirement elements.*
☐ **Advances Data Use** Teaches about collection, analysis, or synthesis of health/practice data AND Uses health/practice data to teach about healthcare improvement.	***Use PowerPoint as example.***
☐ **Addresses Population Health** Teaches strategies that learners can use to achieve improvements in population health. • **Goal: 10% of activities**	***Check all that apply.*** ☐ Health behaviors ☐ Access to care ☐ Economic, social, and environmental ☐ Health disparities conditions ☐ Population's physical ☐ Healthcare and payer systems environment
☐ **Collaborates With Other Organizations** The provider collaborates with other organizations to more effectively address population health issues.	***Describe the collaborative efforts.***
☐ **Improves Performance** • **Goal: 10% of activities**	***See Evaluation Methods section for required elements.*** ***Follow-up data is Required.***

☐ **Improves Healthcare Quality**
Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality
   • **Goal: Two examples per accreditation cycle.**
   • **Examples: EBCC**
	Explain.

☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**	*Requires quantitative data documenting improvements to patient or community health. **Data must be saved to file.*** *Explain.*
☐ **Optimizes Communication Skills** Designed to improve communication skills of learners. • **Example: Sim Lab**	☐ CME course format includes an individual learner evaluations of observed (e.g., in person or video) communication skills. ☐ Course leader provides formative feedback to each learner about observed communication skills. ☐ **Sample completed evaluation saved to file.**
☐ **Optimizes Technical and/or Procedural Skills** Designed to optimize/improve technical and procedural skills of learners. • **Example: Gamma Knife**	☐ CME course format includes individual learner evaluations of observed (e.g., in person or video) psychomotor technical and or procedural skills. ☐ Course leader provides formative feedback to each learner about observed psychomotor technical and/or procedural skills. ☐ **Sample completed evaluation saved to file.**
☐ **Utilizes Support Strategies** Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.** • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**	*Explain.* ☐ **Sample supplemental materials saved to file.**
☐ **Demonstrates Educational Leadership** Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	*Explain.*

Live Webinar Details *For Internet Live Webinar Courses ONLY*		
Panelists	Guilherme Rabinowits, M.D. - GuilhermeR@baptisthealth.net	
	Neha Vapiwala, M.D. - neha.vapiwala@pennmedicine.upenn.edu	
Hosts	Insert names and email addresses for at least one of these:	
	Eleanor Abreu – eleanora@baptisthealth.net Anna Busto - AnnaB@baptisthealth.net	
Zoom Account	☒ **CME Zoom Account** ☐ **Partner Zoom Account**	
Zoom Link		

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	
Course Renewal Date	
Course Expiration Date	

APPROVAL			
Date Reviewed	**Reviewed By**	**Approved**	**Credits**
	☐ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**	☐ YES ☐ NO	☒ __1__ AMA PRA Category 1 Credits ☐ ____ APA Approval Level: _____ ☐ ____ Dental Approval ☐ ____ Podiatry Approval

Baptist Health South Florida
Continuing Medical Education

Indicates a trigger for CME Manager to route application to Operations CME Manager for review when additional steps are required for compliance.

Sections highlighted in orange need to be proofread.

Activity Details

CME Activity Title	Risk Management Conference Series: Preventing and Managing Patient Allegations of Sexual Misconduct		
Date	December 14, 2022	Time	6:00 – 7:00 p.m.
Location – If Virtual, fill in Zoom info at the end	Zoom Webinar	Credit Hour(s)	1 Cat. 1
Charge	☐ Yes _____ ☒ No	SMS Code:	
Target Audience – • **Mental and behavioral health topic(s) required for all symposiums.** • **If limited to Baptist Health Medical Staff only, please indicate here.**	Baptist Health medical staff physicians, advanced practice providers, nurses, pharmacists, social workers, patient transporters, patient experience specialists, security officers, human resources staff, hospital leaders and other interested clinical and nonclinical employees.		
Commercial Support – C8	☐ Monetary or In-kind received by Foundation. *** Notify CME Business Ops Specialist and CME Development Specialist. LOA signed and dated by all parties is required.**		
Course overview	Please join us to hear guest speaker Scott L. Mendlestein, Esq., discuss the management of patient allegations of sexual misconduct and how to prevent these cases from happening.		

Credit Type	☒ AMA PRA Category 1 ☐ Psychology - APA & FL 🔄 - **APA Checklist** ☒ Physician Assistant CE ☒ APRNs CE ☐ Dental CE ☐ Podiatry CE ☒ Interprofessional (IPCE) 🔄 **Commendation Engages Teams – See Planning Team section** ☐ MOC Points - **MOC Checklist / Self-assessment** ☐ Pediatrics - **Self-assessment**	☐ Anesthesia - **Lifelong Learning** ☐ Internal Medicine - **Medical Knowledge** ☐ Ophthalmology - **Lifelong Learning** ☐ Ophthalmology - **Self-assessment** ☐ Surgery - **Accredited CME** ☐ Surgery - **Self-assessment** ☐ Otolaryngology – Head and Neck Surgery - **Self-Assessment** ☐ Pathology - **Lifelong Learning** ☐ Pediatrics - **Lifelong Learning**

Providership	☒ Direct ☐ Joint	PARS ID #	
Publish to CME Passport	☐ Yes ☒ No	Publish to CEBroker	☐ Yes ☒ No	CEBroker #

Planning Team

Conference Director(s)	Mark Hauser, M.D.
CME Manager	**Eduardo Cartin**
Conference Coordinator and/or Instructional Designer **(OLP only)**	**Elizabeth Greene Taquechel, MS, RN, CPPS, CPHQ**
♻ Commendation Goal: **Engages Interprofessional Teams/IPCE (10% of activities)**	List 2+ professions here. M.D. Required. Elizabeth Greene Taquechel, MS, RN, CPPS, CPHQ Mark Hauser, M.D.

BHSF Initiatives

☐ Balance across the continuum of care	☐ Overutilization – unnecessary health care costs
☐ Diversity & Inclusion	☒ Patient-centered care
☐ Evidence-based data	☐ Public health factors (See commendation.)
☐ High-reliability tools – Use of prior experiences to improve systems, processes, and services	☐ Removing redundancy – improving processes

Collaborative Partner:	Provide internal stakeholder here.
Describe initiative:	

Appropriate Formats	*The provider chooses educational formats for activities/interventions that are appropriate for the setting, objectives, and desired results of the activity.* ***Check all that apply.***

☐ Live Course	☐ Journal CME/CE	☐ Performance/Quality Improvement
☐ Regularly Scheduled Series	☐ Manuscript Review	☐ Internet Searching and Learning
☒ Internet Live Course (Webinar)	☐ Test-Item Writing	☐ Learning from Teaching
☐ Internet Enduring Material	☐ Committee Learning	☐ Other/Blended Learning

☒ Didactic Lecture	☐ Panel Discussion	☐ Simulation Lab
☒ Question & Answer	☐ Hands-on skill labs	☐ Mannequins
☐ ARS	☐ Cadaver labs	☐ Round table discussion
☐ Case Studies		☐ Other (specify)

Educational Needs	***What practice-based problem (gap) will this education address?*** *Provider addresses problems in practice and/or patient care. As part of that effort, the provider examines those problems and looks for knowledge, strategy, skill, performance, or system deficits that could be contributing to the problems.* *External Resource:* **CE Educator's Toolkit**
State the educational need that you determined to be the underlying cause for the professional practice gap.	**The quantity of sexual misconduct allegations made by patients appears to be increasing. Though the majority are unsubstantiated, there are measures to recognize and prevent patient situations that may potentially lead to an allegation.**
Educational needs that underlie the professional practice gaps of learners. ***Check all that apply.***	☐ Knowledge - *Deficit in medical knowledge.* ☒ Competence - *Deficit in ability to perform strategy or skill.* ☐ Performance - *Able to implement but noncompliant or inconsistent.*

Designed to Change	The provider generates activities/educational interventions that are designed to change competence, performance, or patient outcomes as described in its mission statement.
This activity is designed to change:	☒ **Competence** - *CME evaluation and pre/post-survey.* ☐ **Performance** - *Follow-up impact assessment and commitment to change.* ☐ **Patient Outcomes** - *Patient-level/provider data e.g. baseline (pre) and follow-up (post-activity) dashboards.*
Explain how this activity is designed to change learner competence, performance or patient outcomes.	Healthcare professionals will recognize patient/hospital staff scenarios which can be perceived as sexual misconduct by patients, leading to allegations. As well how to implement measures to assist in preventing these allegations and immediately notify Risk Management when allegations are made.

Competencies	The provider develops activities/educational interventions in the context of desirable physician attributes (competencies).	
ABMS/ACGME	☒ Patient care and procedural skills ☐ Medical knowledge ☒ Practice-based learning and improvement	☒ Interpersonal and communication skills ☒ Professionalism ☒ Systems-based practice
Institute of Medicine	☒ Provide patient-centered care ☐ Work in interdisciplinary teams ☐ Employ evidence-based practice	☐ Apply quality improvement ☐ Utilize informatics
Interprofessional Education Collaborative	☐ Values/ethics for interprofessional practice ☒ Roles/responsibilities	☒ Interprofessional communication ☐ Teams and teamwork

Educational Objectives	What change(s) in strategy, performance, or patient care would you like this education to help learners accomplish? *Competence verbs: Identify… Eliminate… Use… Apply… Implement…*
Objectives:	Upon completion of this conference: • **Healthcare professionals will be able to describe actions recognized as sexual misconduct.** • **Audience members will be able to identify at least two patient/hospital staff scenarios that could be perceived by patients as sexual misconduct.** • **Staff will be able to demonstrate at least two measures they can implement to assist in preventing patient allegations of sexual misconduct.** • **Audience members will learn about statutory requirements associated with patient allegations of sexual misconduct as well as Risk Management's responsibility, in conjunction with other key parties, to manage these allegations.**

References	Ensure Content is Valid	
How are educational needs identified? *Check all that apply and explain below.*	☐ Best practice parameters ☐ Disease prevention (Mission) ☐ Mortality/morbidity statistics ☐ National/regional data ☐ New or updated policy/protocol ☐ Peer review data ☐ Regulatory requirement	☒ Research/literature review ☒ Consensus of experts ☐ Joint Commission initiatives ☐ National Patient Safety Goals ☐ New diagnostic/therapeutic modality (Mission) ☐ Patient care data ☐ Process improvement initiatives

☐ Other need identified. *Please explain.*	
Baptist Health Quantitative Data	Insert baseline chart or narrative here.
References: • *Provide evidence-based, peer reviewed references supporting best practice guidelines.* • *APA Citations should be no older than 10 years old.*	McIntosh, T., Walsh, H., Parsons, M., Solomon, E. D., Mozersky, J., & DuBois, J. M. (2022). Responding to Sexual Abuse in Health Care: Development of a Guide for Patients. Journal of patient-centered research and reviews, 9(2), 117.

Faculty

Faculty List *For more than two (2) faculty members, include the list at end of application.*	**Scott L. Mendlestein, Esq.** Falk WAAS Coral Gables, Florida

Disclosure Statement	*Include CME Department Staff, CME Committee, CME Executive members, Director(s), IPCE Team, Reviewers, and anyone else involved in the planning, development, and editing/review of the content.*
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Measured Outcomes

Learner Knowledge	Learner Competence	Learner Performance	Patient Health	Community Health
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☐ **Changes in performance.** • Commitment to Change **Improves Performance Commendation Goal**	☐ **CME Impact Assessment** include Commitment to Change question. ☐ Add **Commitment to Change Ethos object**. ☐ Add commitment to change question to **evaluation**. (LMS Support (Live Activity)/Course Builder (OLP). ☐ Trigger **impact assessment** 45 days post conference. (LMS Support) ☐ Include handout or resource in follow-up email. (CME Manager/ Course Builder) ☐ Additional questions for impact assessment: (CME Manager) • ***Repeat pre/post survey and/or provide 3-4 statements based on expected performance outcomes to be evaluated.*** **Example:** *I have implemented the new Baptist Health policy explained in this CME activity.* I have accessed online resources discussed to make vaccine recommendations in my clinical practice. I have accessed online resources discussed to determine which therapeutic intervention selected to treat COVID positive patients. As a result of completing this online course on essential COVID resources, what changes did you commit to changing in your practice? **{Open text}** Based on your intention, what changes have you implemented in your practice? **{Open text}**
☐ **Changes in patient outcomes.** Demonstrates healthcare quality improvement related to the CME program twice during the accreditation term.	☐ Review of hospital, health system, public health data, dashboard data pre-, post-activity, etc.
Describe outcomes assessment plan.	

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☐ **Collaborates With Other Organizations** The provider collaborates with other organizations to more effectively address population health issues.		*Describe the collaborative efforts.*
☐ **Improves Performance** • **Goal: 10% of activities** • **Compliance example:** The provider measures change in learners immediately following the activity asking for specific changes to practice that the individual learner commits to make. In a subsequent 6-week post-activity survey, each learner was asked what changes they committed to making, then asked, "Based on your intention, what changes have you implemented in your practice?" In one example, 53% of the learners responded that they had made changes to their practice. Those responses included approximately 50 themes that included changes to office practice/billing/department/organization; changes to prescription practices; changes to diet advice; changes to pre-operative procedures, and changes made to patient education.		*See Evaluation Methods section for required elements.* *Follow-up data is Required.*
☐ **Improves Healthcare Quality** Collaborates in the process of healthcare quality improvement **AND** Demonstrates improvement in healthcare quality • **Goal: Two examples per accreditation cycle.** • **Examples: EBCC**		*Explain.*
☐ **Improves Patient and/or Community Health** The provider demonstrates the impact of the CME program on patients or their communities (i.e., TB data from Thoracic TB). • **Goal: Two examples per accreditation cycle.**		*Requires quantitative data documenting improvements to patient or community health. Data must be saved to file.* *Explain.*

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☐ **Utilizes Support Strategies**
Providers that create, customize, or make available supplemental services that are **designed to reinforce or sustain change.**
    • **Examples: WINKs, EthosCE follow-up emails, and/or resources such as online instructional material, apps**
    • **Strategies must be assessed by CME provider and document updates/ changes based on learner feedback**
	Explain.
	
	☐ **Sample supplemental materials saved to file.**
	- Include Impact Assessment results and CME Provider analysis of learner comments.
	- Add updates/ changes to resources based on learner feedback.

☐ **Demonstrates Educational Leadership** Implements an innovation that is new for the CME program AND the innovation contributes to the provider's ability to meet its mission.	*Explain.*

Live Webinar Details *For Internet Live Webinar Courses ONLY*	
Panelists	Insert names and email addresses. Scott Mendlestein, Esq. - smendlestein@falkwaas.com Mark Hauser, M.D. - markh@baptisthealth.net
Hosts	Insert names and email addresses for at least one of these: *DG-Telepresence / CME Manager and Assistant / Host Department* *Eduardo Cartin – Eduardo.cartin@baptisthealth.org* *Kamila Piloto – kamilap@baptisthealth.net* *Elizabeth Green Taquechel - elizabethgt@baptisthealth.net*
Zoom Account	☒ **CME Zoom Account** ☐ **Partner Zoom Account**
Zoom Link	Insert link here.

OLP Course Details *For OLP Enduring Applications ONLY*	
Course Video URL	
Course Handout URL	
Multiple Choice Questions	
Course Release Date	
Course Renewal Date	
Course Expiration Date	

APPROVAL			
Date Reviewed	**Reviewed By**	**Approved**	**Credits**
	☐ **Accelerated Approval** ☐ **Executive Committee** ☐ **Live Committee**	☐ **YES** ☐ **NO**	☐ _____ AMA PRA Category 1 Credits ☐ _____ APA Approval Level: _____ ☐ _____ Dental Approval ☐ _____ Podiatry Approval